

CHCCCS031

Provide individualised support



LEARNER GUIDE

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Version Control & Document History

Date	Summary of Modifications	Version
13 January 2023	Version 1.0 released for publishing	1.0
14 April 2023	Version 1.1 endorsed for use Minor revisions for improved readability	1.1
25 May 2023	Version 1.2 endorsed for use <ul style="list-style-type: none">▪ Added discussions on manual handling▪ Fixed minor wording issues	1.2
6 February 2024	Version 1.3 endorsed for use Fixed wording issues	1.3

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This Learner Guide

CHCCCS031 - Provide individualised support (Release 1)

This unit describes the performance outcomes, skills and knowledge required to organise, provide and monitor personal support services for a person within the limits established by an individualised plan. The individualised plan refers to the support or service provision plan developed for the person accessing the service and may have different names in different organisations.

This unit applies to workers who provide care or support under direct, indirect or remote supervision. Work is carried out in a manner which supports independence as well as the physical and emotional wellbeing of the person receiving support.

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

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

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

<https://training.gov.au/Training/Details/CHCCCS031>

About this Unit of Competency Introduction

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

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

This Learner Guide Covers

Provide individualised support

- I. Determine personal support requirements
- II. Provide support services
- III. Monitor support activities
- IV. Complete reporting and documentation

Learning Program

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

Additional Learning Support

To obtain additional support you may:

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

Facilitation

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

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

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

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

Flexible Learning

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

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

Sometimes being a student can be hard.

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

Space

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

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

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

Study Resources

The most basic resources you will need are:

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

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

Time

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

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

Study Strategies

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

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



Using this Learner Guide

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

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

How to Get the Most Out of Your Learner Guide

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

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

Additional Research, Reading, and Note-Taking

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

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

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

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

Introduction

Individualised support refers to providing personal care and assistance to people who need it. Assistance means helping individuals in all aspects of their daily life. These include their social and physical activities, personal hygiene, mobility, and mealtimes.

As a carer, you must be prepared to work with and care for diverse people. The Carer Recognition Act 2010 is the Act that recognises and promotes carers' role in providing daily care and support. This Act enumerates the people you may provide support and care to as a care worker.

Under the Act, people receiving support include those who:

- Has a disability
- Has a medical condition (including terminal or chronic illness)
- Has a mental illness
- Is frail and aged

Sourced from the Federal Register of Legislation at 4 November 2021.

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

Carer Recognition Act 2010, used under CC BY 4.0.

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

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

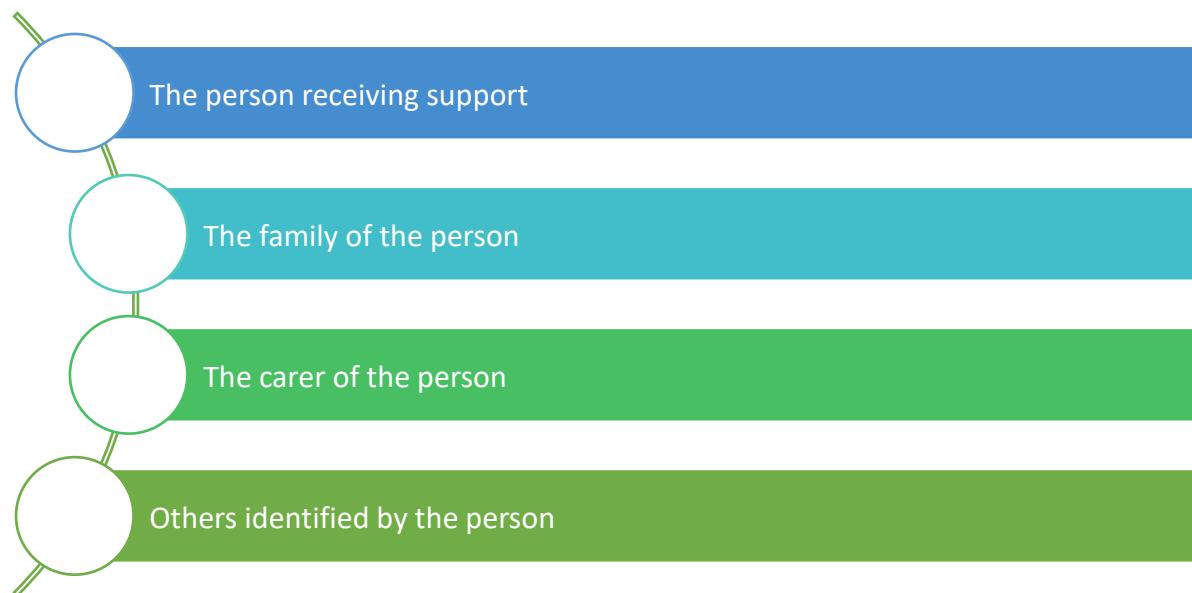
Your clients will need support from different professionals such as school staff, doctors, and therapists. Part of your job is to provide and monitor their support services. These services are within limits established by their individualised plan.



The individualised plan can cover a range of support activities that respond to a person. The plan should include:

- An outline of the person's goals, needs, rights and preferences
- The support services that will be provided to address the requirements of the person
- Who will provide the support services mentioned

Each detail in the individualised plan then must be agreed upon by the following involved:



Part of your job is to provide individualised support to your clients. This means providing support that is based on their personal support requirements. To do this, you should know your clients to fully understand their goals, needs, and preferences to provide services and activities that improve their daily living. Failure to do so may lead to those previously mentioned not being met. As such, you must continuously collaborate with your clients and those who support them. This ensures that the support you provide is tailored to their individual goals, needs, and preferences.

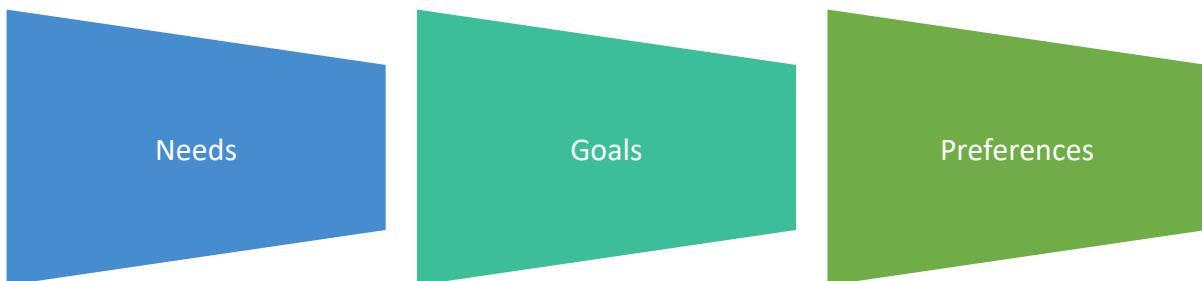
In this Learner Guide, you will learn how to:

- Determine personal support requirements
- Provide support services
- Monitor support activities
- Complete reporting and documentation

I. Determine Personal Support Requirements

An individualised plan aids people in receiving support to live independent lives. The plan ensures that they have the support services, aids, and equipment they need to maintain and improve the quality of their lives. To provide a person with individualised support, you must determine their service requirements.

Personal service requirements refer to the following of each person:



- **Needs**

These refer to what is necessary for the person to live an independent and fulfilling life.

- **Goals**

Goals are the aspirations the person generally wants to achieve in their life. They are focused on what the person wants to become in the future. Aspirations are usually broken down into long and short-term goals. Further discussion on the breakdown can be found in Section 1.2.3 of this Learner Guide.

- **Preferences**

Preferences are what the person chooses when presented with various options. For example, a person with total hearing loss prefers using a communicator over sign language when conversing with others. The individualised plan of a person must be able to meet all those mentioned. This means that all support activities in the plan must cater to their personal service requirements.

As a care worker, you must determine your clients' service requirements. Doing so will ensure that their quality of life will improve. Different people live different lives, so you must be fully informed about the client's day-to-day life. This is for you to pinpoint their service requirements correctly. Failure to do so can lead to your clients having unmet needs and goals. This can lower the quality of their life and increase their dependence on others.



In this chapter, you will learn how to determine personal support requirements. To do so, you will learn how to:

- Confirm support services by referring to the plan
- Consult with the person and their support team to determine any specific needs or preferences
- Discuss and confirm the person's preferences for support and the level of their participation
- Identify actions and activities that promote independence and decision-making
- Prepare for support activities by confirming and assembling equipment, processes, and aids
- Identify requirements outside of the scope of own job role and seek support

1.1 Confirm Support Services by Referring to the Plan

As mentioned in the Introduction of this Learner Guide, the individualised plan contains the following components:

The outline of the person's goals, needs, rights, and preferences

The support services that will be provided to address the requirements of the person

The personnel who will provide the support services mentioned

Part of your job as a care worker is to provide individualised support to your clients. To do so, you must first confirm what support services are in their individualised plan. This ensures that the support you will provide to clients is in line with what they need and prefer.

As mentioned before, the individualised plan must be agreed upon by the person receiving support and their support team. A person's support team may include the following:

The family of the person

The carers of the person

Others identified by the person

Engaging with your client and their support team can ensure that your support is tailored specifically for the client. The family and carers of the client can confirm their goals, needs, and preferences. They can also ensure how the client reacts to difficult or frustrating situations. Their involvement can guarantee that the support services will be beneficial for the client.

The support team is not limited to the family and primary carers of the client. The team may also include staff involved in the client's care, such as other support workers and health professionals. As long as the client trusts and wants them involved, they must be included when referring to the individualised plan.

The PWD may want the following people involved:

- **Advocates**

Disability advocates are non-lawyer professionals who stand up for the rights of PWDs. They also help sort out issues that may arise in their care. Advocates provide support and legal assistance in enforcing their rights. They also raise awareness on situations where PWDs are mistreated.

Concerning PWDs, a disability advocate must:

- Be independent of:
 - The National Disability Insurance Agency (NDIA)
 - The NDIS Quality and Safeguards Commission
 - Any NDIS providers providing support or services to the person.
- Provide independent advocacy for the person to:
 - Assist the person in exercising choice and control
 - Have their voices heard in matters that affect them.
- Act at the direction of the person, following their expressed wishes, will, preferences and rights
- Be free of relevant conflicts of interest.



Based on content from [Disability advocacy](#), used under CC BY 3.0 AU. © Commonwealth of Australia

Your clients' chosen advocates do not make decisions or provide counsel on behalf of the client. However, consulting with them can give you insight into possible individualised support.

For example, a client in New South Wales identified needing help when going to and from their school. Their advocate can aid in finding and applying for government programs. These programs provide free specialised school transportation.

- **Behaviour consultants**

People with acquired brain injury may want to include their behaviour consultants in their care plan. Acquired brain injury (ABI) involves all brain damage caused by trauma, stroke and tumour. People who have had an ABI frequently experience behavioural changes. These changes can also affect the person's personality and social skills.

Changes in behaviour may include the following:

Irritability and aggression

Impulsive behaviour

Egocentricity

Loss of self-awareness

Behaviour consultants assist a person in understanding and managing these changes. People with ABI are likely to have identified skill development needs linked to their behavioural shift. In that case, it will be vital for you to include your clients' behaviour consultants in planning their individualised plans.

Consulting with them can give you insight and advice on any necessary adjustments. These adjustments should be reasonable and made to accommodate the person. For example, a client with ABI aims to improve their communication skills. This is because they tend to get verbally aggressive towards other people. You can ask their behaviour consultant what triggers the person to be hostile. They can also provide methods to avoid them. This information can then be used as a guide for others when conversing with the client.

Further Reading



Synapse: Australia's Brain Injury Organisation provides a detailed description of the most common behavioural changes of patients with acquired brain injury. For more information, you can access the link below:

[Behavioural](#)

- **Development officers**

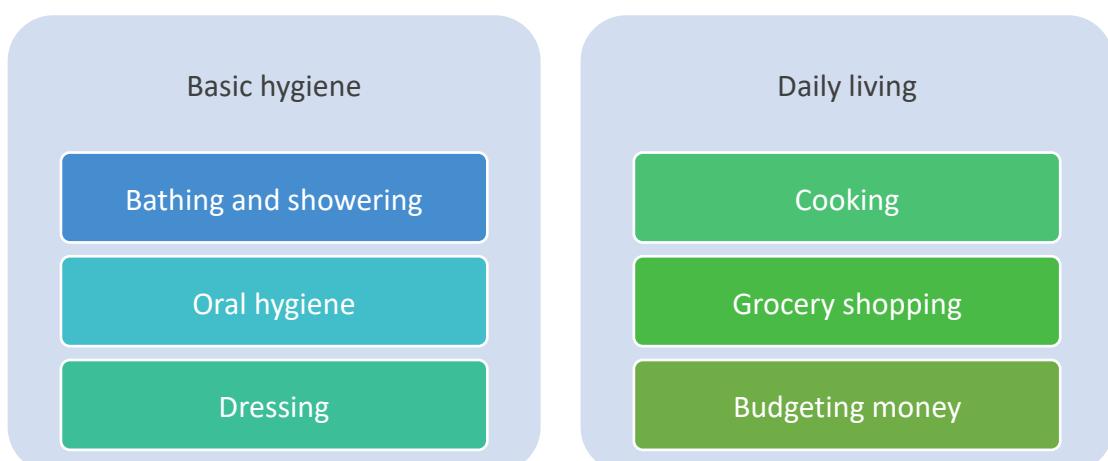
Development officers oversee the programs of the organisations they belong to. Officers strive to engage and work with people receiving support to address their needs with help and support. Officers who work for city councils ensure that the programs, services, and events are well-advertised.

You can consult with the development officers of organisations in the city where your clients belong to. Officers can provide information on the various programs and services available.

For instance, a client moved to a new city and wants to make new friends within the community. You may consult with the development officer for social events within the town the client may participate in.

- **Support workers**

Support workers provide care and help to clients in performing daily tasks. These tasks may include the following:



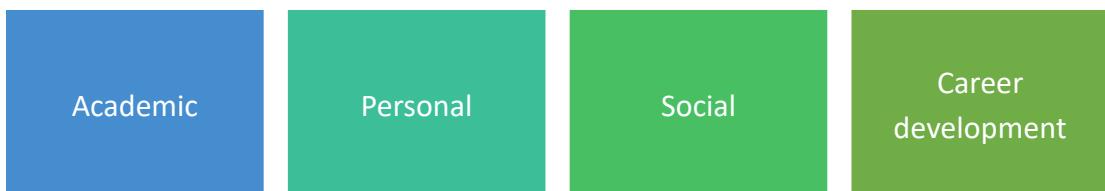
Support workers may also visit clients at home or work in group homes or care centres.

You may consult with your client's previous support workers by asking them questions about the current services your clients are taking. The support workers can also give you insightful information on their current skill set and needs. They can also provide information on the activities currently being implemented.

For example, an older client who lives in a group home aims to cook their meals independently. You can ask their assigned support worker how the client's meals are made. You may also inquire whether there are cooking programs in the group home.

- **School support staff**

School support staff ensure that students learn in a safe and supportive environment. Staff such as teachers, counsellors and nurses ensure that the school meets the following needs of all students:



For students with disabilities, the school support staff must ensure that adjustments are made to help them learn. These adjustments can range from providing adaptive materials to using inclusive teaching strategies.

If a client is in or wants to return to school, you may work with the school's support staff. This work entails identifying reasonable adjustments for the client's learning. For example, the homeroom teacher of a client with hearing loss can ensure that note-takers are available in all their classes.

- **Employment officers**

Employment officers assist the person in gaining the skills and confidence they need to find and secure employment. In Australia, the Disability Employment Services (DES) helps PWDs find and secure work. They ensure that the workplace can support both the employer and employee.

DES providers are a mix of for-profit and non-profit organisations. They offer help to employees with disabilities. They also aid employers in supporting their employees with disabilities.

Disability employment services consists of two parts:

- **Disability management service**

This service supports employees with mild to moderate impairments who need help finding employment. They also provide occasional support in the workplace.

- **Employment support service**

This service supports employees with severe impairments who need help in finding employment. They also provide regular, ongoing support in the workplace.

For a client seeking to find a job, you may consult the employment officers of DES providers within their community. The officers can provide you with information on the DES program. They can also inform you of client services to help in their job seeking.

Suppose a client has a goal to find employment as a cook in a restaurant. After confirming their eligibility for the DES program, an employment officer from a DES provider can help you. This help include finding cooking programs to develop the client's skills. The employment officer can also help find restaurant job openings that can support them.

Based on [Disability Employment Services](#), used under CC BY 3.0 AU. © Commonwealth of Australia

- **Occupational therapists**

Occupational therapists provide physical care to PWDs. This means they help improve the person's physical skills. Therapists make sure that the person can live an independent life.

Occupational therapists are trained to assess the person's skills. This is to develop appropriate treatment plans to aid the person. Consulting with your client's occupational therapist will benefit the individualised plan. They can provide information on the client's physical and fine motor skill needs. Therapists can also explain what treatments will help the person.

For instance, the occupational therapist of an older client may already have an ongoing treatment plan. The therapist may already have strategies in place to aid the client's struggles with ageing. In that case, you can inquire about the client's progress and what further support you can provide.



- **Programming staff**

Programming staff ensures that programs and events in their organisation are fully accessible. They make sure that disabled participants can access and participate just like everyone else. This is done by planning for adjustments. These adjustments take the different impairments into account.

When looking for programs, you can ask the programming staff about the accessibility of their programs. If a specific need is not addressed, you can request that the program be adjusted accordingly.

Say that a client with a speech impairment wants to attend a social event for other nonverbal people. You may consult with the event's staff to ensure they provide the client with what they need to communicate with others.

- **Technicians**

Technicians support PWDs in developing their communication, mobility and social skills. This is done through the use of assistive technology. Assistive technologies are devices and equipment designed to support the performance of daily activities. You may refer to Subchapter 2.2 of this Learner Guide for further discussion on assistive technologies.

If a client requires the need for equipment to perform their daily activities, you can consult the help of a technician. They can instruct the client on what assistive devices to use to address their needs and how to use them.

For example, a technician can instruct a client with visual impairment to read and write in Braille. The technician can also aid the client in working with typewriters that use the Braille code.



Each member of the support team then plays an important role in the client's individualised plan. They each have their own responsibilities in ensuring that the client gets the care they need. The table below provides the roles and responsibilities of the support person involved in the client's care. It also includes what each member of the support team communicates to those involved in the individualised plan.

Person Being Supported	
Roles	Responsibilities
<ul style="list-style-type: none"> ▪ Client ▪ Primary recipient of support services 	<ul style="list-style-type: none"> ▪ They respect the rights and needs of other people within the care service and the needs of the care service community as a whole. ▪ They respect the rights of staff to work in an environment free from harassment. ▪ They care for their own health and wellbeing, as far as they are capable.
What They Communicate to Support Workers and Healthcare Professionals	
<ul style="list-style-type: none"> ▪ Medical concerns or issues ▪ Requests such as an increase in dosage for pain management medication ▪ Signs and symptoms experienced 	
Family and Carer of the Client	
Roles	Responsibilities
<ul style="list-style-type: none"> ▪ Family members ▪ Relatives ▪ Friends ▪ Caregivers ▪ Substitute decision-makers 	<ul style="list-style-type: none"> ▪ They are an important source of emotional support for the client. ▪ Family members, relatives, and friends support the client at home when the carer is unavailable, such as at night or on day-offs. ▪ Caregivers ensure that the client is participating in their support activities and taking their prescribed medication.
What They Communicate to Support Workers and Healthcare Professionals	
<ul style="list-style-type: none"> ▪ Changes to the person's health and wellbeing ▪ Signs and symptoms observed 	

Healthcare Professionals	
Roles	Responsibilities
<ul style="list-style-type: none"> ▪ Nurses ▪ Doctors ▪ Behaviour consultants ▪ Occupational therapists 	<ul style="list-style-type: none"> ▪ They ensure the care and support provided to the client are in line with the client's healthcare needs. ▪ They diagnose, treat and prevent any illness, injury and other impairments that the client may have. ▪ Nurses assist doctors in carrying out medical orders.
What They Communicate to the Person Being Supported and Their Family and Carers	
<ul style="list-style-type: none"> ▪ The health status of the client ▪ The assessment and diagnosis of the client's healthcare needs ▪ The treatment and medication plan of the client 	
Support Workers	
Roles	Responsibilities
<ul style="list-style-type: none"> ▪ Individual support workers ▪ Disability support workers ▪ Aged care workers 	<ul style="list-style-type: none"> ▪ They provide physical care and emotional support to clients who require assistance with daily tasks. ▪ They ensure that the client is participating in their support activities. ▪ They administer first aid when needed. ▪ They work within their scope of responsibilities and report concerns when necessary.
What They Communicate to the Person Being Supported and Their Family and Carers	
<ul style="list-style-type: none"> ▪ The rights of the person and their family and carers ▪ Information about the service delivery ▪ Information about support activities ▪ The support worker's role and responsibilities ▪ The service provider's responsibilities/obligations towards the person 	

1.1.1 Components of the Individualised Plan

Your clients will most likely already have an individualised plan in place. When referring to a client's individualised plan, you must collaborate with them and their support team.

The following are the components of an individualised plan:

Needs of the client

Goals of the client

Support services

Required personnel assistance

Resources needed

Needs of the Client

As mentioned in the introduction of this chapter, needs refer to what is necessary for the client to live an independent and fulfilling life. Along with the client's goals and preferences, these requirements determine the support provided to the client.

The following are examples of needs that a client may have:

- **Physical needs**

These needs refer to what is necessary to improve or maintain a person's physical wellbeing. Physical needs include the following:

Food

Water

Oxygen

Clothing

Shelter

Physical activity

▪ **Sensory Needs**

These needs refer to what is necessary to help a person cope with anything that triggers their senses and cause a sensory overload. Triggers may include the following:

- Sight (e.g. visual patterns, certain colours or shapes, etc.)
- Smell (e.g. specific smells, etc.)
- Hearing (e.g. loud or unexpected noises, repetitive sounds, etc.)
- Taste (e.g. specific tastes and textures of food, etc.)
- Touch (e.g. touch from other people, textures of clothing, etc.)

▪ **Emotional Needs**

These needs refer to what is necessary to improve or maintain a person's emotional wellbeing. Emotional needs are directly linked to physical needs. They are met through interaction with other people, such as family members and friends. Emotional needs include love, respect and self-sufficiency.

▪ **Cultural Needs**

These needs refer to what is necessary for a person to develop a secure and positive sense of their identity. Cultural needs include the following:

Belonging

Education

Recreation

Religion

Further discussion on how you can determine the needs above in consultation can be found in Sections 1.2.1 and 1.2.3 of this Learner Guide.

Goals of the Client

As a care worker, you must identify the goals that will guide you, your client, and their support system. To do so, you may work with the client to set their goals.

Goal setting refers to deciding what the client wants to achieve. The client can have an easier time participating in response. This is done by creating a clear pathway on how development should happen. Without goals, it can be difficult for the client to determine what they should do.

When setting goals, you must first consider the client's long- and short-term goals. To differentiate, these are defined as follows:

- **Long-Term Goals**

These refer to the goals the client wants to accomplish in the *far future*. These goals will require a significant amount of time and planning. Usually, long-term goals are set at least several years away. It takes many steps to achieve a long-term plan.

- **Short-Term Goals**

These refer to the goals the client wants to accomplish *soon*. These are the smaller steps needed to achieve a long-term plan. The client can achieve these goals within a day, week, month or year. Short-term goals can help you think of what can be done right away.

For example, a person with disability may set a long-term goal of opening a bakery. This goal could take several years of development and training to accomplish. Short-term goals they may set can include:

- Learning how to bake bread rolls
- Acquiring the necessary qualifications for baking
- Taking up an apprenticeship in a pastry shop or bakery.

To further break down long- and short-term goals, you may use the SMART goals framework as the guiding principle.

The following are the SMART goals framework:

- **Specific** – The goals set should be well-defined and clear for more effective planning. A specific goal answers the following questions:
 - What does the client want to accomplish?
 - What steps or actions will the client take to achieve the goal?
 - Who else is involved in achieving the objective with the client?
 - When does the client want to accomplish the goal?
 - Why does the client want to achieve the goal?



- **Measurable** – The goals set should have the means to track the progress of the person objectively. A measurable goal answers the following questions:
 - What and how much data will be used to measure the goal?
 - How will the client know if they have reached the goal?
 - What will track the client's progress?
- **Achievable** – The goals set should be realistic and within the capacity of the client. An achievable goal answers the following questions:
 - Does the client have the available resources to accomplish the goal?
 - Does the client have the time to achieve the goal?
 - Will the client be able to commit to achieving this goal?
- **Relevant** – The goals set should be beneficial to the client. A relevant goal answers the following questions:
 - Why is accomplishing the goal vital to the client?
 - How does the objective align with the client's other goals?
- **Time-Bound** – The goals set should have a start and finish date to give a sense of urgency. A time-bound goal answers the following questions:
 - When does the client want to start working on their objective?
 - By when does the client want to accomplish the goal?

Below is an example of breaking down one of the short-term goals mentioned before:

Short-Term Goal: Learn How to Bake Bread Rolls	
Specific	The goal is for the client to bake bread rolls.
Measurable	The amount of successfully baked bread rolls can be used to measure the person's progress.
Achievable	The person can watch YouTube videos on baking bread rolls or take a class that teaches baking bread rolls.
Relevant	The person has a long-term goal of opening their bakery.
Time-Bound	The person has set the deadline for this goal at the end of a month.
SMART Goal Summary:	Within a month, the person should be able to bake a dozen bread rolls successfully.

Support Services

Support services refer to the services performed or provided to promote, improve or restore a person's wellbeing. Usually, they are provided to assist the person receiving support in their daily living activities.

Daily living refers to the self-care activities people do every day to keep themselves safe, healthy, and feeling good. These activities are usually done independently by the person.

The two kinds of activities for daily living are as follows:

Activities of daily living (ADL)

Instrumental activities of daily living (IADL)

▪ Activities of daily living (ADL)

These include the following self-care tasks at home:

- Continence (e.g. using the toilet)
- Hygiene (e.g. bathing, brushing and styling hair, shaving, and dressing)
- Mobility and transferring (e.g. walking and getting in and out of bed)
- Eating and drinking
- Pressure area management
- Carer support (i.e. alerting carers if there is a problem)

▪ Instrumental activities of daily living (IADL)

These refer to activities for maintaining an independent life at home and other environments, such as the following:

- Education and employment
- Household management
- Cooking meals and cleaning up
- Budgeting money
- Shopping for necessities
- Using various communication devices
- Moving within the community

The following are an array of services people receiving support can be provided with:

- **Dietetics**

Dietetics refers to the effects of food and nutrition on human health. Most people receiving support are at risk of different dietary and nutritional problems. A dietetic support service can help a client decide on their food and nutrition. For example, a dietetic support service can design meal plans for clients struggling with chewing and swallowing.

- **Medication**

Medication support services include the prescribing, administering and monitoring of medicine. This is a service for clients who may need support with prescription and over-the-counter medication. Further discussion of the topic can be found in Subchapter 2.3 of this Learner Guide.

- **Occupational therapy**

Occupational therapy is a treatment to improve motor skills, balance, and coordination. This treatment helps rehabilitate the person to perform tasks and routines based on their skills and environment. For clients who need help in restoring their physical and fine motor skills, you may consider these support services.

- **Physiotherapy**

Physiotherapy treats people who need support in mobility, function and wellbeing. It can also help manage pain and improve the fitness of a person.

Suppose a client exhibits functional problems (e.g. loss of grip strength or stumbling often) or endures chronic pain. This affects their daily routine. In that case, you may consider physiotherapy treatment plans in their support services.



- **Speech therapy**

Speech therapy refers to treating a broad range of speech and language disorders. These include disorders such as stuttering and difficulty expressing information. As techniques are used to improve the client's communication skills, you may consider this support service for clients who have difficulty speaking or understanding verbal language.

Required Personnel Assistance

You must determine who will supervise and aid your clients when needed. As a care worker, you need to ease this process and ensure that your clients and their entire support team are involved and have access to the list. This way, everyone will be aware of their roles and responsibilities in the individualised plan.

The roles of the support team regarding the individualised plan were discussed earlier in the subchapter. It is up to your clients to decide who they want to be involved in their plan. You must consult with them regarding the relevant personnel they want help from.

Responsibilities of the relevant personnel may include the following:

- **Advocates**

- Assist the client when applying for government-funded services.
- Negotiate changes to the individualised plan for the client.
- Provide support when overcoming barriers that impact the client's ability to participate in their community.

- **Behavioural consultants**

- Supervise the client in activities that develop social and communication skills.
- Provide positive reinforcement to the client for displaying appropriate behaviour.

- **Development officers**

- Ensure that the client knows and has access to the available organisational or community programs, services and events.
- Engage the client in actively participating in their community.

- **Support workers**

- Assist the client when acquiring resources such as financial help programs, housing programs, and more.
- assess the progress of the client in performing routine tasks independently.

- **School support staff**

- Ensure that the client is supported in educational or training institutions.
- Provide adaptive learning materials (e.g. textbooks in braille, captioned video presentations, etc.).



■ Employment officers

- Ensure that the client has access to programs to gain skills for employment.
- Provide support to the client in finding and securing work.
- Provide occasional or ongoing support to the client in the workplace.

■ Occupational therapists

- Supervise the client in activities that develop physical and fine motor skills.
- Assess the physical progress of the client in performing their daily routine tasks.

■ Programming staff

- Ensure that programs and events are accessible by providing necessary adjustments (i.e. Supplying sign language interpreters, ramps, etc.)
- Ensure that the client can actively participate in programs.

■ Technicians

- Instruct the client in using their assistive devices and equipment.
- Support in maintaining the client's assistive technology.

Remember to consult with the relevant personnel responsible for assisting your client. This is to understand the client's capacity for each activity.

Resources Needed

You need to ensure that you, your clients, and everyone involved have the necessary resources to complete the response. The individualised plan should list what specific aids and equipment are needed and how they will use them in each response.

Resources may include the following:

Material resources	Human resources
<ul style="list-style-type: none"> • Budget • Learning materials • Assistive technology 	<ul style="list-style-type: none"> • Australian Sign Language (Auslan) interpreters • Note-takers • Drivers

You must create a plan to acquire resources should they be unavailable.

Below is an example of how the components are reflected in the individualised plan.

Profile				
Name	Jane Doe			
Needs	<ul style="list-style-type: none"> ▪ Can no longer transfer herself without hoisting and assistance ▪ Requires assistance in most household tasks 	Strengths and Preferences	<ul style="list-style-type: none"> ▪ Prefers to use a scooter over a wheelchair ▪ Can make her own decisions (both day-to-day and important life decisions) 	
Goals	<ul style="list-style-type: none"> ▪ Stay in own home with family ▪ Maintain health as much as possible 	Timeframe to Achieve Goals	Ongoing	
Individualised Plan				
ADL/IADL	Support Services	Resources Needed	Required Personnel Assistance	Progress Monitored
Showering, grooming, dressing	Assist in moving to and from the bathroom	Hoist and sling, grab bars	Support worker	
Cooking meals	Assist in meal prep	Utensil holders	Dietician	
Continence	Assist in moving to and from the toilet	Hoist and sling, grab bars	Support worker	
Travel outside of home	Assist in usage and maintenance of assistive equipment	Scooter	Technician	



Lotus Compassionate Care

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

Access and review Lotus Compassionate Care's support plans through the link below:

[Client Records](#)

(username: xxxx password: xxxx)

1.1.2 Confirming Support Services to be Provided

When referring to the individualised plan with your client and their support team, there are some questions you should ask. These questions will help you understand what support services to provide.

To confirm the support services, know the answer to the following questions:

What are the client's goals, needs, rights and preferences?

What support services address the client's goals and needs?

What are the treatment plans and medication prescribed by the client's healthcare professionals?

Who are the staff members that are already providing the client's support services?

What support services can the family of the client provide assistance with?

What support services I am qualified to provide are within the individualised plan?

If there is a support service I am not qualified to provide, to whom do I refer the client?

Checkpoint! Let's Review



1. It is important to confirm what support services are within the person's individualised plan. This ensures that the support you will provide to the person aligns with what they need and prefer.
2. The following are the components of an individualised plan:
 - Needs of the client
 - Goals of the client
 - Support services
 - Required personnel assistance
 - Resources needed
3. There are many people involved in a person's individualised plan. As such, when confirming support services, make sure to refer to the individualised plan with the person and their support team.



1.2 Consult With the Person and Their Support Team to Determine Any Specific Needs or Preferences

The support you provide must cater to the various needs and preferences of your clients. Like with the previous subchapter, you must do so in collaboration with the person and their support team. A care worker who works with the person is expected to provide individualised support in the form of the following:

- Education
- Appropriate care strategies
- Use of assistive technology

To consult with your client and their support team, you must ensure that you:

Understand your clients and their impairments

Identify and respect the cultural needs of your clients

Recognise the strengths and capabilities of your clients

1.2.1 Understand Your Clients and Their Impairments

As a care worker, it is your responsibility to understand your clients. To understand people receiving support is to recognise that they are unique individuals. Each person has their own experience of how they interact with others and the world. Understanding this will help you in determining their specific physical or sensory needs and preferences.

To do so, you must understand the social model of disability and the rights of those receiving support. Doing so will allow you to understand your clients better and make it easier to state their physical and sensory needs. It also allows you to show your clients that you are fully committed to assisting them. This assistance is according to how they want to be cared for and not just determined by their impairments.

Social Model of Disability

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

In this context, we can define *impairment* as a medical condition that leads to *disability*.

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

Mild

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

Moderate

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

Severe

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

Disability, then, refers to the relationship between people with impairments and barriers set by society. These barriers can be considered as factors that affect people requiring support. They can also be considered as struggles people face when interacting with the service system. The following are common struggles that people receiving support may face:

- **Lack of services and support**

People with impairments find that their lives are a constant struggle for resources and support. The system for service provision, in their experience, is difficult to navigate. The system is also excruciatingly slow and unresponsive. Services are often so limited that individuals go to extraordinary lengths to be eligible to receive support. This process often leaves them feeling demeaned and humiliated.

- **Lack of aids, equipment and assistive technologies**

In other countries, people with impairments have a legislated right to access aids, equipment and technology for daily living. This right does not exist in Australia. As a result, the ability to lead an independent life is severely compromised for Australians with impairments.

- **Lack of housing options**

Having little to no choice in where one lives can negatively impact a person's physical and mental health. This is the experience of many people with impairments. More than 32% of Australians with impairments identified difficulties in housing and accommodation. Many want to live independently in their communities but are unable to access the support they need to do so.

- **Difficulties in seeking, obtaining and retaining employment**

The biggest barrier to people with impairments is employer attitudes. There are still widespread misconceptions and stereotypes that influence the attitudes of employers and recruiters. Such negative attitudes can restrict the ability of people with impairments to get or maintain employment. These attitudes can also impact their ability to do their job effectively.

- **Lack of access to the built environment and information**

For many people with impairments, the built environment acts as a powerful barrier to their social inclusion. Their inability to access the facilities in their communities limits their independence. It also compromises the quality of their life.



Examples include the following:

- Lack of screens with technology to assist people with hearing impairments
- Lack of accessible bathrooms or lifts with braille signage for people with vision impairments
- Lack of clear signages for people with impairments to successfully move through interiors of various buildings

Based on content from [SHUT OUT: The Experience of People with Disabilities and their Families in Australia](#), used under CC BY 3.0 AU. © Commonwealth of Australia

Other factors that affect people requiring support include the following:

- Attitudinal barriers
- Physical health conditions
- Social, emotional and mental health conditions
- Access to resources and support (family, carers, financial capacity, etc.)
- Multi-faceted needs (e.g. mental health issues arising from unemployment or substance abuse)
- Culture, language or religion that impact service delivery or access to support/resources
- Risks associated with the person's age, disability, physical, social, emotional and psychological health, and wellbeing (e.g. abuse, falls, or fire hazards in one's home)



As a care worker, you must understand what hinders your clients from living their lives. Remember that your clients are not disabled because of their impairments. The barriers set by society are the cause of their disability. These barriers are what stop them from actively participating in their community.

Multimedia



This video further describes what the social model of disability is. The video compares the model to the medical model of disability and how the social model seeks to change society:

[The Social Model of Disability](#)

Handicap and Discrimination

When a person with an impairment interacts with society, they often experience discrimination. Discrimination is the unfair treatment of people on various grounds. These grounds include factors such as race or background. In this case, the person is discriminated against due to their disability or age. Like barriers, discrimination can also be considered as a factor that affects people receiving support.

The *Disability Discrimination Act 1992* defines discrimination against people with disabilities. Discrimination comes in two forms:

- **Direct discrimination** occurs when a person is treated worse than another person. The following must be met for an action to be considered as direct discrimination:
 - The discriminator treats the person less favourably than a non-disabled person.
 - The discriminator does not make reasonable adjustments for the person.
 - The failure to make reasonable adjustments has a negative effect on the person.
- **Indirect discrimination** occurs when a policy or requirement disadvantages a person receiving support. The following must be met for an action to be considered as indirect discrimination:
 - The discriminator requires the person to comply with a requirement, but:
 - Because of the disability, the person cannot or is not able to comply with the requirement
 - The requirement or condition has the effect of disadvantaging persons
 - The person would comply with the requirement if the discriminator made reasonable adjustments; however, the discriminator does not do so
 - The failure to make reasonable adjustments has (or is likely to have) the effect of disadvantaging people receiving support.



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

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

Disability Discrimination Act 1992, used under CC BY 4.0.

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

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



The experiences listed above can make it more difficult for one to function normally. They can also make it harder for the person to cope with their impairment. In such scenarios, the person's impairment creates a disability and a handicap.





On the other hand, the *Age Discrimination Act 2004* defines discrimination against older persons. Like the *Disability Discrimination Act 1992*, discrimination comes in two forms:

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

*Based on content from the Federal Register of Legislation at 17 January 2022.
For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.
Age Discrimination Act 2004, used under CC BY 4.0.*

Similar to people with disabilities, older people can also recall experiences of discrimination. A common age-related experience of discrimination is invisibility. This means that many older people have felt invisible because of their age. This experience manifests itself in different ways, such as:

Being turned down from a job position due to their age

Being ignored by their community

Being denied access to a service or product

Being underrepresented in media and advertising.

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

Further Reading



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

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



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the for anti-discrimination legislation through the link below:

[Lotus Compassionate Care Handbook](#)

(username: xxxx password: xxxx)

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

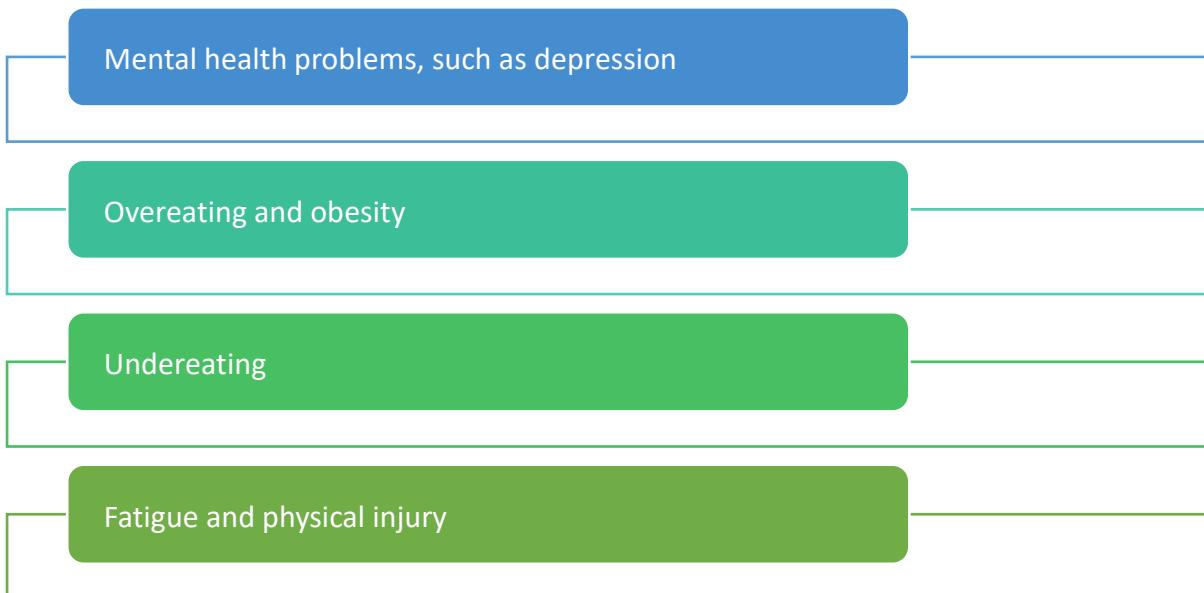
For example, consider an older person who lost control of their legs. This impairment causes a disability in the form of not being able to walk and move around. The disability can easily be fixed by using a wheelchair. However, when they use a wheelchair to travel around, they may encounter barriers such as the following:

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

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



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



As a care worker, you are to be responsible for preventing the development of these additional health problems. You can do this by understanding your clients' experiences with barriers and discrimination. This ensures that your clients do not suffer from discrimination and harm.

The Human Rights of People Receiving Support

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

The Australian Human Rights Commission (2019) defines human rights as the following:

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



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

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

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

As a care worker, you must remember that these treaties support basic human rights. Their existence does not mean there are many sets of rights for different kinds of people. These treaties are only meant to emphasise the rights of certain groups of people. Their rights are misunderstood or ignored by the state. As such, the rights of people receiving support may also be considered as a factor that affects them.

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

Universal Declaration of Human Rights (UDHR)

Convention on the Rights of Persons with Disabilities (CRPD)

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

Further Reading



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

[Universal Declaration of Human Rights](#)

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

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



The actual rights of people with disabilities that must be upheld

An optional protocol for upholding these rights and addressing complaints

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

The convention explains what rights people with disabilities are entitled to. It also explains what actions that affect them must be avoided and what they must be supported with.

Further Reading



The CRPD recognises the rights set forth by the UDHR. It details the obligations all people have in upholding and safeguarding the rights of PWDs. The two documents that make up the CRPD can be accessed through the link below:

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

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

Further Reading



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

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



Human rights are vital for a person to understand any specific needs or preferences they may have. A person who knows their rights has a better understanding of:

What they are entitled to

What others are not allowed to do

What the state or country, as a whole, is required to do to accommodate them

Therefore, any care worker who truly wishes to support a person must help them learn their rights. Doing so can help people receiving support better understand how they want to be supported by their service providers.

Using your understanding of the concepts discussed in this section, you can now determine any needs or preferences. You need to ask your clients and their support team the following questions:

Questions to the Client

- What impairments do you have? Are they physical, cognitive or anatomical?
- What is the level of the impairment? Is it mild, moderate or severe?
- What physical or sensory needs do you have based on your impairments?
- What barriers do you face the most in your daily life?
- What stops you from participating in your community?
- Have you felt like you were discriminated against due to your age or disability?

Questions to the Support Team

- What assistance do you provide the person based on their impairments?
- What assistance do you think the person is still in need of?
- What barriers have you observed that the person faces the most?
- What do you think needs to be addressed for the person to participate in their community?

1.2.2 Identify and Respect the Cultural Needs of Your Clients

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

- Sexual orientation
- Religion
- Other forms of group identification

Providing your clients' cultural needs is a requirement for providing individualised support. Also, your clients have the right to require service that does not discriminate based on their cultural background. As a care worker, you must identify, accept and uphold these needs.

Some examples of cultural needs are as follows:

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

Providing the cultural needs of your clients have the following benefits:

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



Identifying, Respecting and Upholding the Cultural Needs of Your Clients

The following steps show how a care worker can identify, respect, and uphold the cultural needs of their client:

1. Secure a good understanding of your client's cultural needs.

- Do not make assumptions based on the colour of their skin or their clothing.
- Refer to their file or running record to identify their preferences.
- Ask your client directly. Listen to them and take note of all their preferences.
- Provide your client with what they can expect from you and the organisation. Identify what needs you will have problems providing and collaborate with your client. This would help secure some of the resources that are not available to you and other care workers.



2. Provide your client's cultural needs daily.

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

3. Adjust service based on your client's feedback and reactions.

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

1.2.3 Recognise the Strengths and Capabilities of Your Clients

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

As a care worker, you can use strengths-based practice to build up your clients' confidence. The strengths-based practice is a holistic approach that builds upon a person's strengths. Knowing their strengths allows them to see themselves at their best. This person-led practice gives an idea of what changes can improve the quality of their life. As such, its rationale and process should underpin your individualised support planning and delivery.

You may use the following basic principles to guide you in determining the strengths and capabilities of your clients:

- **All care strategies must focus and draw on the client's strengths and capabilities.**

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

- **All clients have a responsibility to maintain and improve their wellbeing.**

You must focus on the strengths and capabilities of the client to see challenges as opportunities for growth instead of things to avoid.

- **All clients have the capacity to learn, improve and change.**

You must respect the client and work together with them when providing their service delivery. Make sure to be flexible, as their willingness to participate in activities can vary depending on their personal goals and preferences.

Strengths-based practice is essential when determining your clients' strengths. The approach highly emphasises the importance of your clients playing an active role in any decision. There has to be a focus on their life, what it is about, and what they would like it to be. Knowing these factors can help you determine the skills they need to improve the quality of their life.



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

- Assess the strengths and capabilities of their clients and use them in developing and implementing responses
- Maximise the use of resources available to their clients to improve their conditions
- Induce hope in their clients by affirming their improvement and showing an appreciation for their capability
- Allow their clients to choose what they want to do or how they want to work on their problems



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



Further Reading

Additional information on strengths-based approaches is available below:

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



Checkpoint! Let's Review

1. To identify the physical and sensory needs of the person, you must understand their impairments. You may do so by understanding the aspects of the social model of disability.
2. Cultural needs refer to a wide variety of needs based on a person's social and ethnic identity. A person requiring support has the right to a service that does not discriminate based on their cultural background. As such, a care worker must identify, accept and uphold these various cultural needs.

1.3 Discuss and Confirm the Person's Preferences for Support and the Level of Their Participation



As mentioned in the Introduction of this Learner Guide, you must provide individualised support to your clients. Before providing them with this support, it is vital that you discuss and confirm their preferences for the following:

- Personal support
- Own level of participation in meeting their support needs

To do so, you must follow the basic principles of person-centred practice.

As the name suggests, a *person-centred practice* means involving the person receiving support in their service delivery. This means treating the person first, focusing on what they can do rather than their condition or disability.

A person-centred practice:

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

Sourced from [What is a person-led approach?](#), used under CC BY 4.0.

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

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



Further Reading

Person-centred practice can follow different basic principles, depending on the nature of your work. The principles of person-centred health care are provided in the link below:

[What is person-centred health care? A literature review](#)

Aside from this, you must also understand the difference between the person-centred model and the institutionalised model of support. The person-centred model, also known as the self-directed model, provides individuals with more control over their lives. This includes how the specialist care system supports them. On the other hand, the institutionalised model of support gives more control to the care facility in directing the support of the individual.

By following the principles of person-centred practice, you will ensure that your clients' opinions are heard. Your compliance will help your clients be happier with your service. Also, a person-centred practice has the following benefits:

- Clients will generally have an easier time developing and maintaining trust in you.
- Clients will be more compliant with routines, activities and programs designed based on their needs and preferences.
- You will not have a difficult time coming up with support strategies for your clients.
- You will not need to spend a lot of time and effort convincing your clients to participate in certain activities.



Discussing and Confirming With Your Clients on Their Preferences

As a care worker, you must discuss with your clients in a positive way that develops and maintains trust. When discussing with clients on their preferences and level of participation, you must:

- **Ensure the rights of the client are upheld.** To accomplish this, do the following:
 - Let the client make choices on how they should be cared for
 - Let the client decide what support activities they should participate in
 - Allow the client to engage or participate in risky tasks and activities if you explain the risks and take steps to mitigate them
 - Encourage the client to speak up on any concerns they might have
- **Ensure that the needs of the client are upheld.** To accomplish this, do the following:
 - Encourage the client to ask questions about their individualised plan
 - Involve the client and their support team in making decisions about their care

Further discussion on the rights people receiving support can be found in Section 1.2.1 of this Learner Guide.

After discussing with your clients, you will need to confirm your understanding of their preferences. Here are some strategies you may use to confirm their preferences for support and participation in meeting their needs:

Ask the client to repeat what they said.

Repeat and restate what the client said.

Thank the client and show your understanding.

- **Ask the client to repeat what they said.**

If you feel that you misheard or misunderstood what is being said, you can ask the client to repeat themselves. This will ensure that you clearly understand their preferences.

- **Repeat and restate what the client said.**

Another way to be sure that you understand the client's preference is to repeat what you heard using your own words. By restating what they said, you can show that you listened carefully to them when they were speaking. This also helps the client clarify what they mean to say if you had misunderstood them.

- **Thank the client and show your understanding.**

After clarifying with the client on their preferences, you must thank them for sharing. Make sure to state that you understand their preferences better after their explanation. This allows the client to feel that you are taking them and their opinions seriously. This also assures them that you are both on the same page regarding their preferences.

The following are questions you can ask to confirm with your clients on their preferences:

Would you mind repeating that for me again?

I don't think I got what you said. Could you go over that again?

I don't think I quite understand what you meant. Would you mind repeating that?

If I understand correctly, you are saying... Does that sounds right?

My impression of what you said was... Is that what you meant?



Checkpoint! Let's Review

1. It is vital that you discuss and confirm their preferences for their:
 - Personal support
 - Own level of participation in meeting their support needs
2. A person-centred practice means involving the person receiving support in their service delivery. This means treating the person first, focusing on what they can do rather than their condition or disability.
3. By following the principles of person-centred practice, you will ensure that your clients' opinions are heard. Your compliance will help them be happier with your service.

1.4 Identify Actions and Activities That Promote Independence and Decision-Making

After getting to know your clients' needs and preferences, you can identify actions and activities that do the following:

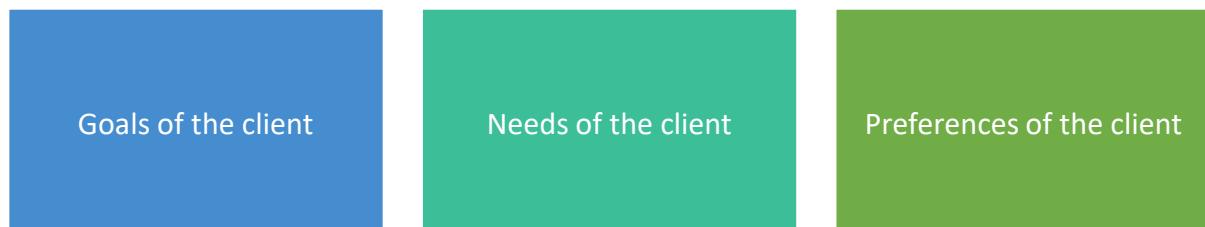
- Supports your clients' individualised plan
- Promotes your clients' independence
- Promotes your clients' right to informed decision-making

In the context of this unit, *actions and activities* refer to the activities a person does to maintain and improve the quality of their life. These activities should meet their needs and goals while also matching their preferences. Your job will be to work with your clients in identifying these actions and activities within the support services provided to them. This will ensure that the support you provide is in line with their needs and preferences and promotes their independence.

In this subchapter, you will learn how to identify actions and activities with your clients.

1.4.1 Determining Actions and Activities With Your Clients That Support Their Individualised Plan

Actions and activities that support your clients' individualised plan must prioritise the following:



As mentioned in the Introduction of this Learner Guide, support services are provided to meet these requirements. Therefore, the action or activity identified must address a specific need, goal or preference.

For example, say that a person has the goal to increase their socialisation within their community. You may use this as a guide in identifying which action or activity will support the person in reaching the goal.

Here are some strategies you may use to identify actions and activities that support the individualised plan with your clients:

- **Confirm the support services to be provided based on the individualised plan.**

The support services to be provided should detail the actions or activities that the client will do or be given support in. You may refer to Subchapter 1.1 of this Learner Guide for the strategies you may use to confirm the support services.

- **Assess the actions and activities within the confirmed support services.**

The actions and activities of each support service must be meaningful to the client. This means that the action or activity should give them purpose and enjoyment based on their definition of the two concepts. Therefore, it is essential that you assess the actions and activities to ensure they support the person's individualised plan.

Suppose a person has a need to develop their fine motor skills. Actions and activities that support this need would include art activities, such as drawing or making clay sculptures. On the other hand, another person may have a need to improve their physical strength. Swimming in a pool would be an action that supports this need.

- **Start conversations with the client regarding their individualised plan.**

As mentioned in the previous subchapter, the client must be at the centre of their care delivery. With this in mind, ask them questions on what action or activity they think will support their individualised plan. This will ensure that the actions and activities identified are in line with what they need or prefer.



For example, a person may share that they enjoy cooking and believe that they are good at it. With this in mind, you can take note of actions and activities that would utilise their skill in cooking.

1.4.2 Determining Actions and Activities With Your Clients That Promote Their Independence

Actions and activities that promote your clients' independence are the ones that empower them to improve their life. *Empowering* means giving a person the power to control their lives. It involves investing valuable time, effort and resources for them to become stronger and more confident. When empowered, the person will require significantly less assistance. This is because they will be more willing to take the initiative to improve their lives.

As a care worker, you must ensure that your clients can exercise their independence in the identified actions and activities. To do this, you may keep in mind the principles of active support.

Active Support

Active support is the practice of providing the appropriate amount of support that can empower the person. This means ensuring that people with even the most significant disabilities have ongoing, daily support to be engaged in a variety of life activities and opportunities of their choice. The method encourages the person to do things for themselves, when possible, rather than having someone else do it on their behalf.

As a care worker, you must work *with* your clients to participate in any action or activity, regardless of their level of impairment. To do this, you must be able to abide by the following basic principles:



- **Belongingness**

This refers to supporting your clients to be part of the community. It also refers to supporting them to have positive relationships with others.

- **Opportunity**

This refers to supporting your clients to have novel experiences. It also refers to supporting them to have many avenues of self-directed learning.

- **Respect**

This refers to supporting your clients in a way that recognises and upholds their individuality.

- **Self-control**

This refers to supporting your clients in a way that recognises and upholds their capability. This capability refers to regulating their actions, emotions and behaviour.

With these principles in mind, here are some strategies to aid your process in identifying actions and activities with your clients that promote their independence:

- **Break down actions or activities to be more manageable.**

Say that there is an action or activity that may be challenging for the client. You can break them down into a series of steps and identify steps that the client:

- Can do by themselves
- Can do with help from others
- Need to be done for them

- **Determine what assistance is needed.**

Determine the appropriate amount and type of support necessary for each action or activity. If you provide too much help, the client may feel over-supported, hindering their independence. On the other hand, the client may fail if you provide them with too little support.

- **Maximise the client's choice and control.**

Ensure that the client can express their preferences whenever possible. You must acknowledge their feelings and respect their desire to take on potentially risky activities. To do so, make sure that the client is given all information regarding their choices and options prior to making a decision. You may refer to the next section for further discussion.

By adhering to these basic principles, you can determine which action or activity your clients can do alone. In doing so, your clients will be more empowered to participate in their individualised plans and improve the quality of their lives.

1.4.3 Determining Actions and Activities With Your Clients That Promote Their Right to Informed Decision-Making

Actions and activities that promote your clients' right to informed decision-making are the ones where your clients provide their informed consent.

Consent refers to the permission given by one person to another to do a specific action. When given consent, it means that the person agrees to the action being made or participating in an activity. *Informed consent* is when they have all the knowledge, they need to make a good decision. This includes the steps, risks and benefits of any procedure. This can also include possible alternative options they can choose instead. Additionally, the person must know what will happen if they do or do not consent to something.

Suppose you are identifying actions and activities with an older client. You must tell them exactly what will happen in each action or activity. You should let them know what is going to happen and for how long.





Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on decision-making and consent through the link below:

[Lotus Compassionate Care Handbook](#)

(username: xxxx password: xxxx)

To identify actions and activities with your clients that promote their right to informed decision-making, you may consider doing the following:

- **Discuss all essential details with the client.**

Provide the client with enough knowledge and advice to make their decision. Answer all questions the person may have regarding the action or activity, including questions that may upset the client. This will ensure that the client can make informed decisions regarding the actions and activities.



- **Respect the client's wishes.**

If the client does not consent to an action or activity, you cannot force them to agree. Acknowledge their response. Let the client know why an action or activity is important with regard to their individualised support. Reassure the client that you will not force them, but you will ask for their consent again later.

- **Make sure to prevent others from forcing the client from consenting to an action or activity.**

If the client has not given or does not consent, ensure that others will not pressure them to do so. As mentioned before, the client has the right to decide what they want to happen after being given information on all choices and decisions. If the client is forced to agree to an action or activity without their consent, then their rights are being violated.

Checkpoint! Let's Review



1. Actions and activities that support the person's individualised plan must prioritise the following:
 - Goals of the person
 - Needs of the person
 - Preferences of the person
2. As a care worker, you must ensure that your clients can exercise their independence in the identified actions and activities. To do this, you may keep in mind the principles of active support.



1.5 Prepare for Support Activities by Confirming and Assembling Equipment, Processes, and Aids

By now, you have determined the support actions and activities to be implemented in the individualised plan. This subchapter will discuss how you can prepare for support activities according to the person's preferences and individualised plan. This preparation must also adhere to your organisation's policies and procedures.



To prepare for your client's support activities, you must confirm and assemble what is needed for your client to use. These include the following:

- **Equipment** – This refers to the assistive technology (AT) that helps a person as they participate in their support activities. This usually refers to the furniture, appliances and more that meet the person's individual needs.
- **Processes** – These refer to the sequence of tasks or steps taken to reach a specific outcome for each support action or activity. Outcomes of the person's support activities must meet their individual needs, goals and preferences.

For example, say that an older person has a goal to develop their cooking skills. You must then prepare simple recipes they can follow during their cooking activities. You may also include steps in using various kitchen appliances, such as an air fryer, oven or gas stove.

- **Aids** – Like equipment, these are the AT that assists a person to participate in their support activities. This usually refers to the tools, appliances, and software programs that meet the person's individual needs.

Further discussion on the scope and breadth of assistive technology will be discussed in Subchapter 2.2 of this Learner Guide.

Confirming the Required Equipment, Processes and Aids

As a care worker, you must confirm that equipment, processes and aids your clients need are ready prior to their support activities.

When confirming the required equipment, processes and aids, consider the following:

- **Review the individualised plan of your clients.** The individualised plan will have the following information:

The specific needs, goals and preferences of the client

The schedule of support activities and routine of the client

This information should guide you in determining the equipment, process or aid your client may need. It determines which service provider can meet the client's needs.

- **Assess the client for AT needs.** An assessment must be carried out in order to select the most appropriate equipment, aid or appliance properly. Many service providers need enough evidence to decide whether the equipment or aid is necessary to include in a client's plan. Make sure to ask the client's healthcare professional to assess and prescribe the client for specific equipment, aids or appliances.
- **Consider the way your clients will interact with the equipment, processes and aids.** This includes any restriction that may prevent their engagement with certain equipment, processes or aids. For example, say that a client is allergic to latex. This means that they cannot use aids and equipment that use latex materials.
- **Determine if the person needs custom-made equipment or aids.** Some aids or equipment can be adapted according to a client's needs. For example, wheelchairs can be adapted to the client's body shape and increase their mobility.
- **Consider the budget of your clients.** This can help filter out aids and equipment outside your client's price range. Depending on a client's needs, you may access them for free or with financial assistance through government programs.

Further Reading



The NDIS provides details on how to choose assistive aids or equipment. You may access it using the link below:

[Assistive technology explained](#)

Assembling the Required Equipment, Aids and Appliances

As a care worker, one of your responsibilities is to ensure the safety of your clients. This means that you must ensure that the equipment, aids and appliances are safe for your client's use. They must also consistently perform the way they are intended to. Some equipment, aids and appliances need to be put together, made, or adjusted for a specific client. To ensure their quality, you must assemble them according to quality standards.

Standards are established documents that set out rules to ensure quality. They provide a basis for people on what they should expect from a product, service or system. On their own, adherence to standards is voluntary. However, they become mandatory when they are referred to in legislation.

There are equipment, aids and appliances that need to meet Australian or other standards. These standards may relate to the materials used, manufacturing, and assembly or installation. Products that meet these standards will have written certification. Make sure to check with the supplier or manufacturer to determine if a product is compliant with these standards.

The following table includes links to organisations that can provide you information on quality standards to keep in mind when assembling equipment, aid or appliance:

Organisation	Description
Standards Australia	This organisation sets out the specifications and procedures that ensure the quality of products distributed in Australia.
Product Safety Australia	This organisation is managed by the Australian Competition and Consumer Commission on behalf of Commonwealth, state and territory product safety regulators. It provides information across various product categories. This allows the reporting of unsafe products.
Furntech	This organisation provides testing, certification, research and information for furniture products.
CHOICE	This organisation performs standard testing of compliance for various everyday use equipment.

Your organisation may have policies and procedures for assembling equipment, aids and appliances. Make sure to check them for additional information.

Once you have confirmed and assembled what your clients need, consider the following as you prepare for support activities:

- **Review the support activities listed in the client's individualised plan.**

Before every support activity, go through the client's individualised plan to check what will be used to assist them. This is to ensure that the equipment, process or aid you will prepare is what will be used by the client.

- **Make sure that the equipment, process or aid is within the client's preferences.**

The use of equipment, processes and aids should positively impact the wellbeing of the client. This means they must help the client fully enjoy their support activities. If you find that the client is discontented with the equipment, processes or aids, you must address their discontentment in a timely manner.

- **Prepare for support activities according to organisational policies and procedures.**

Your organisation may have policies and procedures when it comes to the use of equipment, processes or aids during support activities. Make sure to review them before preparing the equipment, process or aid for your clients.

- **Make sure that assistive devices and equipment are available.**

You can consult with the following staff to ensure the availability of equipment and resources:

Assistive technology technicians

Support workers

School support staff

Recreation, development and employment officers

- **Instruct the client on how to operate the equipment, aid or appliance.**

Prior to any support activity, you must ensure that the client understands how to use the equipment, aid or appliance. This will allow them to fully participate in their support activities. For example, a person with full vision loss wants to type down their household expenses with a Braille keyboard. If they have never used one before, they must be taught by someone who is familiar with the equipment.

The case study below showcases a scenario on preparation:

Mark's Writing Session

Mark is a bright student with mild cerebral palsy. He finds handwriting difficult. His written work is usually messy and often illegible. During writing time, he often becomes withdrawn from his teachers and peers. He gets self-conscious about his handwriting and resists showing what he wrote to others.

Sarah, the disability support worker at the school, reviews Mark's Individual Education Plan (IEP). In Mark's IEP, one of the primary learning goals set for Mark is to increase the legibility and amount written within a writing session. Currently, Mark averages about one word per minute.

Sarah determines that assistive technology may support Mark in reaching this learning goal. She confirms that Mark will need an assistive technology device that needs to:

- Be portable (to work in a variety of spaces)
- Have a keyboard for easier text input
- Have a writing software or writing app

With these in mind, Sarah prepares an iPad with an external keyboard and writing app for Mark to use during writing sessions.

Before the writing session, Sarah asks Mark if he wants to use the iPad to write. When Mark says yes, Sarah teaches him how to use the iPad and the writing app.

In this situation, the disability support worker reviewed the student's individualised plan. This to determine their needs and goals. After confirming the student's needs and goals, they determined the equipment the client may use for their activity. Prior to the activity, the support worker confirms with the student whether they want to use the equipment. Then, they teach the student how to use the device.

Checkpoint! Let's Review



1. To prepare for your clients' support activities, you must confirm and assemble what is needed for your client to use. This includes equipment, aids and processes.
2. As a care worker, you must confirm that equipment, processes and aids your clients need are ready prior to their support activities.
3. As a care worker, one of your responsibilities is to ensure the safety of your clients. This means that you must ensure that the equipment, aids and appliances are safe for your client's use.

1.6 Identify Requirements Outside of the Scope of Own Job Role and Seek Support

By now, you may have noticed your clients will need support that is outside the scope of your job role. When this happens, consider seeking support from your supervisor to meet these needs.

As a care worker, it is essential to know the scope of your role. When working with people receiving support, you should:

- Know what you are and are not qualified to do
- Confirm job role requirements with the supervisor
- Know when to seek the support of your supervisor

Understanding your role will help you to identify the requirements outside of your job scope. Once identified, you must seek the support of your supervisor. This will ensure that your clients' needs will be met.

1.6.1 Understanding Scope of Own Job Role

The *scope of your job role* is the limitation of your role based on your position and training. This means the scope of your responsibilities when providing individualised support to your clients. You can find out your scope of practice by looking at your job position in your employee handbook. You can also check your organisation's policies regarding your role.

Going beyond your scope of practice can lead to negative consequences. You may accidentally cause harm to your clients if you do something outside of your work role or training. That is why it is essential to know what your responsibilities and limitations are.

To understand the scope of your own job role, you must know the legal and ethical requirements of the following and how they are applied to your organisation and individual practice:

Code of conduct

Dignity of risk

Duty of care

Work-role boundaries and limitations

Code of Conduct

A *code of conduct* is the policy that lays out an organisation's principles and standards. It also outlines various expectations that all support workers must adhere to.

Codes of conduct for care workers and other professionals typically include the following:

Obligations as a care worker

Minimum standards for appropriate behaviour

Example scenarios and situations that require workers to evaluate their actions

Policies expressing zero tolerance of abuse and neglect.

The NDIS Code of Conduct is one of many codes that you can use to support your clients. This code sets out expectations for safe and ethical service and support.

The code requires workers and providers delivering NDIS support to do the following:

- Act with respect for individual rights to the following in accordance with relevant laws and conventions:
 - Freedom of expression
 - Self-determination
 - Decision-making
- Respect the privacy of PWDs
- Provide support and services in a safe and competent manner with care and skill
- Act with integrity, honesty and transparency
- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of support provided to PWDs
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse
- Take all reasonable steps to prevent sexual misconduct

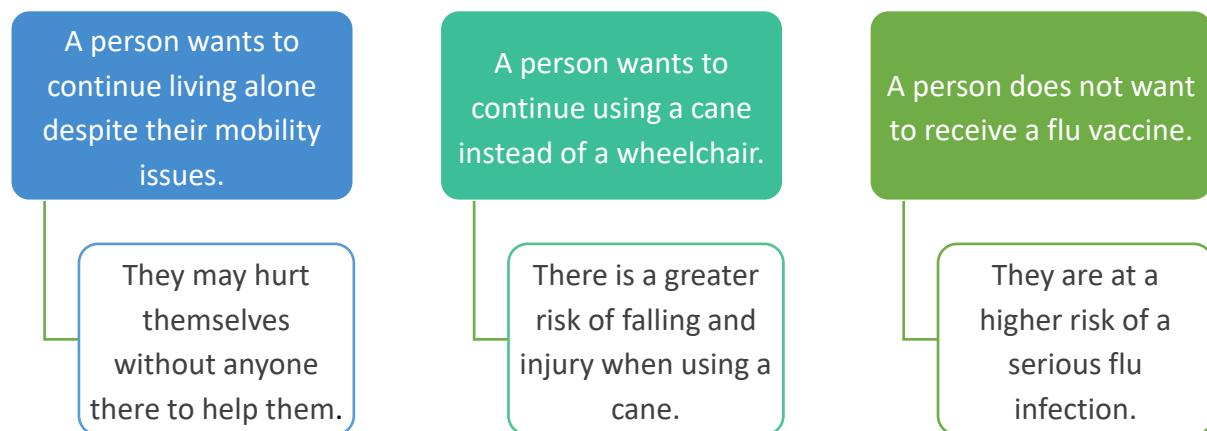
Based on [NDIS Code of Conduct \(Workers\)](#), used under CC BY 3.0 AU. © Commonwealth of Australia

Your organisation or state may also have its own code of conduct in place for the clients under your care. Refer to your organisation's documents for additional information.

Dignity of Risk

Dignity of risk is accepting that a person can choose what they do and how they live. It acknowledges that these choices come with possible risks. You have the duty to respect their dignity by helping them carry out their choices despite the risks. You and the support team should help minimise the risk involved with the client's choices.

Here are some examples of choices and the risks involved:



In such instances, you should respect their choices and accept the risks of these choices. To perform your duty of care, you must ensure that you reduce the risks as much as possible. You can come up with ways to honour their dignity or risk while still protecting their wellbeing. Here are some ways to reduce the risks in the examples above:

- **They may hurt themselves without anyone there to help them.**
 - Ask them to always keep an emergency cell phone with them. They can use it to call for help in case of emergencies.
 - Schedule more frequent check-ins and home visits.
 - Ask one of their neighbours to check in on them at least once a day.
- **There is a greater risk of falling and injury when using a cane.**
 - Ask them if they would agree to have physical therapy to strengthen their arms and legs. This would make it safer for them to use a cane because they will be more stable.
 - Make sure they have a cane that is sturdy, stable and comfortable to use.
- **They are at a higher risk of a serious flu infection.**
 - Monitor their health more closely.
 - Minimise their potential exposure to the flu.

Duty of Care



A *duty of care* is a legal obligation that requires care workers to always act in their clients' best interests.

A care worker with a duty of care to a client must always act to prevent them from suffering. This means you must ensure that your clients do not receive any form of harm, including but not limited to the following:

Physical

Emotional

Mental

Not acting to protect your clients from harm constitutes a breach of duty of care. This can have consequences depending on your organisation's policies and procedures.

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

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

Health risks to other clients

The overall aim of improving the client's health

The rights of the client, including their right to refuse service

Limits and restrictions related to the facilities of the care home

Work-Role Boundaries and Limitations

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

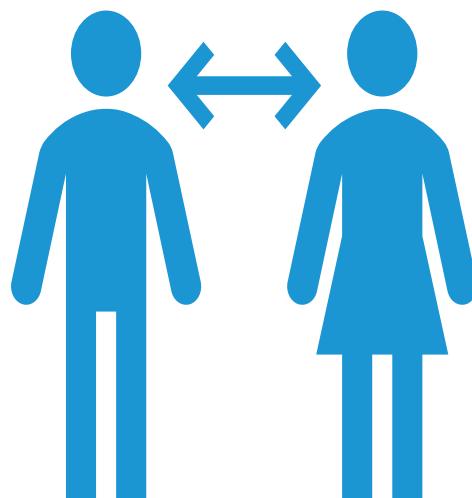
It is necessary to set clear boundaries on what you can and cannot do when providing support. Work-role boundaries are used to define your responsibilities when supporting your clients. They act as limitations on what they can ask from you. They also act as restrictions that prohibit you from going beyond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

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

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

Some examples of work-role boundaries include the following:

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



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

- Diagnose illnesses and conditions
- Provide psychological, emotional, and spiritual counselling
- Any support practices not covered in the client's individualised plan
- Increase the dosage of pain medication for clients

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

- Maintain a professional relationship with your clients and co-workers.
- Limit the services you provide to what is specified in your job description.
- Do not discuss personal or sensitive information about yourself with your clients.
- Do not disclose information about your clients to other people.
- Do not take advantage of your clients' kindness by selling or asking for items and other favours.

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

- Follow the client's individualised support plan.
- Work within service standards, policies, and procedures.
- Report indicators of abuse and neglect of children/older persons.
- Report changes to the client's health and wellbeing.
- Complete required documentation and reporting, e.g. progress notes.
- Maintain the client's privacy and confidentiality.



1.6.2 Confirming Job Role Requirements With Supervisor

To identify requirements outside of the scope of your job role, you must first determine the limits of your role. To do this, you must confirm your responsibilities and expectations with your supervisor.

Supervisors oversee the people providing health care to the clients. To make sure a client receives high-quality care, they may also work closely with a client's physicians and family. Supervisors can be registered nurses, residential care managers, or team leaders.

Your supervisor must communicate with you the following:

Organisational policies and procedures

Instructions and guidance for implementing clients' individualised plans

Health and safety reminders

Service standards

If you do not confirm the scope of your role with your supervisor, you cannot confirm if your interpretation is correct. You might make assumptions about requirements that you are not qualified to perform.

When confirming job role requirements with your supervisor, you may ask them the following questions:

- What tasks can I perform?
- What tasks am I not allowed to perform?
- What will my typical workday look like?
- What are my main responsibilities?
- What are other possible responsibilities that might get assigned to me?
- If there is a task that I am not allowed to perform, to whom do I refer my client?

Once confirmed, you can identify what requirements are outside of the scope of your role. For example, suppose you are a disability support worker tasked with assisting a person with cerebral palsy. You would have the following responsibilities:

- Assist in eating and hygiene activities for the client every day.
- Help the client with simple maintenance for their specialised wheelchair.
- Accompany the client to the park every morning for fresh air.
- Prepare the client for visitors whenever needed.
- Write a daily report of your observations about the client.

Given these responsibilities, you can see which tasks you cannot perform. Below are some examples of requirements that are outside of your responsibilities:

- The client has gotten aggressive and is throwing things at people. You need someone who can de-escalate the situation and calm them down.
- The client requires exercises to strengthen their muscles. You need someone qualified to provide physical therapy.
- The client's specialised wheelchair requires a repair that cannot easily be done at their home. You need someone qualified to provide assistive technology assistance.

Aside from this, there are things you must communicate to your supervisors. This communication is part of your responsibilities as a care worker. Some things you must communicate include the following:

Changes to the person's health and wellbeing

Incidents or near misses

Issues and other concerns not covered in the individualised support

Feedback from the person being supported on support activities

Signs or indicators of abuse or neglect

If you perform the tasks in these examples, you may end up causing harm to the client. That is why it is important to know the limits of your role. This way, you can seek support from your supervisor and ensure your client receives their appropriate care.

1.6.3 Seeking Support From Supervisor

You can refer to the following strategies when seeking support from your supervisor:

- **Identify the part of your client's care that falls outside your job role.** Did you receive training on how to support the person with specific impairments? Are you getting overwhelmed by your work tasks?
- **Consider the best time to seek support.** If you do not have any one-on-one meetings scheduled with your supervisor, you can request one to discuss your work role requirements and obtain support.
- **State what you need clearly, briefly and honestly.** Do not use euphemisms or use overly long explanations. Instead, state your concerns in as few words as possible, with enough details. For example, you can simply say, '*I need more training to provide better care to my clients*', or '*I am not sure I can perform this task for my client*'.
- **Communicate any new information regarding the client's care.** This may include the following:

Changes to the client's health and wellbeing

Situations of actual or potential risk (Refer to Subchapter 3.2 for further discussion)

Issues and other concerns not covered in individualised support

Feedback from the client on support activities (refer to Subchapter 3.3 for further discussion)

Signs of additional or unmet needs (refer to Subchapter 3.4 for further discussion)



Further Reading

This policy brief describes the importance of supportive supervision within the health sector. It also describes the challenges in its implementation. You may access the brief through the link below:

[Strengthening Supportive Supervision at the District Health Level in the Pacific: Health Workforce Management Policy Brief](#)

Checkpoint! Let's Review



1. As a care worker, it is essential to know the scope of your role. When working with people receiving support, you should:
 - Know what you are and are not qualified to do
 - Confirm job role requirements with the supervisor
 - Know when to seek the support of your supervisor
2. To understand the scope of your own job role, you must know the legal and ethical requirements of the following:
 - Dignity of risk
 - Duty of care
 - Work role boundaries and limitations
3. To identify requirements outside of the scope of your job role, you must first determine the limits of your role. To do this, you must confirm your responsibilities and expectations with your supervisor.
4. If you do not confirm the scope of your role with your supervisor, you cannot confirm if your interpretation is correct. You might make assumptions about requirements that you are not qualified to perform.



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. Provide Support Services



In the previous chapter, you learnt how to determine personal service requirements by:

- Determining with the person:
 - The support services provided in the individualised plan
 - Their preferences for personal support
 - The level of their participation in meeting their needs
 - The required equipment, processes and aids
 - Any specific need or preference with their support team
- Identifying actions that:
 - Support the individualised plan
 - Promote independence and right to make informed decisions
- Assembling and preparing required equipment, processes and aids for support activities according to:
 - The person's individualised plan and preferences
 - Organisational policies and procedures
- Identifying service requirements outside of the scope of own job role and seeking support from the supervisor.

Now, you must be able to provide support services according to the determined personal service requirements.



As a care worker, you must provide support services to the people you are giving support to. As mentioned before, support services in the individualised plan must suit a person's goals, needs and preferences. You must ensure that these services are provided according to what is written in the person's plan. This provision should be consistently made to acknowledge the person's needs and strengths. This includes providing the person assistance to perform tasks safely with the aid of their support team and your colleagues.

In this chapter, you will learn how to provide support services to people under your care. To do so, you will learn how to:

- Provide support according to the person's plan, preferences and strengths, and policies and procedures
- Support the person's use of assistive technologies
- Assist the person to take pre-packaged medication according to requirements
- Respect and include the person's relevant others as part of the support team
- Support the person according to considerations, policies and procedures
- Assist in maintaining a safe environment according to requirements
- Seek assistance from supervisor as necessary

2.1 Provide Support According to the Person's Plan, Preferences and Strengths, and Policies and Procedures

As mentioned at the start of this chapter, you must be able to provide support to your clients. This support must be according to the client's individualised plan. Recall the components of the Individualised plan as discussed in Section 1.1.1 of this Learner Guide. These components include the following:



It is vital that you provide the support as indicated in the individualised plan. The individualised plan will already have the information of what support must be provided to the client. The plan also defines who will assist the client and what aid or equipment they will need during the support activity. Make sure to refer to the individualised plan when providing support to your clients.

However, before you can provide personal support to clients, you must first ask for their consent. As mentioned in Section 1.4.3, consent is when someone agrees or gives permission for someone to perform a particular action. Valid consent is voluntary, informed, specific and current. Consent can be either expressed or implied.

The client has their preferences, priorities, needs and goals. They may want to be more independent when it comes to one support activity. They may also want the carer to carry out a specific support activity instead. In other words, the client must consent to avail of support activity or not. They must also be given the freedom to carry out how this is done. This is to respect and uphold the clients' rights and dignity. Asking for consent also considers your duty of care and dignity of risk to clients.

Who Can Give Consent?

Client

Support team

- **Client**

This is the principal person who will be giving consent. This is because support activities are supposed to be centred around them. Remember that the client has the right to autonomy, choice, self-determination and independence. These rights should always be respected whether or not you agree with the client's decisions.

- **Support team**

There are instances when substitute decision-making has to be done. *Substitute decision-making* is when a legally appointed person makes decisions on behalf of the client if the client is unable to give consent.

The following are the possible instances of when a client may be unable to give consent:

- They are not of legal age.
- Medical conditions render the client incapacitated.
- Other situations when the client cannot consent even with support.



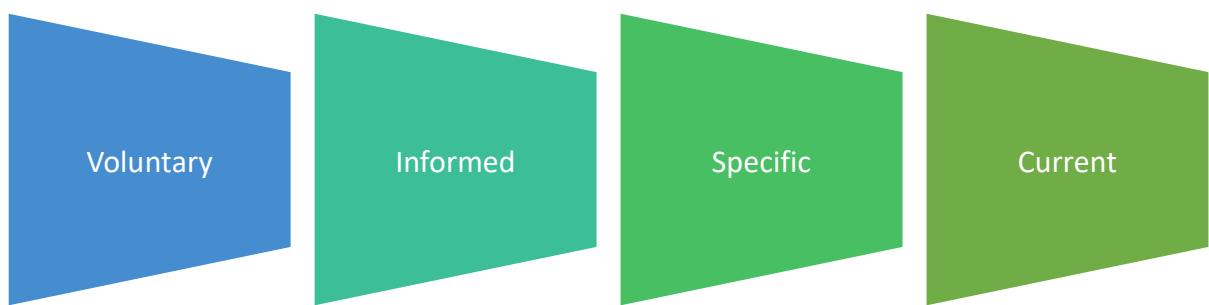
In such cases, an appointed guardian may take charge of healthcare, lifestyle and medical decisions. The laws on guardianship may vary depending on your state/territory:

Types of Guardians	Description
Australian Capital Territory	Guardianship and Management of Property Act 1991
Northern Territory	Guardianship of Adults Act 2016
New South Wales	Guardianship Act 1987
Victoria	Guardianship and Administration Act 2019
Tasmania	Guardianship and Administration Act 1995
Queensland	Guardianship and Administration Act 2000
South Australia	Guardianship and Administration Act 1993
Western Australia	Guardianship and Administration Act 1990

Depending on the situation, the guardian may be appointed by a court, tribunal, or client. This depends on the state law. Usually, if the client cannot appoint someone, and if they do not have family, friends or a carer, the court will appoint the guardian. In these cases, you must learn to seek consent from their support team, which may be legally appointed to give consent.

How to Seek Consent

When seeking consent from the client or their support team, make sure that all aspects of consent are fulfilled. Consent must be:



Consent may also be expressed or implied. As much as possible, ensure that consent is expressed. Ensure that the client clearly and directly gives their consent in verbal or written form. The preferable form is to have written consent so that all parties involved can refer to it at a later time. It would also serve as proof that the client consented to the activity.

The following are possible written forms of consent:

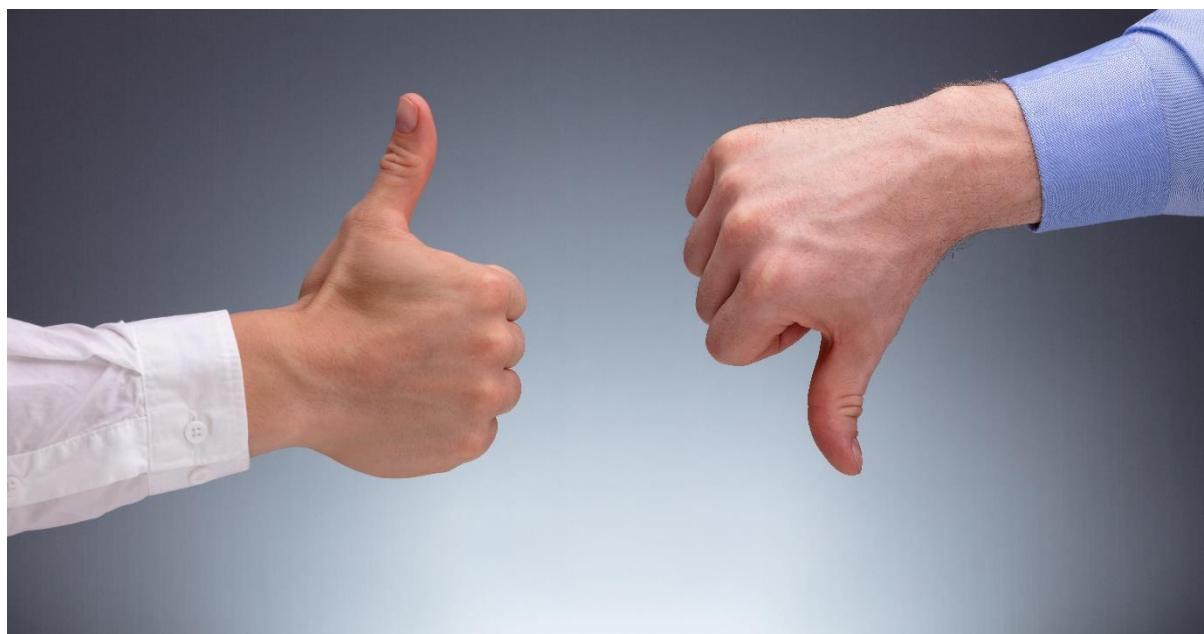
- Consent form
- Notes and remarks
- Listed support activities in the individualised plan

Encourage open communication with the client and their support system. Always inform them about what support activity you will be doing. Remind them that they can change their mind about what support activities they consented to.

However, at times, the client may not always have the conventional means of communicating. When helping a client who has difficulty speaking, seeing, and making gestures, you can use strategies such as the following:

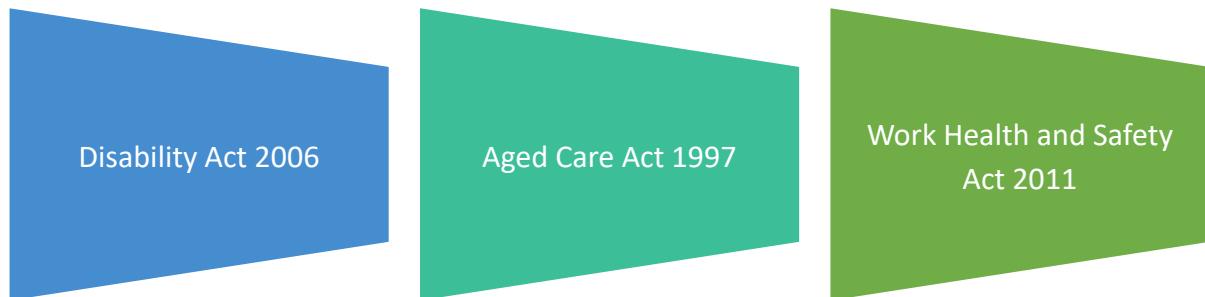
- Use sign language and/or writing.
- List down their choices vocally or by braille. After, you can let them create a signal to identify their choice. They can raise their hand as you list their options or point it out in the Braille list.
- Encourage the client to make drawings to illustrate what they think or want

Your organisation will have policies and procedures for asking for clients' consent for support activities. Make sure to refer to them before providing personal support to clients.



Providing Support According to Legal and Ethical Considerations

Aside from the guardianship laws discussed above, providing support also follows other legal considerations. There may be differences in legislations for each state or territory, but it should contain the same general considerations. Reflected within these legal considerations are ethical practices rooted in human beliefs of right and wrong. Examples of legal and ethical considerations relating to providing support to clients are:



- **Disability Act 2006**

According to Victoria's Disability Act 2006, PWDs should have a say in their care plan. Ethically, this also respects their autonomy and role as active decision-makers. The care plan should be reviewed to ensure that it addresses the needs of the clients while still being tailored to their situation, such as the presence or absence of family members who can provide additional support.

- **Aged Care Act 1997**

The Aged Care Act 1997 considers older people's preferences when outlining their support services. For instance, they have the right to access financial support so that their preferred care plan can be met. This also helps you fulfil your ethical obligation to provide care that best supports their needs regardless of financial capacity.

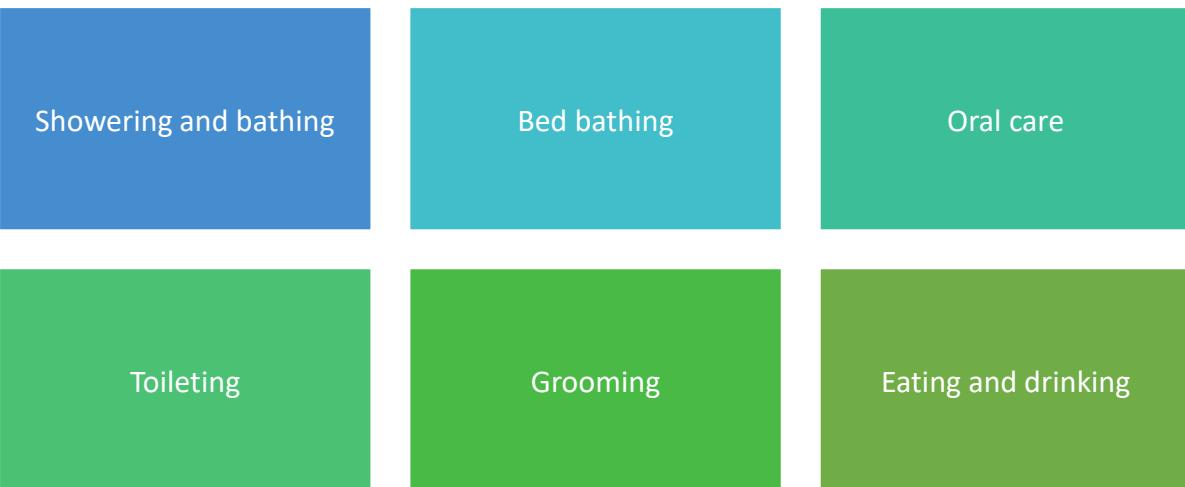
- **Work Health and Safety Act 2011**

This act ensures that you maintain your safety while supporting your client. Proper equipment and training should be provided so that your wellbeing is not compromised while providing support to your client. This is part of your organisation's ethical responsibility to ensure the safety of workers and clients.

Providing Personal Support According to the Individualised Plan

Recall the kinds of support services discussed in Section 1.1.1 of this Learner Guide. Support services are provided to assist the person receiving support in their activities of daily living (ADL).

These can include activities for self-care tasks at home, such as the following:



Support services also support clients in instances of mobility and transferring during these daily living activities, such as the following:

- Using slide sheets, hoists, slings and lifters
- Transferring a person between a bed and a chair
- Transferring a person from seated to standing
- Transferring a person in and out of a car

The table below provides specific examples of manual handling techniques used for assisting with each ADL:

ADL	Manual handling technique
Showering and bathing	Using lifting and supporting techniques to help the client in getting in and out of the shower or bath
Bed bathing	Rolling the client or supporting their limbs to help with turning and repositioning
Oral care	Supporting the client's head and neck to maintain proper posture when brushing their teeth
Toileting	Using transferring techniques and mechanical aids to transfer client to and from the toilet

Grooming	Providing steady support to help client in sitting or standing
Eating and drinking	Providing support to help maintaining upright position

Note that these are just examples. Implementation of manual handling techniques should be in accordance with person-centred care (PAC). This can be done by:

- Taking into account the client's preferences, needs and goals
- Including the client in the decision-making process
- Recognising the client's choice
- Seeking the client's consent
- Maintaining their privacy and dignity

Information regarding how the client wants to be supported during ADLs can be found within their individualised plan. As such, make sure to check the plan prior to providing support during these activities. If there is no information within the plan, take the time to discuss with the client their preferences. This is key to understanding what your clients want to provide the most appropriate care.

The next sections will discuss the processes and procedures in providing support for these activities. As a care worker, you must be familiar with the processes and procedures. Doing so will allow you to provide your clients with the support they need for each activity.



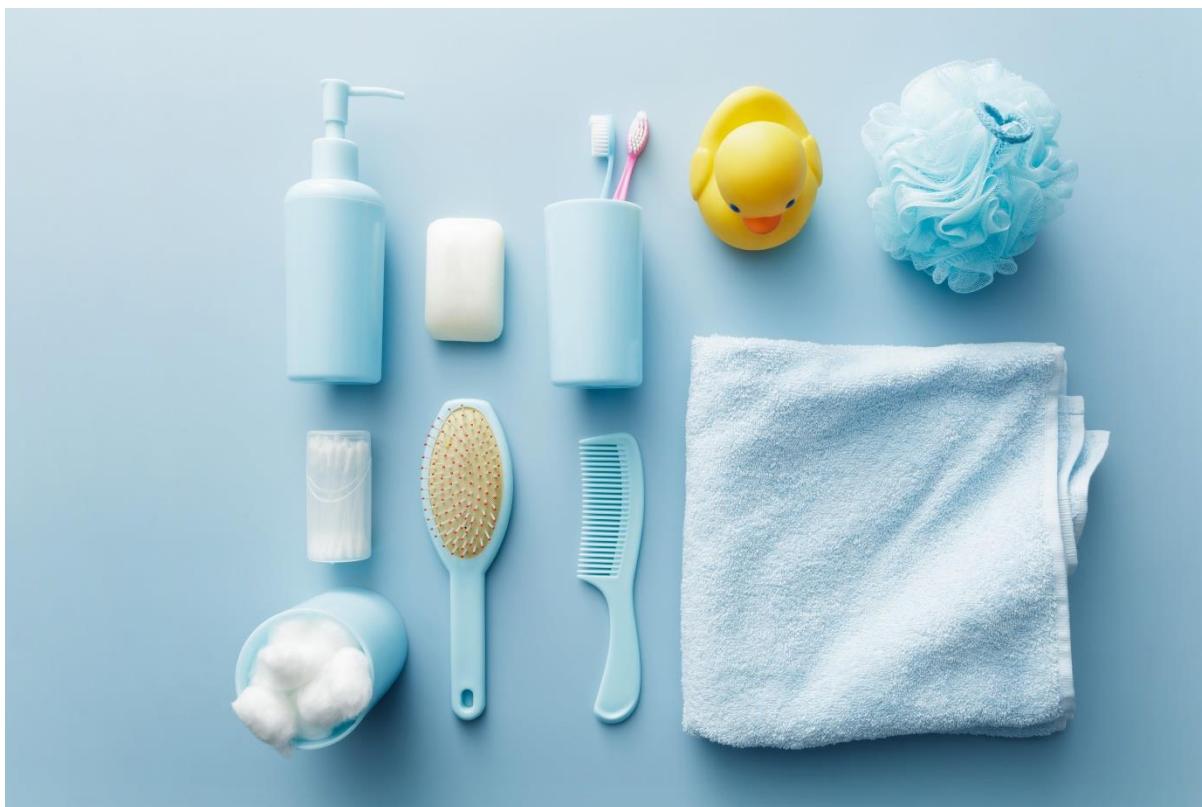
2.1.1 Showering and Bathing

Good hygiene is essential for a person's health and sense of wellbeing. Maintaining personal hygiene keeps the skin healthy and guards the person against infections. In individualised support, providing assistance in this area allows care workers the opportunity to inspect their clients for sores, wounds or rashes. In turn, clients get to have a pleasurable experience of feeling fresh, clean and cared for.

Maintaining hygiene is different for each person. Some people may prefer taking warm baths, which can provide relief from muscle and joint pain. Others may want to take a shower to have a sense of freshness. However, these routines may bring anxiety to people with limited mobility. They may have a fear of falling, dizziness, or an inability to manage without assistance. This can lead them to avoid taking care of their personal hygiene.

As a care worker, you must provide clients with assistance during a bath or shower. This allows them to stay safe, as you will be able to mitigate the risk of slips and falls in the bathroom. Creating a safe bathroom environment is vital in making a positive experience for you and your clients. Some processes you can do to make the bathroom safe include the following:

- Ensuring that suitable bathroom aids, equipment and modifications have been made (refer to subchapter 2.2 for further discussion)
- Keeping the floor clear of spills and items such as clothes, towels, etc.
- Ensuring that the bathroom is well-lit



You may consider the following procedure when assisting a client during a shower or bath:

-
1. Gather needed materials.
 2. Prepare for the shower or bath.
 3. Help the client with the shower or bath.

1. Gather needed materials.

Prior to the shower or bath, you will need to prepare the following:

- Toiletries, such as:
 - Bar or liquid soap
 - Tear-free or no-rinse shampoo
 - Body lotion
- Bathroom assistive aids and equipment (refer to Section 2.2.1)
- Washcloths or bath sponges
- Robes
- Towels

2. Prepare for the shower or bath.

To help the client get ready for the shower or bath, you can:

- i. Offer the client a robe for comfort and privacy while you prepare the bathroom.
- ii. Gather the necessary materials and set up a shower chair or bench.
- iii. Help the client sit on the shower stool or chair if needed.
- iv. Let the client take off the robe by themselves but provide help if needed.
- v. Check the temperature of the water to ensure that it is not too hot or cold.

3. Help the client with the shower or bath.

When helping the client during a shower or bath, make sure to do the following:

- i. Place the soap on the washcloth or sponge and give it to the client. Let the client wash. You may wash areas that they cannot reach.
- ii. Encourage the client to start washing the cleanest areas and finish with the areas that are less clean. The client can start with their face, then wash their arms, torso, and back, and then their legs and feet. Lastly, they can clean their private areas.

- iii. Check the client's skin for signs of rashes or sores. Pay attention to areas with creases, such as folds on the stomach. You must also look at bony areas, such as the elbows and shoulders.
- iv. Help the person wash their hair with shampoo.
- v. Give the client a towel to dry off. Help dry their back and other hard-to-reach areas.
- vi. Ask the client if they want to use body lotion after the shower. This is especially for clients with dry skin. However, make sure not to put lotion on areas that can become moist, such as under the breasts.



Multimedia



This instructional video provides tips on how you can assist a client during a shower:

[How To Assist Someone With A Shower](#)

2.1.2 Bed Bathing

People with very limited or no mobility may no longer be able or wish to take a shower or bath. If bathing becomes difficult, bed baths may be done to maintain their hygiene. *Bed baths* mean bathing a person who is confined to bed. These baths are also for a person who does not have the physical and mental capacities for self-bathing.

Aside from maintaining hygiene, bed bathing helps ease some of the discomfort associated with prolonged immobility for clients. For carers, it provides a good time to check for reddening of the skin. This may indicate pressure or bed sore developing. These sores may occur in pressure points such as the buttocks, spine, elbows and hips.

Prepare for the Bath

Consider the following procedure to prepare for the bed bath:

1. Gather necessary materials. These can include the following:

Toiletries, such as the following:

- Bar or liquid soap
- Tear-free or no-rinse shampoo
- Unscented body lotion or powder

Washclothes

Towels

Wash basin

Waterproof sheet to keep the bed dry

Any flat surface to place basin and other items on

2. **Ensure doors are closed, and curtains/blinds are drawn.** This is to preserve the client's privacy during the bed bath. Make sure that others know not to enter the client's room at this time.
3. **Make sure the room's temperature is comfortable for the client.** Close windows to avoid drafts, and make sure the room is warm. Ask the client if they are comfortable with the temperature. Change the temperature of the room if necessary.
4. **Prep the space, materials and personnel for the bed bath.** This process includes the following steps:
 - i. Place the waterproof sheet beneath the client.
 - ii. Fill up the washbasin with warm water.
 - iii. Check if another person is required for the bed bath, particularly for rolling the client onto their side.
 - iv. Ensure the client cannot fall out of bed during the bath.
 - v. Wash and sanitise your hands, and put on gloves if necessary.

During the Bed Bath

When giving clients a bed bath, consider the process below:

1. Have the client lie on their back, with their legs slightly separated and arms loosely by their side.
2. Encourage the client to undress as much as they can. Refer to Section 2.1.5 for further discussion.
3. Cover the client with a single sheet to maintain their privacy.
4. Encourage the client to wash as much as they can by themselves. Assist them as they do so by finishing any incomplete areas for them. In some cases, clients are able to wash themselves or some parts of their bodies adequately without help.
5. Wash the face, neck and armpits with the washcloth. Then, wash their chest, stomach and limbs one at a time. Pay attention to skin folds and between fingers and toes. Pat each washed body part dry with a towel as you go.
6. Roll the client onto their side to wash and dry the back surfaces of their body.
7. Offer a bedpan or urinal. Refer to Section 2.1.4 for further discussion.
8. Wash the private areas of the client last. You may consider changing the water prior to this process to ensure that the water used is clean.
9. Make sure that you are not taking too long with the bath. The client may end up feeling fatigued or chilled.



Multimedia



This instructional video provides tips on how you can give a bed bath to a client:

[How to give a Bed Bath in the Home - Tips for Caregivers](#)

Aside from bathing the client's body, you must also ensure that their hair is washed and kept clean. Consider watching the video below for the procedure of washing a client's hair in bed.

Multimedia



This instructional video provides tips on how you can wash a client's hair in bed:

[How to Wash someone's Hair in Bed](#)

2.1.3 Oral Care

Maintaining personal hygiene also involves taking care of one's oral hygiene. Good dental health is important to the overall health of a person. One of the most common diseases affecting children and adults is tooth decay. It can cause pain and discomfort. It can also affect eating, speaking and sleeping. A person can lower the risk of tooth decay by:

Limiting sugar consumption

Regular tooth brushing

Cleaning between the teeth with floss or interdental brushes

Regularly having teeth checked by a dentist or other oral health professional

While a person cannot remove all bacteria that cause tooth decay on their own, it is possible to keep the bacteria under control. Regular and effective tooth brushing helps prevent tooth decay and gum disease. The activity reduces the number of bacteria around teeth and gums. As such, care workers should provide support to clients by helping them brush their teeth.

Some processes you can do to help clients effectively brush their teeth include the following:

- Provide a toothbrush that suits the client and their needs, such as:
 - Toothbrushes with a small head and soft bristles
 - Electric toothbrushes
 - Multiple-sided toothbrushes
 - Soft sponge toothbrushes
 - Toothbrushes with ergonomic grips (e.g. foam tubing).
- Provide a suitable fluoride toothpaste according to the age of the client:
 - Children 18 months to five years old should use a pea-sized amount of low-fluoride toothpaste.
 - Children six years old and above, including adults, should use a small amount of standard fluoride toothpaste.
 - Clients who live in an area without fluoride in their drinking water should check with their oral health professionals about the right toothpaste for them.
- Encourage clients to do the following when brushing their teeth:
 - Angle the toothbrush's bristles towards the gum line to clean between their gums and teeth.
 - Gently brush their teeth in small, circular motions.
 - Brush each tooth on the front, back and chewing surfaces.
 - Brush the top surface of and beneath their tongue.
 - Spit out the toothpaste after brushing—make sure clients do not swallow and do not rinse with water.
 - Floss in between their teeth with either floss or interdental brushes.
- If the client has braces, make sure to consult their oral health professional about the best way to brush their teeth and prevent decay.



There are some clients who are unable to brush their teeth independently. You will need to brush their teeth for them.

Before any oral care procedure, you must do the following:

- **Prepare the materials you will use.** These may include the following:

Toothbrush	Single-tuft toothbrush	Tweezers
Gauze	Flouride toothpaste	A glass of water
Small basin	Towel or waterproof sheet	Disposable gloves

- **Wash your hands before and after providing oral care to the client.** Make sure to put on disposable gloves during the procedures.
- **Cover the client's body with a towel or waterproof sheet.** This is to protect their clothing from getting wet.
- **For clients confined to bed, let them sit upright with pillows behind their backs for support.** If necessary, use suction to remove saliva to prevent gagging or choking.
- **Position the client.** Do this so that you can always:
 - Support their head
 - Ensure they will not choke or gag while their head is tilted
 - See properly inside their mouth and manipulate the toothbrush freely and safely
- **Encourage the client to tell them if they are feeling unwell or uncomfortable during the procedure.** When this happens, let the client rinse their mouth and take a rest before continuing.
- **If the client has dentures, remove them before the oral procedures.**

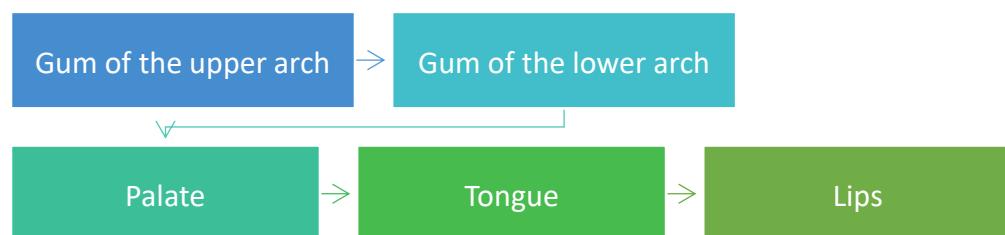
Consider the procedures below to provide oral care to clients depending on the kind of teeth the client has:

▪ **For clients with natural teeth and gums:**

- Check the inside of their mouth for any wounds or abnormalities. Hold the client's chin to support their head as you inspect their teeth.
- Brush the client's teeth using the brushing process on Page 93. Effective brushing techniques also contribute to gum health.
- If the client has lost some natural teeth, use a single-tuft toothbrush to brush around the tooth and gum line.
- Assist in using a gum stimulator for gum circulation.

▪ **For clients without natural teeth:**

- Wrap a piece of gauze around tweezers and soak it in water. Make sure to squeeze out the excess.
- Swab the cheek first, then the other parts of the mouth in this sequence:



Make sure to clean each area twice with clean gauze each time.

Multimedia



This instructional video provides tips on how you can help a client with tooth brushing:

[How to help with tooth brushing](#)

Alternatives to Brushing

Brushing is the best way to remove plaque and bacteria. As much as possible, encourage clients to brush their teeth either after every meal or in the morning and evening. However, some clients may refuse or are unable to comply with the activity. Clients may also find themselves in situations where they are unable to toothbrush properly. In these cases, consider the following alternative processes:

- **Lessen the intake of sugary food in the client's diet.** Food such as candies and snacks contain a type of sugar that feeds the bacteria in the mouth. This leads to the bacteria releasing acids, which causes tooth decay. Make sure to consult with the client's healthcare professional before changing the diet of the client.
- **Drink a lot of water after meals, medication, other drinks, and snacks.** This can keep the mouth clean.
- **Wipe off the plaque using a paper towel.** Dampen the towel and clean off the plaque and food particles from the client's teeth. You can also use textured teeth wipes instead of a paper towel.
- **Gargle with alcohol-free oral rinses.** The client can also use warm water with salt as an alternative.
- **Chew sugar-free chewing gum.** Chewing gum has been shown to not only freshen breath but also loosen plaque from teeth.

Take note that these alternative processes should not replace regular tooth brushing. Make sure that your clients do not depend on these processes but use them when necessary.

Denture Care

Dentures are prosthetic devices made to replace missing teeth. Dentures can either be full or partial, depending on whether some or all of a person's teeth will be replaced. They are also custom-made, as they must fit over the person's gums.

Many problems can arise for people with dentures. If dentures are not properly removed and cleaned, it can lead to the development of fungal infections. A person may also experience a denture sore mouth, as their gums were not given time to rest.



Daily denture care involves the following processes:

1. Remove dentures after each meal to rinse both mouth and denture with water.
2. Drink water after meals to keep your mouth clean.
3. Brush dentures at least twice a day.
4. Remove dentures before sleeping to give the gums time to rest.
5. Soak cleaned dentures in a container of cold water.
6. Keep dentures moist at all times.
7. Clean denture storage containers daily.

As a care worker, you must be familiar with the procedures of providing support to clients for denture care. These include processes for removal, cleaning and insertion for both full and partial dentures.

Before any denture care process, make sure to do the following:

- **Prepare materials necessary for denture hygiene.** These include:

Soft toothbrushes that can bend to brush gums, tongue, and partial dentures

Denture brushes for full dentures

Mild soap for cleaning dentures

Disposable or non-disposable denture storage containers

Denture disinfection product that is suitable to the client's dentures

Denture adhesive (if needed).

- **Check if the client's denture and denture storage container are labelled.** Ideally, dentures are labelled with the client's name when they are made.
- **Wash your hands before the process.** You may also consider wearing gloves, a mask and other equipment.
- **Ask the client to take a sip of water.** This is to moisten the mouth.

Consider the procedures of denture removal below depending on the type of denture:

▪ **For clients with full dentures:**

- Encourage the client to remove their full dentures on their own.
- If the client requires help, do the following:
 1. **Remove the lower denture.** Take out the denture by holding the lower front teeth with your thumb and index finger and lift it out.
 2. **To remove the upper denture, break the adhesive seal by holding the front teeth with your thumb and index finger.** Rock the denture up and down until the back is dislodged. Remove the denture at a sideways angle.
 3. **If you are unable to break the adhesive seal, use the back of a toothbrush to push down the side of the denture carefully.** This should be pushed towards the back of the mouth until the denture is loosened.

▪ **For clients with partial dentures:**

- Encourage the client to remove their partial dentures on their own.
- If the client requires help, do the following:
 1. Place your finger under the clasps that cling to the natural teeth and push down slowly.
 2. Grasp the plastic part of the denture and lift it out of their mouth. Take care not to bend the wire clasps of the denture.



Once removed, dentures must be cleaned to get rid of bacteria. For denture cleaning, consider the procedure below:

- 1. Rinse the denture with warm water.** Avoid using hot water as it can alter the shape of the denture. Place a bowl filled with water or a soft washcloth or towel to protect the denture from breaking if dropped.
- 2. Gently brush the denture to loosen and remove bacteria and plaque using a soft-bristled toothbrush and mild soap.** Do not use normal toothpaste as it may be abrasive and scratch the denture over time. A scratched denture can irritate and increase the risk of infection.
- 3. Clean all surfaces to remove dental plaque and any denture adhesive.**
- 4. While cleaning, support the denture depending on its type:**

Upper denture

- Place the denture between your thumb and fingers.

Lower denture

- Place the denture between your thumb and the base of your index finger.
- Do not hold the denture on both ends as the action may apply force and break the denture.

Partial denture

- Place the denture between your thumb and fingers.
- Take care not to bend or move the metal clasps as it will affect the denture's fit.

- 5. Use a soft toothbrush to clean dentures that have been relined with a soft cushion liner.**
- 6. After brushing, rinse the dentures with warm water.**
- 7. If the client is going to bed, soak the dentures in lukewarm water or a denture-soaking solution.** In the morning, make sure to rinse the dentures before wearing them.

Once cleaned, dentures are ready to be inserted into the client's mouth.

Consider the processes below for proper denture insertion:

- For clients with loose-fitting dentures, consider using denture adhesives. Denture adhesives are used to hold dentures firmly in place and prevent them from rubbing. These adhesives come in several forms, such as paste or sticky strips. Make sure to follow the instructions of the product when applying denture adhesive. Recognising ill-fitting dentures is discussed on the succeeding page.
- Always rinse the dentures with water before inserting them into the client's mouth.
- Encourage the client to insert their full or partial denture on their own.
- If they need help, you must:
 - Ask the client to open their mouth
 - Hold the denture at a sideways angle as it enters the mouth
 - Rotate it into position (partial dentures should click into position)



Multimedia



This instructional video provides tips on how to care for a client's dentures:

[Denture Care \(How to Care for Someone's Dentures\)](#)



Ill-fitting dentures give the client discomfort. Dentures that fit before may become ill-fitting over time as the mouth undergoes changes, such as gum ridges shrinking. Recognising ill-fitting dentures can prevent complications such as inflammation and infections in the long run. Ways to recognise ill-fitting dentures include:

- **Client discomfort**

Your client may tell you directly that they think something is wrong with their dentures. In cases where your client cannot directly tell you, you will notice signs of discomfort in their non-verbal cues. They may move their mouth as if they are trying to adjust something, or they may grimace as if they are in pain. Observe your clients for those signs, which will give you a clue that their dentures are making them uncomfortable.

- **Difficulty speaking and eating**

You will notice the client having difficulty pronouncing words. You may also notice your client taking a long time to eat because they have difficulties chewing their food, or they may produce a clicking sound when eating. The accompanying pain can also limit their ability to use their mouth.

- **Presence of mouth ulcers**

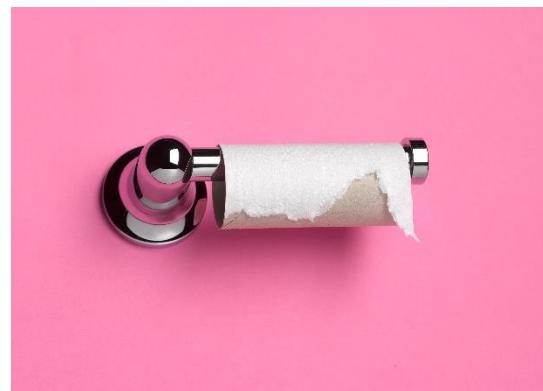
When dentures move, they can rub against the gums causing irritation. As the same area is constantly irritated, it tends to develop ulcers and sores. This can evolve to infections if the dentures continue to move around and irritate the same area.

- **Slipping of dentures**

This is the most obvious way to detect loose-fitting dentures. Dentures should remain in place even when the client is talking or eating. Noticing the slipping of dentures indicates that they will need to be replaced.

2.1.4 Toileting

Some clients may need little to no help going to the toilet. However, they may have difficulty communicating their need to go to the toilet. The amount of support a client may require for toileting can vary. Support can be holding the door open for the client or helping them on or off the toilet. Make sure then to consult with clients and their individualised plans for information on how they should be supported.



Also, consider the following processes and procedures to provide support for toileting:

- **Discuss with the client how they will communicate their need to you.** This involves the client verbally or nonverbally communicating their need. Understanding how the client will communicate this need will allow you to respond quickly.
- **Take note of signs that the client may need to go to the toilet.** These include agitation, tugging on clothing, wandering, or touching their private area. You can also consult with the client's health professionals to aid you in recognising these signs.
- **Establish a regular schedule.** Some clients may have poor bladder and bowel control. They will require a schedule that ensures regular toilet attendance.
- **Encourage the client to pull their clothing down or up independently.** Gently remind them to pull down their bottom clothes before sitting down. Remind them to pull up their clothes once they are done too. Some may walk away without pulling their bottom clothes up, which is a fall hazard. If they need help, help them accordingly.
- **Support the client to get on and off the toilet.** A client may have poor balance while sitting. Be sure to support the client if necessary. You can also consider installing a grab bar beside the toilet to help the client get on and off the toilet.
- **Allow the client time to empty their bladder and bowel.** It may take the client time to get started. Give the client space by walking away and coming back after a while or standing outside the bathroom door. You can also play music to create a calm atmosphere.
- **Hand the client toilet paper to use when needed.** You may need to help the client wipe their private areas. You may use wipes rather than toilet paper for this action.
- **Be prepared for clients who menstruate.** Make sure you acquire information about their menstruation. This includes information about their menstrual cycle and what hygiene products they use. Having this information aids you in ensuring that the client is comfortable at all times.

Using Continence Aids

In some cases, the client may have their own assistive aids for continence, such as a commode, catheter or bedpan. These aids are more convenient for a client to use at night. These aids can decrease the risk of falls and incontinence. If a client uses a continence aid, make sure you know how to support the client with the aid. You may refer to the next subchapter for the breadth of continence aids. The subchapter also contains the processes and procedures on how to support the client's use of the aids.

Multimedia



The instructional videos below provide tips on how to use different continence aids:

[How to Use a Bed Pan - Tips for Caregivers](#)

[How to Help with a Commode Chair/Urinal](#)

[How to Maintain a Catheter](#)

[How to Empty & Change an Ostomy Bag](#)

2.1.5 Grooming

Oftentimes people feel better about themselves when they feel good about their appearance. Helping clients take care of their appearances can help them improve their wellbeing. However, clients may find it challenging to perform these activities independently. They may need help to keep their hair and nails well-maintained. As a care worker, you must understand the processes and procedures to support clients in their grooming.

Grooming can involve the following:

Dressing and
Undressing

Hair Care

Shaving

Nail Care

Dressing and Undressing

Clothes are important as they reflect a person's culture, personality and preferences. Whenever possible, a person should be encouraged to wear the kind of clothes they like and would normally wear.

With people receiving support, they may have difficulty with dressing and undressing. In these cases, you must provide them support in performing these activities. This support includes ensuring that clients are dressed appropriately for the weather. The support you provide must also respect and maintain the privacy and dignity of clients.



The first thing to assist clients with is choosing the clothes they will wear. This includes buying and modifying clothes according to their needs and preferences. Consider the following processes to provide support to clients for this particular activity:

- **Find clothes that are comfortable and loose-fitting for clients.** These include clothing such as cotton clothing and bottom clothes with elastic waistbands. Try to avoid clothes that may be tight or uncomfortable, such as girdles, high heels, etc.
- **Find clothes that have fasteners that are easy for clients to use.** These include hook and loop fasteners, zippers, or large buttons.
- **Buy more than one set of the same clothes.** This is especially for clients who want to wear the same clothing every day.
- **Put away some clothes in another room to reduce the number of choices.** Clients may have a hard time choosing their clothes. To make it easier for the client, try to keep a small number of outfits in the client's closet or dresser.

Once the client has chosen their outfit, you must support them in putting the clothes on. This will include taking off the clothes they currently have on. Consider the procedures below when providing support to clients when dressing and undressing.

1. Undressing clients

- i. **Always ask the client if they want to undress.** This is to preserve their integrity.
- ii. **Close the door and draw the curtains when it is time for the client to undress.** This can also keep the room warm, as the task may take some time to complete.

- iii. **Encourage the client to remove their clothes independently.** Allow them to take their time to undress. You can also talk to the person to ease the client's anxiety or embarrassment during the process.
- iv. **If the client requires help, be gentle with your movements.** Make sure you pull on the clothes, not the person.
- v. **For clients with disabled limbs, minimise stressing the limb by undressing it last.** For example, place the sleeve of the shirt as high as possible on the shoulder of a client with a disabled arm to facilitate undressing.
- vi. Make use of simple dressing assistive aids, such as dressing sticks or long-handled shoehorns.

2. Dressing clients

- i. **Lay out clothes in the process the client should put them on, such as:**



- ii. **Hand the client one piece of clothing at a time.** You may also give them step-by-step instructions for dressing.
- iii. **Similar to undressing, encourage the client to put on as many clothes as they can on their own.** Provide them with support when necessary.

Multimedia



This instructional video provides tips on how to help with getting a client dressed:

[How to Help with Getting Dressed - Caregiver Tips](#)

Hair Care

Similar to clothing, a person's hairstyle can show their personality and preference. Having well-groomed hair is important to everyone. How it is groomed depends on what the person wants. A person may want to have a different hairstyle each day or only maintain one hairstyle. They may also prefer to use dry shampoo over washing their hair. All of these choices must be respected and supported.



When supporting clients with their hair care, consider the following procedure:

- **Ask the client what their preference for their hairstyle for the day is.**
- **Assist the client in styling their hair.** This may include assisting in processes such as:
 - Drying wet hair with a hairdryer
 - Applying hair products, such as hair gels or hairsprays.
- **Aid the client in combing or brushing their hair from the scalp to the ends.** This assistance will depend on the type of hair the client has:
 - For long hair, divide the hair into sections before combing or brushing.
 - For tangled hair, use a wide-tooth comb to come or brush the hair gently. Pulling on tangling hair can cause damage to the hair.
 - For curly hair, start at the ends of the hair. This is to make sure that all tangles are removed before brushing from the scalp to the ends.
- **Encourage the client to look in the mirror after styling.** Compliment their hairstyle and how they look. This can increase their self-esteem.

Shaving

Like clothes, shaving legs, underarms or face depends on a person's culture and preferences. One's culture may be the driving force in deciding whether or not one will shave. For example, men do not shave their facial hair in some cultures. They may require support in maintaining their facial hair. It is important to understand a client's culture to ensure the support provided best suits them. For clients who wish to shave, it is vital that you support them to shave safely. This means avoiding nicks and cuts that can lead to infection. Your support may also teach clients how to use an electric blade. You may also assist them in using a blade razor.

Consider the procedure below in supporting the client in shaving. This procedure can be used for shaving facial, leg or underarm hair.

1. Gather the necessary materials for the activity. These include the following:

Electric or blade razor	Shaving cream	Aftershave or body lotion
Sink or other clean water source	Towel	Mirror

2. Ensure that the activity will be done safely. This means ensuring that:

- All types of razors are free from chips or rust on the blades
- Electric razors are not used around water or where oxygen is used
- Used razor blades are always disposed
- The location is well-lit and has enough space for the client to shave.

3. Encourage the client to shave as much as possible on their own. Instruct them on the safe and correct handling of the use of razors beforehand. If the client requires your help, make sure to wear disposable gloves to prevent the spread of germs.

4. Assist the client in checking their skin for moles, birthmarks or cuts. Shaving over these areas can cause bleeding, which can lead to infection. If any changes are observed in a mole or birthmark's shape, size or colour, consult the client's healthcare professional. These changes may indicate illness.

5. Assist the client in preparing the materials for the activity. These include the following steps:

- i. Opening the shaving cream
- ii. Removing the safety cap from the blade razor
- iii. Plugging the electric razor into an outlet

The client's safety is your top priority. If the client will use an electric razor, it is best not to use shaving cream. Shaving cream in an electric razor can be dangerous.

6. For shaving with a blade razor, consider the process below:

- i. Wash the area to be shaved with warm, soapy water. Washing removes oil and bacteria from the skin. This helps raise the hair, making it easier to shave.
- ii. Apply shaving cream or lather with soap. Some soaps and shaving cream can be harsh on a client's skin. A client can also be allergic to the ingredients used. Make sure to check for brands that will suit the client's skin.

- iii. Use the fingers of one hand to hold the skin. Then, shave in the direction the hair grows. Doing so will make a smoother shave and prevent irritating the skin. You may role-play or demonstrate this step for the client.



- iv. Regularly rinse the razor with water to remove hair and shaving cream. This will keep the sharp edge clean.
- v. Use short strokes when shaving the different parts for shaving, such as:
- Around the chin and lips of the face
 - The front and back of the knees on the legs
 - Under the arms

Using short strokes allows for better control of the razor. This helps prevent nicks and cuts.

- vi. Once the client is done shaving, rinse off the remaining shaving cream. Leftover shaving cream can irritate and dry the skin. Dry the skin off with gentle patting motions using the towel. Rubbing freshly shaven skin can irritate it.

7. For shaving with an electric razor, consider the process below:

- i. Instruct the client on how to turn on the electric razor safely. Explain the safety of using the razor away from water.
- ii. Assist the client in using a mirror while shaving their face or under their arms.
- iii. Use gentle, even pressure as the electric razor moves over the client's skin. Demonstrate to the client to run their hand over the shaved area to locate any missed hair.
- iv. Demonstrate how to clean hair from the blades as needed during the activity. Cleaning the blades keeps them sharp. Cleaned blades also provide a smoother shave. Make sure that the razor is turned off and unplugged each time. If the razor is turned on or is still plugged in, injuries may occur.

8. If the client wants to use aftershave or body lotion, assist them in applying the lotion. Some aftershave lotions have alcohol in them, which creates a cooling and refreshing sensation. Body lotions allow the client's skin to stay hydrated.

9. If the face has been shaved, offer the client a mirror. This is to inspect their face and how they shaved their skin. This allows them to take pride in their skills, which increases their self-esteem.

10. Clean and store all the materials used for the activity.

11. Encourage the client to wash their hands after shaving.

Multimedia



This instructional video visually illustrates the procedure for helping someone shave:

[Helping Someone Shave](#)

Nail Care

Another activity that improves a person's wellbeing is taking care of nails. Bacteria can often collect underneath the nails. A good way to prevent this build-up is with frequent and thorough hand and foot washing. However, nails can become too long or rough and torn. These nails can scratch and cut a person's skin, which can result in an infection.

As such, support must be provided to clients to care for their nails. This support will depend on the client's preference and disability. For example, clients with diabetes will require the support of their healthcare professionals for their nail care. Other clients would like to have nail colour applied and may need assistance with this application.



Fingernails and toenails must be kept clean, neatly trimmed, and smooth. Consider the procedure below when providing support for nail care:

1. Prepare the necessary materials for the activity, such as the following:

Nail clippers or
nail scissors

Cuticle stick

Nail file

Basin

Clean water

Soap

Towel

- 2. Have the client soak their hands or feet in warm water for at least five minutes.** Then, wash their hands or feet with soap. Doing so will soften the nails to make them easier to trim.
- 3. Demonstrate to the client how to gently push the nail cuticle back with the cuticle stick.** This action is to prevent hangnails.
- 4. Clean under the nails with the cuticle stick.**
- 5. Wash the client's hands or feet with clean water.**
- 6. Use nail clippers or nail scissors to trim the nails.** Try not to trim the nail too short, as it may cause ingrown nails. This kind of nail can be painful and cause infection.
- 7. Use the nail file to shape and smooth the nails.**

Multimedia



This instructional video provides tips on how to care for nails:

[How to Care for Nails](#)

2.1.6 Eating and Drinking

Mealtime is an essential experience. A meal is full of nutrients that are vital in nourishing a person's body and maintaining their wellbeing. Aside from that, it is an opportunity for the person to engage in social interactions enjoyed over a meal. These interactions come with emotional connections, which are also beneficial for the person.



Many people receiving support need assistance during mealtime. When a person requires help to eat and drink, their nutritional health will depend on others. As such, you must be familiar with the processes and procedures for providing support during mealtimes. These include using appropriate mealtime techniques and assistive equipment.

To provide support to clients when eating and drinking, consider the procedure below:

- 1. Review the client's individualised plan.** Some clients will have a mealtime support plan with strategies you can use. Using these strategies ensures that the client will have safe and enjoyable meals. You may also check with the client's dietitian if the client has a specific diet to follow.
- 2. Identify any difficulties the client may have when eating or drinking.** For example, a client may have difficulty swallowing their drinks. This will allow you to prepare drinks with a thick consistency to make them easier to swallow.
- 3. Prepare any assistive device or equipment the client will need during mealtime.** Refer to the next subchapter for further discussion on the breadth of assistive technology for eating and drinking. The subchapter also discusses how you can provide support to clients in using the devices and equipment.
- 4. Ensure that the client has physical access to their food.** Place the food in such a way that the person can reach them conveniently.
- 5. Make sure that clients who eat meals in their rooms have clean rooms before mealtime.** Put away any continence aid the client may have out of the client's sight. Have the client sit comfortably and well-supported on their bed or chair before you bring in their food.
- 6. Allow the person the opportunity to go to the bathroom to wash their hands before each meal.** Make sure you also wash your hands before serving their meals.
- 7. Encourage the client to eat their meal independently.** You can cut up their food to make it easier for them to eat. If they are having difficulties, you can feed them some or all of the meals.

8. Engage with the client during the meal. Some mealtime techniques you can use include the following:
 - i. Make sure to be at eye level with the client during the meal. Have a conversation with them about things the client likes, such as their hobbies.
 - ii. Direct the client's attention to the food. You can put the cutlery or guide them to take the first mouthful if needed.
 - iii. Explain to the client what is on their plate. When the meal is pureed, detailing what is inside can reduce their distaste for the appearance.
 - iv. If the client moves away from their food, gently guide them back and prompt them to continue.
 - v. If the client is concerned about their next meal, reassure them and provide them with a snack if needed.
 - vi. Eat with the client. This makes mealtime a social activity. It also helps them improve their independence, as they may copy what you are doing.
 - vii. Allow the client to take their time to finish their meal.
9. After the meal, help the person wipe their mouth and take care of their oral hygiene. Refer to Section 2.1.3 for further discussion.
10. Recommend to the client to remain in a sitting position for at least 30 minutes. This action helps them digest their meal and prevent gastric reflux.

Multimedia



This instructional video provides tips on how to help a client with eating and drinking:

[How to Help with Eating & Drinking as a Caregiver](#)

2.1.7 Mobility and Transferring

The ADL mentioned in the previous sections involves a person's mobility. Mobility restrictions can affect a person's ability to perform specific activities, such as going to the bathroom or eating a meal. As a care worker, you must provide clients support when transferring or recovering from a fall. This support includes understanding how to use assistive equipment for transferring, such as slide sheets, hoists, slings and lifters.



Transferring the Client From Seated to Standing

Consider the following procedure:

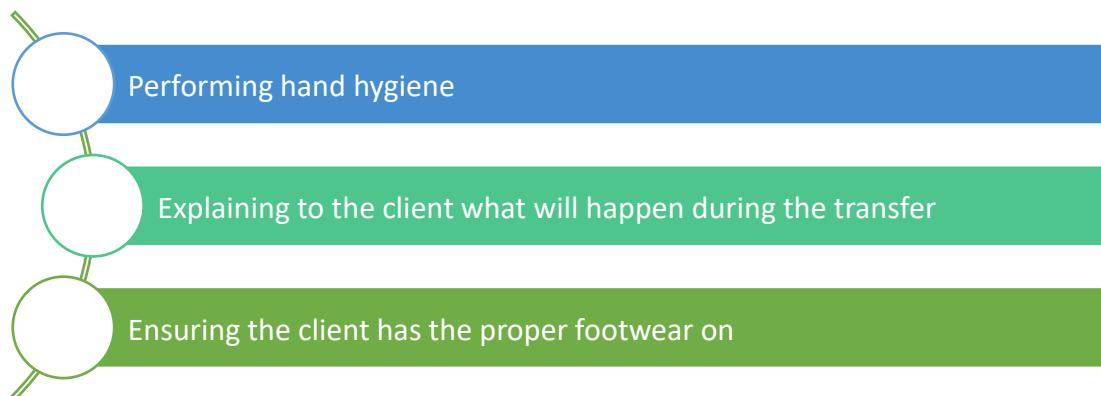
1. Before the transfer, ensure that the client does not feel dizzy or lightheaded. The client should be able to tolerate an upright position. The client should also have proper footwear on, such as non-slip or slip-resistant footwear.
2. Place a gait belt around the client's waist if needed. This is what you may hold onto during the transfer. Refrain from holding onto the client's armpits, as this can cause damage to their shoulders.
3. Instruct the client to move forward towards the edge of where they are seated. Their feet should be flat on the floor.
4. Place the client's hands on the armrests of the chair or next to their sides on the bed. If a client uses a walker, you can instruct them to hold onto it.
5. Facing the client, bend your knees and hold each side of the client's waist or gait belt.
6. Gently rock back and forth three times. On the third time, pull the client into a standing position. Make sure to instruct the client that, on the count of three, they will push up with their arms as you pull them into a standing position.

Sourced from [Clinical Procedures for Safer Patient Care](#), used under CC BY 4.0. © BCcampus Open Education

Transferring the Client Between Bed and Chair

Consider the following procedure:

- 1. Prepare for the transfer.** This includes the following:



- 2. Lower the client's bed.** Place the chair next to the bed at a 45-degree angle on the client's strong side. If you are transferring the client onto a wheelchair, ensure that its brakes have been applied.
- 3. Have the client sit on the side of the bed with their feet on the floor.** Place a gait belt around the client's waist if needed. Otherwise, place your hands on their waist to assist them in a standing position.
- 4. Assist the client in a standing position.** You can follow the previous procedure to perform this step.
- 5. Once standing, have the client take a few steps back until they can feel the chair on the back of their legs.** Have the client grasp the arm of the chair and lean forward.
- 6. Allow the patient to sit on the chair slowly, using armrests for support.** Make sure that your knees are bent and your back is straight to avoid injury.

Sourced from [Clinical Procedures for Safer Patient Care](#), used under CC BY 4.0. © BCcampus Open Education

Further Reading



WorkSafe Victoria released a document containing step-by-step guides for moving someone from a bed to a chair and between chairs. Access this document through the link below:

[Transferring people from beds and chairs: A health and safety solution](#)

Multimedia



This instructional video provides tips on how to transfer a client from a bed to a chair:

[How to Transfer Somebody From a Bed to Chair](#)

Transferring the Client to a Car

Consider the following procedure:

- 1. Position the client alongside the car.** They should be behind the door of the car side they will enter.
- 2. Inform the client about the transfer and what you will do.** You can ask them to help you if they are able to. As you transfer the client, talk to them about the process.
- 3. Ensure that the brakes of the wheelchair have been applied.** Move the client's legs from the footrests of the wheelchair. Then, detach the footrests from the wheelchair, as it may be a tripping hazard.
- 4. Let the client know that you will begin the transfer.**
- 5. Place your legs apart with the client's legs between yours.** Get as close as possible so that you may avoid arching your back.
- 6. Place your arms underneath the armpits of the client and lay your hands on their back.** Make sure that your knees are bent and your back is straight to avoid injury.
- 7. Lift the client into a standing position.**



- 8. Take small steps backward, keeping your arms and hands in the same position until you are positioned behind the car door.** The client should be positioned beside the car seat.
- 9. Let the client choose whether they want to hold onto the car for extra support.** Be sure that it is the car's side and not the door.
- 10. Turn the client until their back is facing the passenger seat.** Then, begin to re-position your arms and hands. Your left arm should be underneath the client's right arm, with your hand lying as close as possible on their left shoulder. Your right hand should be placed on the back of the client's head. This is to keep their head from hitting the roof of the car.
- 11. Slowly lower the client onto the seat, bending your knees as you go.**
- 12. Once the client is seated, place your right arm underneath their legs, keeping your left arm in the same position as in step 10.** Swing the client's legs into the car using your right arm. Your left arm should be supporting the person's back during this step.
- 13. Once the client is comfortable, encourage the client to buckle their seatbelt.** You may buckle the seatbelt for them if necessary.
- 14. Ensure that the client's hands, arms and legs are inside the car.** Once they are secured, you can close the car door.

Transferring the Client Out of a Car

Consider the following procedure:

- 1. Position the client's wheelchair alongside the car.** Ensure that the brakes of the wheelchair have been applied.
- 2. Open the car door and ask the client to unbuckle their seatbelt.** You may unbuckle their seatbelt for them.
- 3. Be sure to inform the client about the transfer and what you will do.**
- 4. Support the client's back using your left arm, laying your left hand flat on the far side of their back.** Position your right arm underneath your client's legs.
- 5. Swing the client's legs out of the car.** Try to keep the client's back straight as much as possible to make sure they are comfortable.



- 6. Move your arms underneath the client's armpits, with your hands flat on their back.**
Then, lift the person out of the car seat. Make sure that the client's head does not hit the roof of the car.
- 7. Once you are both standing, have the client take a few steps back until they can feel the chair on the back of their legs.** Have the client grasp the arm of the chair and lean forward.
- 8. Allow the patient to sit on the wheelchair slowly, using armrests for support.** Make sure that your knees are bent and your back is straight to avoid injury.
- 9. Attach the footrests to the wheelchair.** Once they are attached, position the client's feet on the footrest.
- 10. Once the client is seated comfortably, remove the brakes before moving the client with the wheelchair.**



Using Transferring Aids

Sometimes, the client may require transferring aids, such as slide sheets, hoists, slings and lifters. These aids are used when a client cannot safely move using a walking aid. A client may also be unable to assist their carer in moving. If a transferring aid is needed, make sure you know how to support the client with the aid. You may refer to the next subchapter for the breadth of transferring aids and how to support the client's use.

Multimedia



The videos below guide how to use different transferring aids.

Using Slide Sheets

[Not Able to Assist \(N\) Skills: Transfer a patient using a sling hoist](#)

[Not Able to Assist \(N\) Skills: Transfer a patient using a ceiling hoist](#)

[Not Able to Assist \(N\) Skills: Transfer a patient using a standing hoist](#)

Falls Recovery

Falls are Australia's most significant contributor to hospitalised injury cases. From 2017 to 2018, falls made up 42% of hospitalised injury cases and 40% of injury-related deaths. People aged 65 and older are more likely to be hospitalised or die due to falls.

Based on Australian Institute of Health and Welfare material. Injury in Australia: Falls, used under CC BY 4.0.

Based on these statistics, it is easy to understand why you must understand how to support clients in fall recovery. Many falls do not cause injuries. However, there is still the risk of serious harm from a fall, such as a broken bone or head injury. These injuries can make it hard for a person to live independently.

The guidelines for providing support in fall recovery can be found in your organisation's policies and procedures. Familiarise yourself with these guidelines. These allow you to provide immediate support in case a client falls.



The guidelines for fall recovery will contain varying processes depending on the organisation. Usually, the processes include the following actions:

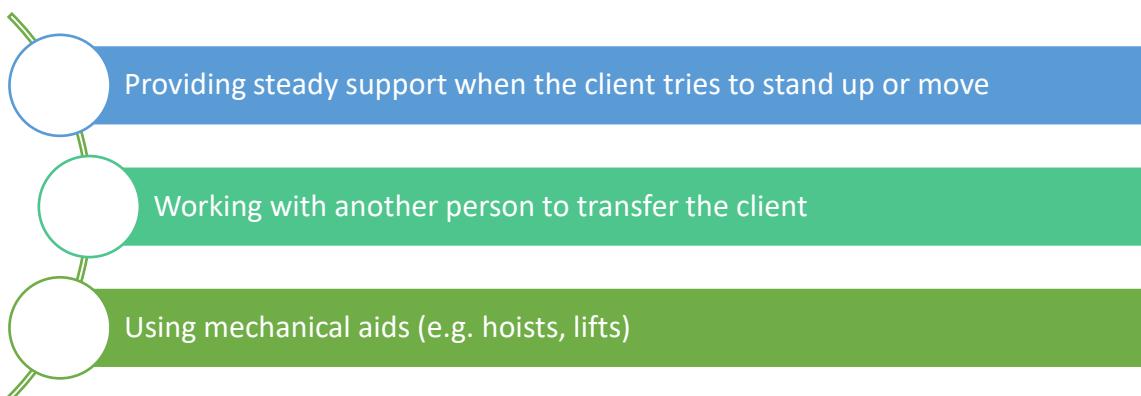
- **Reassure the client when they fall.** They may be in pain or embarrassment due to what happened.
- **Check the client for any injuries.** Observe the vital signs of the client. This is necessary for the instances where the client falls on their head. The fall may cause a concussion, which will need emergency care.
- **Provide treatment as needed.** If needed, call for help from other staff or supervisors. The client may have injuries that are outside the scope of your job role to provide treatment for.
- **Notify the client's support team and your supervisors.**
- **Ensure fall risk assessment and prevention strategies are updated and implemented.** You can educate the client and their support team on these strategies. This is so that the strategies are used in case the client falls when you or other staff members are not available.

Manual Handling and Falls Recovery

If the client sustained an injury when they fell, the injury can limit their mobility. Thus, manual handling skills is crucial in helping clients recover from falls. You can use manual handling in assisting the client to do the following:

- Getting into a comfortable position
- Moving from one place to another
- Regaining mobility
- Sitting down
- Standing up

Below are some manual handling techniques used in assisting with falls recovery:



When using these techniques, you must follow guidelines recommended by your organisation. These guidelines may include the following:

- Determine the condition of the client (e.g. type of injury, severity of injury, weight-bearing capacity).
- Use techniques that maximise the comfort of the client.
- Seek consent from client before applying manual handling techniques.
- Ensure you have proper training when using mechanical aids.
- Communicate with the client and your partner when implementing manual handling techniques.
- Ask the client if they are comfortable.

2.1.8 Skill Maintenance and Development

Skill maintenance and development refer to identifying gaps in a person's skill set and improving these skills accordingly. For people receiving support, the gaps usually identified are for skills that focus on living independently in society, such as their ADL.

Building skills help people live independent lives. Maintaining and developing these skills makes sure that a person can achieve a good quality of life. It can also help the person take an active part in their daily activities. For this to happen, you must be familiar with practices supporting skill maintenance and development.

Examples of practices that support skill maintenance include the following:



- **Reinforcing techniques**

Reinforcing techniques are an application of the Behaviourist Theory of Learning. They are used to increase the likelihood of doing the desired behaviour. They work by presenting positive reinforcements or rewards following a desired behaviour.

- **Skills component mastery**

This strategy aims to 'master' or achieve a level of performance for a particular skill component. The focus of skills component mastery is the time required for different people to perform the same skill and achieve the same level of mastery. Enough time should be provided for the client to achieve their desired level of performance before moving on to another skill component.

- **Prompting and fading**

Prompting is the way of 'prompting' or inducing the client to perform a particular behaviour by presenting a prompt, while fading is gradually reducing the prompt. Together, they can be used effectively to help clients retain skills they have developed.

- **Community education**

Community education aims to enable people to become active partners in the community. This is done by developing community programs that promote learning and social development. The projects help build the skill capacity of all people in the community. This emphasises that all community members can benefit from lifelong learning. Joining a community education program enables the client to maintain their independence and improve their skills to thrive.

On the other hand, examples of practices that support skill development include the following:

- Assessing the person's physical capabilities, strengths, what they want to learn/achieve, and what skills will support their independence
- Focusing on developing one skill at a time while removing distractions or hazards in the environment
- Supporting clients to set SMART goals in relation to skills they want to develop (refer to Section 1.1.1 for further discussion)
- Aligning goal setting with the client's individualised support plan
- Teaching by telling by providing instructions using the person's preferred mode of communication (e.g. Auslan, posters, pictures, etc.)
- Teaching by modelling by demonstrating the skill slowly and getting the person to observe you first, then letting them copy what you are doing



Checkpoint! Let's Review



1. It is vital that you provide the support as indicated in the individualised plan. The individualised plan will already have the information on what support must be provided to the client.
2. To provide personal support to clients, you must first ask for their consent. Consent is when someone agrees or gives permission for someone to perform a particular action. In other words, the client must consent to avail of support activity.
3. Make sure to check the individualised plan prior to providing support. If there is no information within the plan, take the time to discuss with the client their preferences. This is key to understanding what your clients want to provide the most appropriate care.

2.2 Support the Person's Use of Assistive Technologies

Assistive technology refers to the devices and equipment designed to support PWDs. These technologies help people live independent lives. Using assistive technology can do the following:

- **Positively impact the health and wellbeing of the person**

For example, assistive technology allows older individuals to continue living in their homes. Assistive technology delays or even prevents the need for long-term care.

- **Maintain and promote the independence of the person**

Assistive technologies help people maintain and promote their independence by enabling them to continue doing their everyday tasks (e.g. activities of daily living, independently or with minimal assistance from others, etc.).

- **Support the inclusion of the person**

Assistive technologies support individual support clients by providing them with means so they can be included in an environment or setting where they are normally restricted or limited. Being included here may involve being able to freely and easily communicate and interact with others, access resources or services, etc.



- **Support the participation of the person**

Assistive technologies support individual support clients by providing them with means to participate in processes, e.g. service planning, decision-making processes, feedback and complaints systems, etc., where they are normally restricted or limited.

- **Ease the process of making choices and decisions for the person**

Assistive technology can help a person understand and communicate their choice. For example, a person with complete vision loss will need legal documents in braille. This is for them to be fully aware of the content.

2.2.1 Scope and Breadth of Assistive Technology

As a care worker, you must understand the scope and breadth of assistive technologies. Doing so allows you to identify what devices or equipment your clients need. Once identified, you will support them in using said technology to meet their individual needs.

Scope refers to the activities where a person can use assistive technology. On the other hand, *Breadth* refers to the range of devices and equipment used explicitly for an activity. Assistive technology is beneficial to your clients concerning communication and daily living activities.

Consider the table below and on the next page on how assistive technology can help clients in each life domain:

Life Domain	How Assistive Technologies Can Help Clients
Self-Care	Technology for self-care activities usually includes bathing, dressing, and washing hair. These can help people who may have difficulty moving and reaching around.
Continence	Technology for people with incontinence can support occasional leakage, total loss of bladder or bowel, and those caused by control stress, urge, overflow, and functional incontinence.
Hygiene	Technology for hygiene includes equipment to assist with bathing and toileting. These include products that you use in the bathroom, as well as design features that you may decide to incorporate into the design of the bathroom or toilet.
Communication	Assistive technology provides support to people with difficulties in communication arising from problems with speaking, listening or reading written materials.
Mobility	Assistive technology for mobility provides support to people with difficulties moving around.
Transferring	Assistive technology for transferring provides support for transferring and moving people with reduced risk.
Cognition	The technology used to support cognition is used to help people with cognitive disorders such as Alzheimer's disease.
Memory-Loss	The technology is used to support people who have unusual forgetfulness and problems remembering events or memories

Life Domain	How Assistive Technologies Can Help Clients
Vision	Technology for people who need support with their vision may include people with total loss of sight or low vision.
Hearing	Technology is for people who need support with hearing. This can include technology used to support communication with people who are hard of hearing.
Daily Living Activities	Assistive technology for daily living activities can include a wide range of technology that supports people daily with routine activities.
Recreation	Assistive technology for recreation includes those used to support people's participation in recreational activities.
Leisure	Assistive technology for leisure includes those used to support people's rest and enjoyment.
Education	The technology used to support people with education can include those that help with learning disabilities.
Employment	The technology used to support people with employment can include those that help people with work. This may vary based on the nature of employment and the individual need of the person.
Home	Assistive technology is used to support people in their homes. This may include those used by carers and people with disabilities.
Care Residence	Assistive technology is used to support people in care residences. This can include those adapted to the facilities, carers, and people with disability.
Outdoors	Assistive technology is used to support people in being outdoors. This can include those used to assist people in doing activities outdoors and adapting to the outdoor environment.
Eating	Assistive technology is used to support people with eating. This can include technology used to assist with eating.
Drinking	Assistive technology is used to support people with drinking.

Life Domain	How Assistive Technologies Can Help Clients
Pressure Area Management	Assistive technology is used to manage and relieve areas that are affected by constant pressure. This may include pressure prevention devices used to reduce injury caused by pressure or friction. The areas at risk of pressure ulcers may also be mapped.
Carer Support	Assistive technology is used to assist carers with their roles in providing support

The following sections will discuss the scope and breadth of assistive technologies used for the life domains mentioned in the table above.

Communication

One of the common individual needs of a person is the need to communicate and interact with others. Aside from nonverbal communication techniques, a person may use assistive devices to communicate. The tables below and the following page list the breadth of assistive technology used for communication. These are according to a person's impairment:

Impairment	The Breadth of Assistive Technology
Hearing	<ul style="list-style-type: none"> ▪ FM systems – These wireless devices use radio signals to connect a microphone to hearing aids or receivers. ▪ Closed-captioning software – This displays the text version of the spoken part of videos.
Speech	<ul style="list-style-type: none"> ▪ Communicators – These are devices used for communication. These devices range from simple notepads to electronic communication boards and keyboards. ▪ Eye gaze – An electronic device that allows the person to communicate by looking at words or commands on a screen. ▪ Text-to-speech software – This software reads the text on the screen aloud, allowing the person to type what they want to say.
Vision	<ul style="list-style-type: none"> ▪ Alternative print materials – Books, manuals, and handouts are printed in: <ul style="list-style-type: none"> ○ High-contrast text for a client with partial vision loss ○ Braille for a client with complete vision loss

Impairment	The Breadth of Assistive Technology
Vision	<ul style="list-style-type: none"> ▪ Alternative keyboards – These keyboards come in a variety of large print, high contrast, and braille. ▪ Pocket magnifiers - Compact lenses that allow the person to magnify reading materials physically. ▪ Audiobooks – Recordings of print materials being read out loud. ▪ Reading gadgets – These devices convert the text of printed materials that are usually unavailable in audio, braille, or enlarged print form into speech. ▪ Refreshable braille displays – Devices that process the information on computer screens and electronically raise and lower different combinations of pins in braille cells. Text continuously changes as the person moves the cursor around the screen. ▪ Visual support software – These can enlarge text and increase the contrast of screens to make the content easier to read.
Cognition and Memory Loss	<ul style="list-style-type: none"> ▪ Sensory regulators – Low-tech devices allow a person with a sensory processing impairment to engage in healthy and non-destructive sensory regulation behaviours that help them self-regulate their emotions for better comfort and concentration. These include wobble chairs and sensory toys. ▪ Noise-cancelling headphones – These eliminate distracting background noises to prevent overstimulation. ▪ Cueing/memory aids – These are devices that assist the person in recalling information, appointments or steps to accomplish activities. ▪ Word prediction software – A kind of software that aids the person with writing and spelling difficulties by recalling required words that can improve their grammar and sentence structure.

Daily Living Activities

Recall the daily living activities discussed in Subchapter 1.1 of this Learner Guide. These are the self-care activities people do every day to keep themselves safe, healthy, and feeling good. These activities are usually done in the home of the person. They are also done independently by the person.

The following tables list the breadth of assistive technology used for activities for daily living:

ADL/IADL	The Breadth of Assistive Technology
Continence	<ul style="list-style-type: none"> ▪ Bedpan – This is a receptacle used for a bedridden patient in a healthcare facility. ▪ Bedside commode – This can be used in a person's bedroom when it is difficult for them to access the bathroom. ▪ Bed and chair pad – These are absorbent pads placed discreetly on top of a chair or bed. They can be either disposable or washable. ▪ Toilet seat raiser – This increases the toilet pan's height, making it easier for a person to sit down on and stand up from the toilet. ▪ Catheter – A thin tube used to drain the bladder. ▪ Ostomy bag – This is a waterproof bag that collects waste from the body.
Hygiene	<ul style="list-style-type: none"> ▪ Grab bar – These are bars installed in a shower or next to a bathtub. This supports a person when going in and out of the shower or bathtub. ▪ A shower chair or bench – People with balancing issues can use a shower chair or bench, so they do not have to stand up the entire time. ▪ Anti-slip mat – These are rubber mats placed inside and outside the shower or bathtub to prevent falls, as their surface is not slippery when wet. ▪ Dressing aid – This is a low-tech device to help a person in dressing. Examples include shoehorns, stocking aids, and button hooks.

ADL/IADL	The breadth of Assistive Technology
Mobility and Transferring	<ul style="list-style-type: none"> ▪ Wheelchair – A device designed to improve a person’s mobility by providing wheeled movement and seating support. ▪ Walking sticks, walkers, crutches and canes – These are devices designed to support a person’s balance while standing or walking. These devices take away some pressure off of one or both legs. ▪ Prosthetic devices – Devices that imitate the human body’s movements depending on the device’s complexity. ▪ Slide sheet – A sheet that is made out of low-friction material. It is used under a person for easy repositioning in bed. ▪ Gait belt – A belt placed around a person’s waist for easy transferring and assisted walking. ▪ Transfer board – This is a full-body-length board used to transfer a person from one surface to another. ▪ Sling – A fabric support used to carry a person. ▪ Stretcher – A rigid frame used to carry a person in a lying position. Stretchers are often used to transfer people to different locations. ▪ Hoist – There are different kinds of hoists: mobile, standing ceiling. Mobile and ceiling hoists are used to lift a person inside a sling or stretcher. Standing hoists are used to assist a person in a sitting or standing position. There are also full sling hoists that provide full-body support.
Eating and Drinking	<ul style="list-style-type: none"> ▪ Adaptive dinnerware – These plates and bowls are designed to ensure that food will not slide around and fall out. Dinnerware can also be modified to have grip bottoms to not slide around a table. ▪ Assistive utensils – These forks, knives and spoons are adapted to the needs of an individual. For example, weighted utensils are designed for a person with hand tremors.

ADL/IADL	The Breadth of Assistive Technology
Eating and Drinking	<ul style="list-style-type: none"> ▪ Utensil holders – These are for people who find holding utensils challenging. Utensil holders include straps, clips and foam handles. Foam handles assist a person who can hold utensils but have a problem with their grip. ▪ Eating devices – These are devices designed to allow a person who cannot self-feed to eat independently. There are manual and powered feeders that a person may use. ▪ Assistive cups and mugs – Like adaptive dinnerware, assistive drinking utensils can assist a person. The most common assistive drinking utensil is drinking straws.
Pressure Area Management	<ul style="list-style-type: none"> ▪ Protectors – These are devices that help reduce injuries caused by friction. The most common locations for protectors are the elbows and heels of a person. ▪ Cushions – People who spend long periods in bed or sitting down are at risk of developing pressure ulcers. Cushions are used to lessen this risk. Examples include heel, elbow and ring cushions. ▪ Offloading footwear – This footwear is designed to redistribute pressure. ▪ Sleep positioners – These pillows, rolls, and soft rails are adjusted to redistribute pressure and keep a person from falling out of bed. ▪ Electronic bed frames – These are powered bed frames. They can reposition a person lying down to maximise pressure redistribution. ▪ Specialised pressure relief wheelchair cushions – These types of cushions stimulate circulation to prevent pressure sores. ▪ Pressure relieving mattresses – This type of mattress redistributes weight so that pressure is not concentrated on one area of the body.

ADL/IADL	The Breadth of Assistive Technology
Carer Support	<ul style="list-style-type: none"> ▪ Fall detectors – These are sensors that alert a carer if the person has taken a fall. The carer or a response centre may be notified as soon as the fall happens. ▪ Passive infrared detectors – These devices monitor activity at the home of the person. They can tell a carer whether the person is active, where they are, and if someone has entered the home. ▪ Panic button – This is an alarm buttons that are used in the event of a break-in or if someone is threatening approaches the home of the person. ▪ Personal alarm – Devices the person can press when they need assistance. These can contact their carer or a response centre. ▪ Smart plug – Devices used to monitor the use of household appliances by sending an alert to a carer.
Recreation and Leisure	<ul style="list-style-type: none"> ▪ Adapted equipment – Equipment that has been modified according to the needs of a person. These include sporting equipment, gardening tools, board games, and cardholders. ▪ Switch-adapted equipment – Equipment that has been modified where the original switches are rerouted to a switch that is easier to access and operate. These include toys, games and digital cameras.

ADL/IADL	The Breadth of Assistive Technology
Education and Employment	<ul style="list-style-type: none"> ▪ Ergonomic furniture – These are furniture designed to support function and comfort. These can include adjustable desks and chairs and supports for different body parts such as arms, wrists and feet. ▪ Pen/pencil grips – These are tools that help improve handwriting, give more control and reduce hand fatigue. ▪ Graphic organisers – These are visual tools that depict the relationship of concepts. ▪ Audio recordings – These are recordings of classes, meetings and print materials being read out loud. ▪ Speech-to-text software – This is a kind of software that recognises and translates spoken language into digital text. ▪ Physical modifications to the environment – These are modifications that enable access to buildings, such as ramps and wider doorways.



2.2.2 Providing Support When Using Assistive Technology

As a care worker, you must support your clients when they are using their assistive technology. This includes ensuring that the person has physical access to necessary aids, equipment, and other items required for support. This should be done with the client's individualised plan in mind so that the support you provide is tailored exactly to what the client needs.

In supporting your clients' use to meet their individual needs, you need to take into consideration the following processes and procedures:

- **Confirm, assemble, and prepare the equipment, aids, and appliances to be used for the client's support activities.**

You can refer to Subchapter 1.5 of this Learner Guide for further discussion.

- **Consider the client's environment.**

For more extensive equipment, consider the space for the client to use and store them. Make sure that the equipment, aid or appliance is easy for you, the client or their support team to move. For example, say that a child with spina bifida needs a specialised wheelchair to go to school. You must ensure a designated space in the child's classroom that can accommodate the wheelchair.

- **Ensure that the person understands how to use the assistive technology.**

If the client is not familiar with a particular device or equipment, provide instructions on using them. For example, a technician can teach a client who has never used a refreshable braille display how to use it.

- **Make sure that assistive devices and equipment are well-maintained.**

This maintenance means inspecting the devices or equipment for signs of damage. Equipment that is damaged beyond repair should be replaced to avoid situations that can harm the client. For example, a faulty FM system may send howling feedback to hearing aids, damaging a client's hearing.



Multimedia



The video below provides a case study of how a person may use assistive technology. The video's focus is a person with cerebral palsy who uses equipment to communicate with their support system:

[Assistive Technology in Action - Meet Elle](#)



Checkpoint! Let's Review

1. As a care worker, you must understand the scope and breadth of assistive technology. With this understanding, you will be able to support the person's use of the technology to meet their individual needs.
2. Communication is one of the common individual needs of a person. Aside from nonverbal communication techniques, a person may use assistive technologies to communicate.
3. Daily living refers to the self-care activities people do every day to keep themselves safe, healthy, and feeling good. The kinds of activities for daily living include the following:
 - Activities of daily living (ADL)
 - Instrumental activities of daily living (IADL)

2.3 Assist the Person to Take Pre-Packaged Medication According to Requirements



Medications are substances used to prevent, treat or alleviate illnesses or symptoms. *Pre-packaged medications* refer to medications that have been taken out of their original container. These medications are repackaged into smaller sizes. This is done to ease the process for people to take their medication as prescribed by their health professionals. It also helps people remember whether they have already taken their medication for the day.

As a care worker, you must ensure that your clients take their pre-packaged medications correctly. If clients are not assisted correctly, they put themselves at risk. Consider the following scenarios:

- A client taking prescription pain medication does tracking of their intake for the day. This leads to the client accidentally taking too much of their medicine.
- A client has two medications that sound similar. The care worker failed to check if the medication was the right one. This leads to the client overdosing on one medication since they had already taken it.

As such, you must provide physical assistance to your clients to take pre-packaged medication. Doing so will ensure that your clients can be medicated safely and effectively.

When providing physical assistance to clients, you must consider the following:

Most commonly used medications

Written direction from the client's health professionals

Legislative requirements

Organisational policies and procedures

Care workers like you need to consider these requirements as they will ensure you are applying the best practices to your client's care.

2.3.1 Most Commonly Used Medications



Before assisting your clients, you must be familiar with the most commonly used medications. These medications are what you are most likely to be working with. The medications can either be prescription or over-the-counter. *Prescription medication* legally requires a prescriber to approve its use. This is usually the healthcare professional of the person. Pre-packaged medication is usually prescribed medication. On the other hand, *over-the-counter medication* does not require a prescriber.

The table below is a list of the twenty commonly used medications. The table includes their purposes and contraindications. *Contraindication* refers to a condition in which medication should not be used because it may harm the person. This table will let you know what contraindications to expect.

Medication	Purpose	Contraindications
Atorvastatin	Used to lower cholesterol levels	<ul style="list-style-type: none"> ▪ Allergies ▪ Liver disease ▪ Pregnancy ▪ Breastfeeding
Lisinopril	Used to lower high blood pressure and treat heart failure	<ul style="list-style-type: none"> ▪ Allergies to ace inhibitors, etc. ▪ Pregnancy/breastfeeding ▪ Are undergoing haemodialysis ▪ Family history of swelling face, hands, feet, etc.
Metoprolol	Used to treat arrhythmia or irregular heartbeats and some heart diseases	<ul style="list-style-type: none"> ▪ Allergies ▪ Slow heartbeat ▪ Low blood pressure ▪ Pregnancy/breastfeeding ▪ Certain heart diseases
Rosuvastatin	Used to lower high cholesterol levels	<ul style="list-style-type: none"> ▪ Allergies ▪ Pregnancy/breastfeeding ▪ Liver and kidney problems ▪ Alcoholism history ▪ Muscular problems ▪ Asian heritage

Medication	Purpose	Contraindications
Bupropion	Used to manage weight and obesity	<ul style="list-style-type: none"> ▪ Allergies ▪ High blood pressure ▪ Seizure history ▪ Brain tumour ▪ Alcoholism history ▪ History of eating disorder ▪ Bipolar disorder ▪ Liver and kidney disease ▪ Pregnancy/breastfeeding
Metformin	Used to control blood sugar	<ul style="list-style-type: none"> ▪ Diabetes that is already controlled by insulin ▪ Dehydration ▪ Metabolic acidosis ▪ Blood clots ▪ Blood circulation problems ▪ Gangrene ▪ Alcohol dependence
Amlodipine	Used to control high blood pressure	<ul style="list-style-type: none"> ▪ Allergies ▪ Pregnancy/breastfeeding ▪ Heart problems
Sertraline	Used for people with: <ul style="list-style-type: none"> ▪ Obsessive-compulsive disorder ▪ Social disorder ▪ Premenstrual dysphoric disorder ▪ Panic disorder 	<ul style="list-style-type: none"> ▪ Allergies ▪ Epilepsy ▪ Below 18 years old

Medication	Purpose	Contraindications
Omeprazole	Used to treat reflux disease	<ul style="list-style-type: none"> ▪ Allergies
Gabapentin	Used to control epilepsy	<ul style="list-style-type: none"> ▪ Allergies
Montelukast	Used for asthma and allergic rhinitis	<ul style="list-style-type: none"> ▪ Allergies ▪ Under two years old
Amoxycillin	Used to treat bacterial infections	<ul style="list-style-type: none"> ▪ Allergies ▪ Breastfeeding
Losartan	Used to treat high blood pressure	<ul style="list-style-type: none"> ▪ Pregnancy/breastfeeding ▪ Diabetes ▪ Allergies ▪ Children
Hydrochlorothiazide	Used to control high blood pressure	<ul style="list-style-type: none"> ▪ Allergies ▪ Pregnancy/breastfeeding
Simvastatin	Used to lower cholesterol	<ul style="list-style-type: none"> ▪ Allergies ▪ Pregnancy/breastfeeding ▪ Liver disease
Pantoprazole	Used to treat gastric ulcers, reflux, and Zollinger-Ellison syndrome	<ul style="list-style-type: none"> ▪ Allergies ▪ Liver disease
Fluticasone	Used to treat asthma	<ul style="list-style-type: none"> ▪ Allergies (to milk protein and more) ▪ Pregnancy/breastfeeding ▪ Under five years old
Escitalopram	Used to treat depression	<ul style="list-style-type: none"> ▪ Alcohol ▪ Allergies

Medication	Purpose	Contraindications
Furosemide	Used to decrease excess fluid in the body in the form of urine, lower blood pressure, etc.	<ul style="list-style-type: none"> ▪ Liver and kidney problems ▪ Have not urinated for an extended period of time ▪ Dehydration ▪ Low sodium and potassium ▪ Low blood pressure ▪ Jaundice ▪ Coma
Fluoxetine	Used to control mood	<ul style="list-style-type: none"> ▪ Allergies to Prozac or Lovan

Keep in mind that this is not an exhaustive list of contraindications. Regardless of the medication, you must be informed of the following your clients may have:

Allergies	History of illnesses within their family	Pregnancy, breastfeeding, or the intention to either
Medication history	Other medications currently being taken	Other illnesses and medical conditions

Make sure to consult with your client and their support team regarding their pre-packaged medication. This medication is usually prescribed by their health professional.

2.3.2 Written Directions From the Client's Health Professional

Written direction refers to instructions that provide information on the following:

- What the pre-packaged medication is
- How the pre-packaged medication should be taken
- How many times must the client take the pre-packaged medication
- What is the correct dosage of the pre-packaged medication

You must refer to the written directions to properly assist the client in taking pre-packaged medication. Doing so will aid you in checking each medication right your clients have.

Rights of Medication

The *rights of medication* assist healthcare professionals and care workers in preventing medication errors. Each right refers to a part of the procedure for assisting a person in taking pre-packaged medication that has to be correct.

Refer to the table below and the next page for the rights of medication:

Right	Part of the Procedure
Right Person	<p>Check that you are assisting the right person. If you assist the wrong person in taking pre-packaged medication, they may:</p> <ul style="list-style-type: none"> ▪ Not need the medication ▪ Be allergic to the medication ▪ Have contraindications ▪ Have incompatible substances in their system ▪ Receive the wrong dosage of medication as it may not be measured according to their weight <p>Before assisting clients, confirm their identity by asking or looking for their identifiers. Identifiers typically include the following:</p> <ul style="list-style-type: none"> ▪ The client's name ▪ Date of birth ▪ Medical Record Number (MRN), which is an identifier given by the health organisation of the client
Right Medication	<p>Check that the client has the right medication. Make sure that:</p> <ul style="list-style-type: none"> ▪ The medication is what is prescribed by the client's health professional ▪ The package of the medication is not tampered with ▪ The medication is within the expiry date <p>Some medications may be packaged or named similarly. There are also cases wherein the medication is no longer appropriate. That is why you must check the label of the medication three times:</p> <ul style="list-style-type: none"> ▪ When retrieving the medication from the storage ▪ When the medication is being prepared ▪ When the medication is brought to the client

Right	Part of the Procedure
Right Dose	Check if you have the right dosage. Dosage will vary according to the client's age, size, and health condition. Usually, pre-packaged medications are already measured according to the written direction. Nevertheless, you must make sure that the dosage is correct before the client takes it.
Right Time	<p>Check for information on when and how often the client must take the medication. The timing of medication should be clearly written in the written direction of the client's health professional.</p> <p>Taking the medication at the prescribed time is essential in ensuring the effectiveness of the client's body. Not doing so can either result to:</p> <ul style="list-style-type: none"> ▪ The illness develops a resistance to the medicine ▪ Delay in the amount of time it takes for the client to feel better
Right Route	<p>Check the information on the right route. Medication needs to be taken through a specific route. If a medication was taken through the wrong route, it can:</p> <ul style="list-style-type: none"> ▪ Be toxic or have harmful effects on the client ▪ Have no effect on the client ▪ Cause discomfort
Right Reason	Check if the medication is being taken for the right reason. Consult with the client and their health professional for the appropriate symptoms to watch out for. This will help ensure that the medication will be given for the correct reasons.
Right Documentation	Each and every time the client takes their pre-packaged medication should be recorded. Without proper documentation, the client may not appropriately take the next dose of medication. This can have serious health implications for the client.

Sourced from [Clinical Procedures for Safer Patient Care](#), used under CC BY 4.0. © BCcampus Open Education

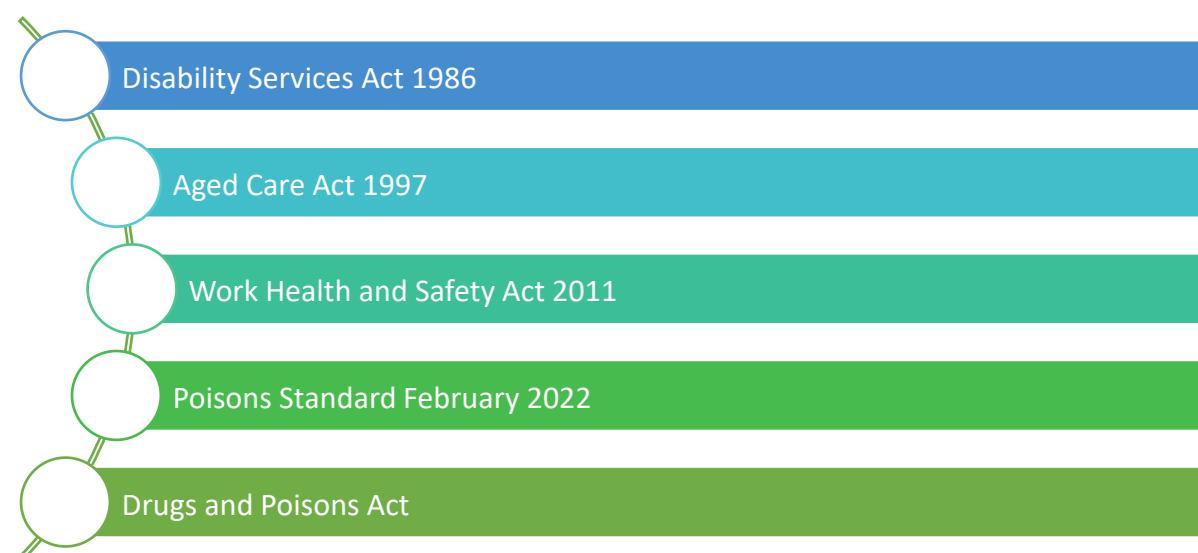
When assisting your clients, make sure to clarify and confirm the information in the written directions. Always check each right before the client takes their medication. You will need to do this regardless of the medication's route and form. You can clarify this information with the client's health professional if you suspect a medication error.

2.3.3 Legislative Requirements and Organisational Policies and Procedures

Aside from the written directions, you will also need to work within the legislative requirements for medication. Enforcing these laws ensures that the care you provide to your clients upholds their rights, including the following:

- **The right to refuse medication** – This is the right of an adult person with the capacity to refuse any medical treatment. When a client refuses medication, the refusal must be freely given, specific, and informed.
- **The right to be educated** – This is the person's right to be informed about the services and treatment they are receiving. Knowing about the following is critical for the person to make informed decisions about their treatment:
 - The medication they are taking
 - The ingredients and potential side effects of the medication
 - Why are they taking the medication
 - How will the medication help them

The legal and ethical requirements for medication are provided through the following:

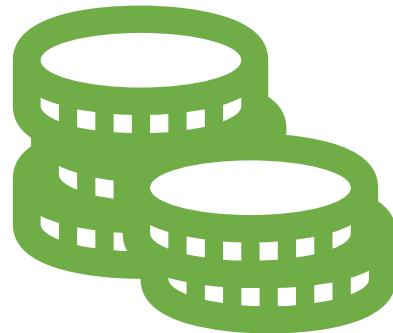


Disability Services Act 1986

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

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

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



Sourced from the Federal Register of Legislation at 3 January 2022.

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

Disability Services Act 1986, used under CC BY 4.0.

Further Reading



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

[Disability Services Act 1986](#)

Aged Care Act 1997

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

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

Sourced from the [Federal Register of Legislation](#) at 3 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Aged Care Act 1997, used under CC BY 4.0.

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

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

Based on content from the Federal Register of Legislation at 3 January 2022.

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

Aged Care Act 1997, used under CC BY 4.0.



Further Reading

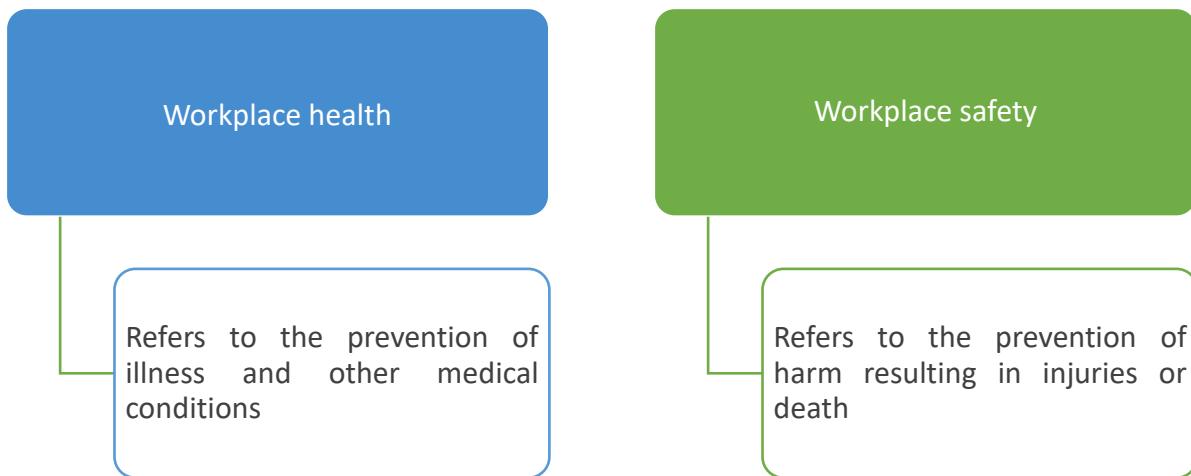
Details of the different types of funding under the Aged Care Act 1997 are available through the link below:

[Aged Care Act 1997](#)

Work Health and Safety Act 2011

This Act ensures the safety of you, your clients, and those involved in their care. This means protection against illnesses and harm from elements in the immediate environment.

Know more about workplace health and safety in the graphic below:



The Work Health and Safety (WHS) Act 2011 gives a nationally consistent framework. This framework secures the health and safety of workers in the workplace.



Under the WHS Act 2011, a support worker is required to do the following:

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

Based on content from the Federal Register of Legislation at 3 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0.

Different states and territories have their own variation of the WHS Act. You must check the workplace health and safety law that applies to your state or territory.

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

State or Territory	Work Health and Safety Law
Australian Capital Territory	Work Health and Safety Act 2011 Work Health and Safety Regulation 2011
New South Wales	Work Health and Safety Act 2011 Work Health and Safety Regulation 2017
Northern Territory	Work Health and Safety (National Uniform Legislation) Act 2011 Work Health and Safety (National Uniform Legislation) Regulations 2011
South Australia	Work Health and Safety Act 2012 Work Health and Safety Regulations 2012
Tasmania	Work Health and Safety Act 2012 Work Health and Safety Regulations 2022
Victoria	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2017
Western Australia	Occupational Health and Safety Act 1984 Occupational Health and Safety Regulations 1996

Poisons Standard February 2022

This law dictates which medications need to be prescribed. Thus, it will help you determine if you need the following:

- Someone's authority to prescribe medication
- To know who can sell medication
- To know who can dispense and prescribe medication

The Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) document contains information on drug schedules.

The following are schedules in this document and their descriptions:

Schedules	Description
Schedule 1	This Schedule is intentionally left blank in the document.
Schedule 2 (Pharmacy Medicine)	These are pharmacy medicines. This means that these are available on the shelf of the pharmacy. Examples include paracetamol, ibuprofen and aspirin.
Schedule 3 (Pharmacist Only Medicine)	These are pharmacists only and are available without a prescription. They are behind the counter and must be requested by the pharmacist. Examples include pseudoephedrine and salbutamol.
Schedule 4 (Prescription Only Medicine)	These are prescription-only drugs. They require diagnoses and monitoring as well for safety purposes. Examples include amoxicillin, ephedrines, isotretinoin, benzodiazepines, etc.
Schedule 5 (Caution)	These are poisons with low toxicity and low hazards. They cause minor negative effects but require caution when it comes to handling these.
Schedule 6 (Poison)	Distinctive packaging is used to warn of moderate to high toxicity. These may cause severe injury and death.
Schedule 7 (Dangerous Poison)	These poisons have high to extremely high toxicity, which can harm and kill even at low exposure. There are regulations in place for the possession and use of these. Precautions are required for manufacturing these substances.
Schedule 8 (Controlled Drug)	These substances are available for use but require restrictions on how they are made, sold, supplied or used.
Schedule 9 (Prohibited Substance)	These are prohibited substances that are used only for research. An ethics committee needs to approve research use on human beings.
Schedule 10	These substances are of great danger to health. They cannot be sold, supplied or used for any purpose.

Based on content from the Federal Register of Legislation at 15 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Poisons Standard February 2022, used under CC BY 4.0.

Drugs and Poisons Act

This legislation varies amongst the states and territories of Australia. These laws are written to ensure the safety of the people. Generally, they provide restrictions on the prescription, distribution, and use of drugs and poisons.

Below are the states/territories of Australia with their respective laws on drugs and poisons.

State/Territory	Link to Legislation
New South Wales	Poisons and Therapeutic Goods Act 1966
Queensland	Medicines and Poisons Act 2019
Northern Territory	Medicines, Poisons and Therapeutic Goods Act 2012
Western Australia	Medicines and Poisons Act 2014
South Australia	Controlled Substances Act 1984
Victoria	Drugs, Poisons and Controlled Substances Act 1981
Australian Capital Territory	Medicines, Poisons and Therapeutic Goods Act 2008
Tasmania	Therapeutic Goods Act 2001

Guidelines on how to comply with the legislative requirements are usually found in an organisation's policies and procedures. As such, make sure regularly to check your organisation's policies and procedures. This is to ensure your compliance when providing physical assistance to your clients.



2.3.4 Providing Assistance



Consider the procedure below when physically assisting clients in taking medication pre-packaged by a pharmacist:

- 1. Apply the rights of medication.** Refer to Section 2.3.2 of this subchapter for further discussion.
- 2. Double-check all relevant documents about the client's pre-packaged medication.** These include written directions from the client's healthcare professional.
- 3. Carefully review the client's pre-packaged medication.** You must make sure that:
 - The package of the medication was not tampered with
 - The medication is within the expiry date

Once you have found that the medication is expired or contaminated, you must dispose of the medication immediately. These medications may poison clients. When disposing of the medication, follow your organisation's policies and procedures for infection control. Refer to Subchapter 2.6 of this Learner Guide for further discussion.

- 4. Inform the client of the medication's purpose and side effects.** In case they experience a side effect, they would know that it is a normal part of the medication. If the client has questions you are unsure of, direct them to their health professional.
- 5. Ask the client how they prefer to be assisted.** Encourage the client to ask questions about anything that is unclear. The client may prefer hands-on assistance in taking their pre-packaged medication, or they may prefer being instructed on how to take their medication so that they may do so independently.
- 6. Oversee how the client takes their pre-packaged medication.** For example, say that a client needs to apply topical cream for an eczema flare-up. You must direct the client to wash their hands before applying ample amounts of the cream on the red patches.

Adverse Reactions to Medication

After assisting your clients in taking their pre-packaged medication, you must observe for any adverse reactions. *Adverse reactions* are unexpected and detrimental reactions to a medication. These can be life-threatening or a cause for hospitalisation or extended hospitalisation. These reactions may be sudden or delayed. That is why it is vital for you to constantly monitor the client's response to the medication.

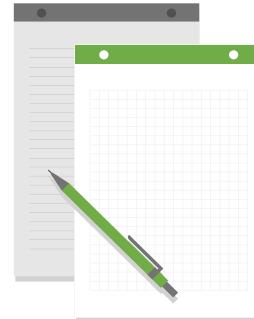
General signs of adverse reactions include the following:

Redness and itching	Hair loss	Drowsiness
Myelosuppression	Stomach cramps	Diarrhea or constipation
Vomiting and nausea	Dizziness	Heartburn

If you have observed any signs of adverse reactions, you must immediately respond within the scope of your own job role. This means you should not do anything you are unqualified to do. Consider the procedure below when responding to clients' adverse reactions to medication within the scope of your own job role:

1. Contact the client's health professionals immediately.
2. If you cannot contact the client's health professionals:
 - i. Seek help from the Medicines helpline at 1300 MEDICINE (1300 633 424). You can call this from anywhere in Australia from Monday to Friday, 9 am to 5 pm.
 - If you are calling from Queensland or Victoria, you will be connected to a pharmacist instead of a registered nurse.
 - This number is unavailable during NSW holidays.
 - This number does not replace a doctor's or pharmacist's advice.
 - ii. Seek help from the 24-hour helpline from Healthdirect Australia if the first is not available. The number is 1800 022 222.
 - iii. If you suspect an overdose or poisoning, call the Poisons Information Centre at 13 11 26.

3. For adverse reactions that occur in a home setting, call an ambulance at Triple Zero (000). Secondary emergency numbers include 112 and 106. Adverse reactions may involve extreme reactions such as collapsing or unusual distress.
 - i. Give the paramedics the client's medication information and the details of the incident.
 - ii. Once an ambulance is available and paramedics have performed procedures, notify the client's support team and your supervisors.
4. Document the adverse reaction in an incident report. *Incident reports* are reports that detail negative events that happened. What and how to record may vary per organisation. But, generally, you need to include the following information:
 - The time and date of the reaction
 - Client name and information
 - The description of the adverse reaction
 - The strategies implemented at the time of the incident
 - The outcome or response of the client and others to the strategy



For further discussion on documentation, you may refer to Subchapter 4.3 of this Learner Guide.

5. Report the adverse reaction to the relevant personnel. This means you must communicate the details of the adverse reaction to the client's healthcare professional, your supervisors, and anyone involved in medication. For further discussion on reporting, you may refer to Subchapter 4.2 of this Learner Guide.



Further Reading

Refer to the links below for further details on the guidelines for medication assistance:

[Guideline for Medication Assistance](#)

Escalation if Clients are Unable to Take Medication

When assisting your clients in taking pre-packaged medication, you must prepare for situations where clients are unable to take their medication. Usually, these are situations of medical refusal. *Medical refusal* refers to the client not agreeing to take the medication.

When the client refuses to take pre-packaged medication, consider the procedure below.

- 1. Ask the client why they do not want to take the medication.** They may be refusing medication because of a previous adverse reaction or their cultural or religious beliefs. If no reason is given, wait a while and ask again.
- 2. Calmly explain the consequences of not taking their pre-packaged medication.** Remember that clients must be supported to make informed choices.
- 3. If the medication is still refused, document the situation.** Make sure to record the following in the client's individualised plan:
 - The reason for the refusal
 - The action taken
 - What was done with the refused medication

For further discussion on documentation, you may refer to Subchapter 4.3 of this Learner Guide.

- 4. Escalate the situation by reporting to the client's healthcare professional and your supervisors.** You must report the medication refusal so that adjustments can be made to the client's medication plan immediately. For further discussion on reporting, you may refer to Subchapter 4.2 of this Learner Guide.

In the case that the refusal of the medication has serious consequences on the health and wellbeing of the person, the following steps may be undertaken:

1. Consideration should be given to assessing the person's capacity to refuse medication.
2. Efforts should be made to ascertain the reasons for the refusal and whether these can be addressed by providing alternative treatment or by other means.
3. Sensitive cultural and religious issues should be accommodated, where possible.



Multimedia



This video shows a situation where a caregiver learns to handle medication refusal:

[Caregiver Training: Refusal to Take Medication | UCLA Alzheimer's and Dementia Care Program](#)



Checkpoint! Let's Review

1. As such, you must provide physical assistance to your clients to take pre-packaged medication. Doing so will ensure that your clients can be medicated safely and effectively.
2. When providing physical assistance to clients, you must consider the following:
 - Most commonly used medications
 - Written direction from the client's health professionals
 - Legislative requirements
 - Organisational policies and procedures



2.4 Respect and Include the Person's Relevant Others as Part of the Support Team

Recall who is included in the support team of a person receiving support as discussed in Subchapter 1.1 of this Learner Guide. This team may consist of the following:

The family of the person

The carers of the person

Others identified by the person

Each individual plays an essential role in the person's individualised plan. They each have their responsibilities in ensuring that the person gets the care they need. Therefore, as a care worker, you must respect and include the carer, family, and others identified by your clients as part of their support team.

Respect refers to believing that the person is valued. This involves providing support that recognises the individuality and preferences of the person. Showing your respect requires conscious and deliberate effort. True respect is shown through behaviour, not words. Therefore, you must be sure that your actions demonstrate your respect for others.

The National Disability Insurance Scheme (NDIS) supports people with disabilities and their support team. People under the age of 65 with disabilities are entitled to full funding for necessary support. As such, the support provided by the NDIS is done via support planning and delivery that are tailored to a person's individual needs.

The NDIS is governed and funded by the Australian and participating states and territory governments. It was established in 2013 under the National Disability Insurance Scheme Act 2013 (NDIS Act). Under this Act are the NDIS Rules, which are the legislative instruments that set out the operational details of the NDIS. The NDIS Rules outline the objectives of the scheme, which include:

- Supporting the independence and participation of people with disabilities in society
- Providing reasonable and necessary supports for NDIS participants
- Enabling people with disabilities to exercise choice and control in pursuit of their goals
- Promoting the provision of high-quality supports to people with disabilities.

Aside from these objectives, part of these operational details is the principles relating to the individualised plan. These principles present the rationale service providers must follow to show respectful behaviour towards the person and their support team during individualised support planning and delivery.

According to the principles set in the NDIS Act, the preparation of a person's plan and management of the funding for support should:

- Be individualised
- Be directed by the participant
- Where relevant, consider and respect the role of family, carers and other persons who are significant in the life of the participant
- Where possible, strengthen and build the capacity of families and carers to support participants
- Consider the availability to the participant of informal support and other support services generally available to any person in the community
- Support communities to respond to the individual goals and needs of participants
- Be underpinned by the right of the participant to exercise control over their own life
- Promote the inclusion and participation of the participant in their community to achieve their goals
- Maximise the choice and independence of the participant
- Facilitate tailored and flexible responses to the individual goals and needs of the participant
- Provide the context for the provision of disability services to the participant
- Where appropriate, coordinate the delivery of disability services with more than one disability service provider



Based on content from the Federal Register of Legislation at 15 December 2021.

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

National Disability Insurance Scheme Act 2013, used under CC BY 4.0.

The principles above underpin the support planning and delivery care workers should provide. By following these principles, care workers can show their respect towards clients and their support team.

Further Reading



The exact principles under the Act are provided through the link below:

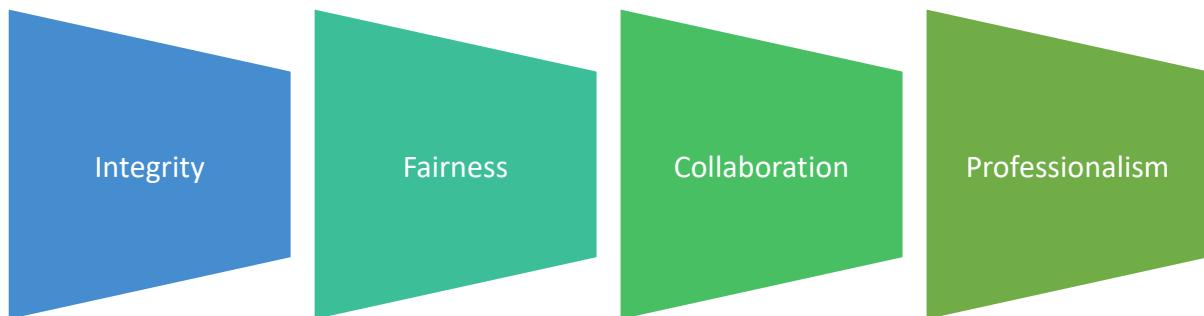
[National Disability Insurance Scheme Act 2013](#)

As stated in the principles outlined in the NDIS Act, care workers must respect and include the carer, family, and others identified by their clients as part of the support team. Where possible, a care worker must strengthen and build the capacity of those within the team. This ensures that the support team can support the client with the activities within the individualised plan.

Principles Underlying Respectful Behaviour

Aside from the principles outlined in the NDIS Act, you must be familiar with the principles underlying respectful behaviour. Your knowledge of these principles will aid you in showing your respect to your clients and their support team.

The principles underlying respectful behaviour are as follows:



- **Integrity**

Integrity refers to being honest and having strong moral principles. A person who has integrity behaves ethically by always choosing to do the right thing. With integrity, you can encourage clients and their support teams to engage in open, honest and clear communication.

- **Fairness**

Fairness refers to treating people the same no matter their race, religion, age and more. A person who is fair treats all people they interact with equally.

- **Collaboration**

Collaboration refers to the willingness to work with others. A person who collaborates encourages others to share their ideas and opinions by including them in discussions whenever necessary. You can create a supportive and collaborative environment where clients and their support teams feel valued. This is due to their skills and attributes being acknowledged.

- **Professionalism**

Professionalism refers to treating your co-workers, supervisors and other personnel with respect. A professional person treats others how they would like to be treated—with kindness, courtesy and politeness.

As a support worker, you must demonstrate respectful behaviour towards the following aspects of a client:

Goals	Needs	Preferences
Physical, social, emotional and psychological health and wellbeing	Cultural beliefs and practices	Diversity
Privacy and confidentiality	Relationships (family members, carers, friends, etc.)	Rights and dignity

2.4.1 Respect the Carer, Family, and Others Identified by Clients as Part of the Support Team



Below are some ways you can show your respect to the carer, family, and others identified by your clients as part of the support team:

- **Consider the relationship of the client with their carer, family, and others identified by the client.** Relationships are essential in a person's life. To support your client, you must respect and value their relationships with those involved in their life. Doing so will ensure that your client can live a rich and fulfilling life.
- **Acknowledge that the carer, family, and others identified by the client play a vital role in supporting the client.** They may be involved in various aspects of the client's daily life. Their involvement affects the client's ability to access and engage with their support services.
- **Acknowledge the different views of the carer, family, and others identified by the client.** Where those involved have differing views, you must ensure that they are:
 - Able to express their opinions and concerns in a safe and supportive environment
 - Committed to working through their differences in a way that will benefit the client
- **Recognise the challenges faced by the carer, family, and others identified by the client.** These challenges include social and emotional difficulties that may arise when caring for the client.

2.4.2 Include the Carer, Family, and Others Identified by Clients as Part of the Support Team

As mentioned before, each support team member has roles and responsibilities in the individualised plan. Thus, you must ensure that there is communication between all those involved in your client's individualised plan. Doing so will guarantee the inclusion of the support team when providing support services to your clients.

As mentioned before, each support team member has roles and responsibilities in the individualised plan. Thus, you must ensure that there is communication between you and the following:



Ensuring communication can be done by informing all those involved about the client's individualised plan. Doing so will guarantee the inclusion of those involved when providing support services to your clients. Some examples include the following:

- Continuing interaction with clients
- Verbal conversations, either in person or via telephone
- Written notes by post or electronic media

Other ways you can facilitate communication with the client, their support team, and your supervisors include the ones below.

Briefings

Briefings are short, structured meetings where those involved in the client's individualised plan talk about the client, the support service, the support activity, or the situation. A good briefing ensures that everyone understands what will happen during the service and identifies any risks to avoid challenging incidents. Briefings also provide a promising avenue for those involved to express themselves. This includes any questions, concerns or clarifications they have. These can then be addressed without further delays.

Usually, briefings are done face-to-face. However, these can also be done through video conferencing, which requires the use of the internet.

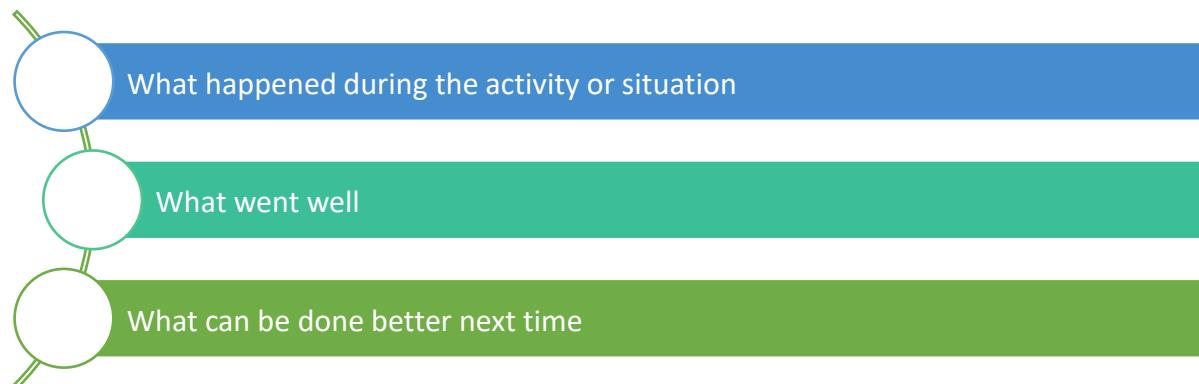
Before the briefing, you may create the following checklist as a guide for the meeting:

- Who will assist the client in the support activity?
- Does everyone understand their assigned roles?
- What are staff availability issues present?
- What are the resources needed for the support activity? Are there any potential issues regarding the resources that can impact the activity?

Debriefings

Debriefings are brief and informal exchange and feedback sessions that occur after a support activity or situation. The overarching goal is to discuss and reflect on the actions and thought processes involved in the support activity or situation for better future performance.

Debriefings identify the following:



As the facilitator, make sure to log any findings from those involved, discuss the problems that arise, and direct them to resolve them.

Emails

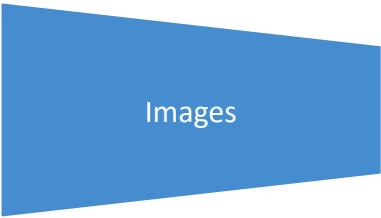
Emails are a great way to send important files and documentation. These are sent to those involved in the client's individualised plan. It is also an effective tool for storing information that everyone can refer to at any time, such as:

Correspondence regarding details about the person's support services and activities

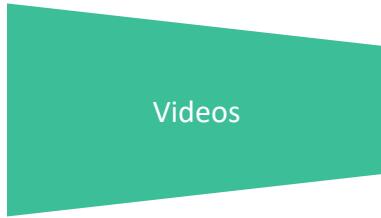
Meeting minutes of briefing or debriefing sessions

Cloud Storage

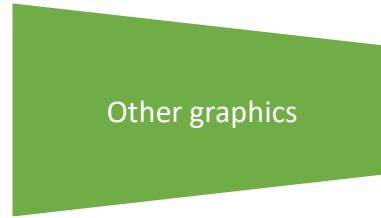
Cloud storage is an online-based computer model for quick storage and access of files and documents. Cloud storage allows you to store large-sized files or documentation, such as:



Images



Videos



Other graphics

Moreover, those involved in the client's individualised plan can access the stored information at any time. This is done using the internet.

As you will be handling your client's personal information, you must know your organisation's guidelines concerning sharing information. Further discussion on this topic may be found in Subchapter 4.1 of this Learner Guide.



Checkpoint! Let's Review

1. The NDIS Rules outline the principles of the scheme. These principles underpin the support planning and delivery care workers should provide. By following these principles, care workers can show their respect towards clients and their support team.
2. Care workers must respect and include the carer, family, and others identified by their clients as part of the support team. Where possible, they must strengthen and build the capacity of those within the team. This ensures that the support team can support the client with the activities within the individualised plan.
3. As a care worker, you must ensure that there is communication between all those involved in your client's individualised plan. Doing so will guarantee the inclusion of the support team when providing support services to your clients.

2.5 Support the Person According to Considerations, Policies and Procedures

When providing support to clients, always remember that they must be assisted to take control of their life. To do so, you must take into consideration the following:

Duty of care

Dignity of risk

Recall the duty of care and dignity of risk as discussed in Section 1.6.1. Duty of care refers to your legal obligation to always act in your client's best interest. On the other hand, the dignity of risk refers to allowing your clients to take part in activities that may come with risks. To provide support according to these considerations, you must encourage your clients to make their own choices and decisions. Choices and decisions are similar but slightly different:

- Making a decision does not require the existence of alternatives. On the other hand, making a choice means that the client has various other options available to them.
- A decision is dependent on facts and relevant information. In contrast, a choice is only reliant on the client's preferences, values or beliefs.
- When the client makes a decision, they go through analysis and evaluation to find the best course of action. When they make a choice, the client uses a mindset approach to pick among a variety of options.

A person who is given control over all choices and decisions relevant to them tends to have a better quality of life than others. Encouraging clients to make their own choices involves doing the following:

- Give the client all essential options and information
- Use appropriate communication techniques to guide the client in making a choice
- Give the client time to think about their choice
- Assist the client in searching for additional information regarding the choices
- Remind the client of the goals they set for themselves (refer to Section 1.2.3)
- Assure the client that their choices and decisions are important and that it is alright to make mistakes now and then
- Remind the client that they can assign supporters to help them in making choices and decisions

Of course, there is a danger to letting the clients make choices for themselves. Sometimes, a person who has many options to choose from will:

- Take a long time making a choice, which, in turn, causes them to be stuck or unable to move forward
- Feel unsatisfied or wanting after making a choice due to the possibility that one of the other choices could have been better
- Make the wrong choice more often, as having more options also means having more chances to make a mistake



Thus, it would be best if you supported clients to not fall victim to these dangers as part of your dignity of risk to them. Doing this involves the following:

- **Reduce the need for the client to go through many options by using close-ended questions instead of open-ended questions.**

This involves phrasing questions to contain the best or most suggested choices available. For example, instead of asking, '*What would you like to do today?*', you can ask, '*Would you like to stay in today or go to the park?*'

- **Use appropriate modelling techniques to guide the client towards making responsible choices.**

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

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

- Build familiarity with the different options available
- Find and analyse the benefits and consequences of choosing each option
- Consider their goals, values and beliefs in a step-by-step manner
- Know the legal implications of their choices and avoid illegal options
- Feel assured and confident in their choice.

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

Doing this will be crucial in helping the client become self-determined. You may come up with strategies based on the person's capability and preferred way of communicating. For example, a person may use a text-to-speech device to verbally state what books they want to read.

- **Provide opportunities to make choices every day.**

A person can be assisted in developing their choice-making skills. This can be done by having choice-making in activities that the person can take part in. For example, you can provide opportunities for choice to an older person during an art activity. Rather than providing only a piece of paper and crayons, allow them to choose what art materials to use.

2.5.1 Maintaining the Privacy of Clients

It would be best if you also remembered to support clients by maintaining their privacy. This can be done by asking for their informed consent. Recall informed consent as discussed in Section 1.4.3 of this Learner Guide. *Informed consent* refers to a person granting permission for others to access any information that can be used to identify them. Permission is informed if the person is given all essential details on the decision being made, including the following:

- Possible outcomes of the decision
- Risks involved with the decision
- Effects that the decision may have on their financial assets



Informed consent is necessary in all cases, except when:

- A court order requires you to provide information without the consent of the person
- Giving information is needed to assist law enforcement agencies and other government agencies
- There is reason to believe that the person is in danger or at risk of harm, and the information is needed to file a report

Ensuring that clients can provide informed consent allows you to:

- Respect the client's interests
- Follow the procedures for privacy, confidentiality and disclosure
- Discuss all essential details with the client and answer all questions
- Identify if an option will present a substantial risk of harm to the client
- Prevent others from forcing the client into making a decision they disagree with
- Remind the client that they must provide specific information when consenting, such as times when the consent applies
- Remind the client that they also can withdraw consent when necessary.



Further Reading

Access additional information about informed consent through the link below:

[Consent to the handling of personal information](#)

Your organisation will have their own policies and procedures for maintaining the privacy of people receiving support. Make sure to review them regularly as you provide support to your clients. Discussion on the organisational policies and procedures for maintaining a person's privacy may be found in Subchapter 4.1 of this Learner Guide.

2.5.2 Restrictive Practices

As a care worker, you must understand restrictive practices when providing support to your clients. *Restrictive practices* involve the use of interventions and practices that restrict a person's rights or freedom of movement. Ideally, this is done as a last option and only to ensure the safety of everyone involved.

The following are the five types of restrictive practices:



- **Chemical restraint** – This practice or intervention involves the use of a medication or chemical substance. The primary purpose is to influence a person's behaviour.

Chemical restraints do not include the use of medication prescribed for:

The treatment of the person for any of the following:

- Diagnosed mental disorder
- Physical illness
- Physical condition

The end-of-life care for the person

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

Examples of chemical restraint are the administration of any medication. These medication influences the behaviour of a person and can be prescribed or over the counter.

- **Environmental restraint** – This practice or intervention involves restricting a person's access to all parts of their environment.

Examples of environmental restraints include:

- Restricting a person's access to an outside space
- Removing access to an activity or to the outside environment
- Limiting or removing access to a wanted or needed item, such as a walking frame, by putting it out of reach

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

- **Mechanical restraint** – This practice or intervention involves the use of a device that restricts the movement of a person. These do not include the use of a device for therapeutic or non-behavioural purposes. Such devices include splints for broken bones or wheelchairs.

Examples of mechanical restraints include the use of any of the following:

Lap belts or princess chairs

Bed rails

Low beds

Clothing, which limits movement and is unable to be removed by the person

Devices used for safety purposes or to prevent harm are still considered mechanical restraints. Even if the use is consented to by the person, it is still a restraint as it is not used for therapeutic or non-behavioural purposes. For example, if a care worker applies the brakes on a wheelchair and the person is unable to move, this is a mechanical restraint.

- **Physical restraint** – This practice or intervention involves using physical force to restrict a person. This restriction includes subduing part of or the whole body of the person.

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

Examples of physical restraints include:

Physically holding a person down in a specific position to force personal care, such as:

- Showering to be attended to
- For administration of medication

Pining a person down

Physically moving a person to stop them from moving into an area they may wish to go

- **Seclusion** – This practice or intervention involves the solitary confinement of a person. The person is confined in a room or physical space at any hour of the day or night. Voluntary exit from confinement is either prevented or not facilitated.

Examples of seclusion include the following:

Locking a person in their room or other areas of the facility

Ordering a person to a specific area within the facility and not permitting them to leave

Staff and other people retreating to other rooms while a person is unable to follow

A person choosing to go to or lock themselves in their room or bathroom is not secluded. This is on the provision that they are free to leave when they wish to.

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



Requirements for the Use of Restrictive Practices

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

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

- Providers are required to document the alternatives to restrictive practices that have been considered and used, and why they have not been successful
- Restrictive practices must only be used as a last resort to prevent harm to the client or other people. It must also be used after consideration of the likely effect it has on the client.
- An approved health practitioner has assessed the client as posing a risk of harm to themselves or another person. This practitioner must have extensive knowledge of the client. They must also have assessed the restrictive practice as necessary. These assessments must be documented in the client's individualised plan.
- In the case of a chemical restraint, the assessments must be conducted by a medical or nurse practitioner. The following must be documented in the client's individualised plan following the quality standards in Section 3.1.1 of this Learner Guide:
 - Assessment of the client as a risk of harm to themselves or another person
 - Client's behaviour relevant to the need for the chemical restraint
 - Practitioner's decision to use the chemical restraint
 - Reasons the chemical restraint is necessary
 - Information that informed the practitioner's decision
- Best practice alternative behaviour support strategies have been used. The consideration and use of these strategies and their effect have been documented in the client's individualised plan.
- Restrictive practices must only be used in proportion to the risk of harm. They must be in the least restrictive form and for the shortest period possible.
- The following must be continuously monitored, reviewed and documented:

The need for
restrictive
practices

The use of
restrictive
practices

The effectiveness
of restrictive
practices

- Care providers must consider whether an individually appropriate alternative strategy can be used. They must also think about whether the restrictive practice can be reduced or stopped.

- Informed consent for the use of a restrictive practice must be obtained from the person. If the client cannot give that consent, it must be obtained from their guardian. Consent must be obtained and documented by state and territory requirements.
- Where any restrictive practices are used, the consumer must be regularly monitored for signs of distress or harm, side effects and adverse events, changes in wellbeing, as well as independent functions or ability to undertake activities of daily living.
- The use of the restrictive practice must be regularly reviewed by the provider with a view to removing it as soon as possible or practicable.
- Providers are required to develop and implement a behaviour support plan for every consumer who exhibits behaviours of concern, or changed behaviours, or who has restrictive practices considered, applied or used as part of their care.
- The use of restrictive practices must comply with the following legislative and regulatory requirements:

Charter of Aged Care Rights

Aged Care Quality Standards

National Standards for Disability Services

Requirements of the law of the state or territory in which the restrictive practice is used

Any relevant provisions of the person's care or behaviour support plan

The NDIS has guidelines on the obligations a care provider has. These obligations are when they use restrictive practices. All providers using authorised restrictive practices must meet the conditions of registration, which include the following:

- A restrictive practice can only be used when it is part of a behaviour support plan developed by an NDIS behaviour support practitioner.
- If a restrictive practice is used, it must:
 - Be the least restrictive response possible in the circumstances
 - Reduce the risk of harm to the person or others
 - Be used for the shortest possible time to ensure the safety of the person or others.

- Where required, the implementing provider must obtain authorisation for use from the state or territory.
- The implementing provider must comply with monthly reporting requirements.

Based on [Understanding behaviour support and restrictive practices - for providers](#), used under CC BY 3.0 AU. © Commonwealth of Australia

The use of restrictive practices is unauthorised if it is either:

- Without authorisation by the relevant state or territory (however described)
- Not in accordance with a behaviour support plan

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

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

State or Territory	Relevant Authority
Australian Capital Territory	ACT Office of the Senior Practitioner
New South Wales	NSW Department of Communities and Justice
Northern Territory	NT Department of Health
Queensland	QLD Department of Communities, Disability Services and Seniors
South Australia	Office of the Public Advocate (08 8342 8200)
Tasmania	Department of Communities Tasmania
Victoria	VIC Department of Health and Human Services

Sourced from [Unauthorised use of restrictive practices Questions and answers](#), used under CC BY 3.0. © Commonwealth of Australia

Organisational Policies and Procedures

Each provider will have policies and procedures on the use of restrictive practices. These must be in line with the following:

- Requirements for the authorised use of restrictive practices
- State and territory legislation

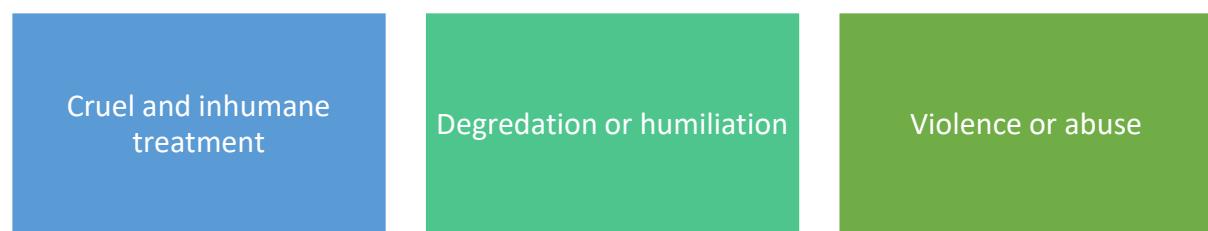
You must know the policies and procedures of your workplace. This will guide you on what to do if the need to use a restrictive practice ever arises.

The table below shows examples of policies and procedures a provider may have.

Policies for Using Restrictive Practices	Procedures for Using Restrictive Practices
<ul style="list-style-type: none"> ▪ Any use of restrictive practice must be indicated in their individualised plan. ▪ Only use restraint after all other strategies have been tried. ▪ Restraint must not last for longer than 10 minutes at one time. ▪ Restraint must not cause further physical harm to the person. ▪ Document any instances of using restrictive practices. 	<p>When determining whether to use restrictive practice:</p> <ol style="list-style-type: none"> 1. Check the person's individualised plan. Specifically, check if the plan indicates the use of the practice. 2. Ensure that other strategies have already been tried. 3. Document the behaviour that indicates that the practice is necessary. 4. Report concerns immediately to your supervisor. <p>After using a restrictive practice:</p> <ol style="list-style-type: none"> 1. Ensure the safety of the person with the help of relevant personnel. 2. Complete necessary documentation on the use of the practice. 3. Review with the person's care team the effects and possible future use of the practice.

Ethical Considerations

The UN Convention on the Rights of Persons with Disabilities protects people receiving support from the following:



As such, any use of restrictive practice must still uphold the person's dignity. Before using a restrictive practice, consider the following:

Is it demeaning or humiliating?

Does it involve intimidation?

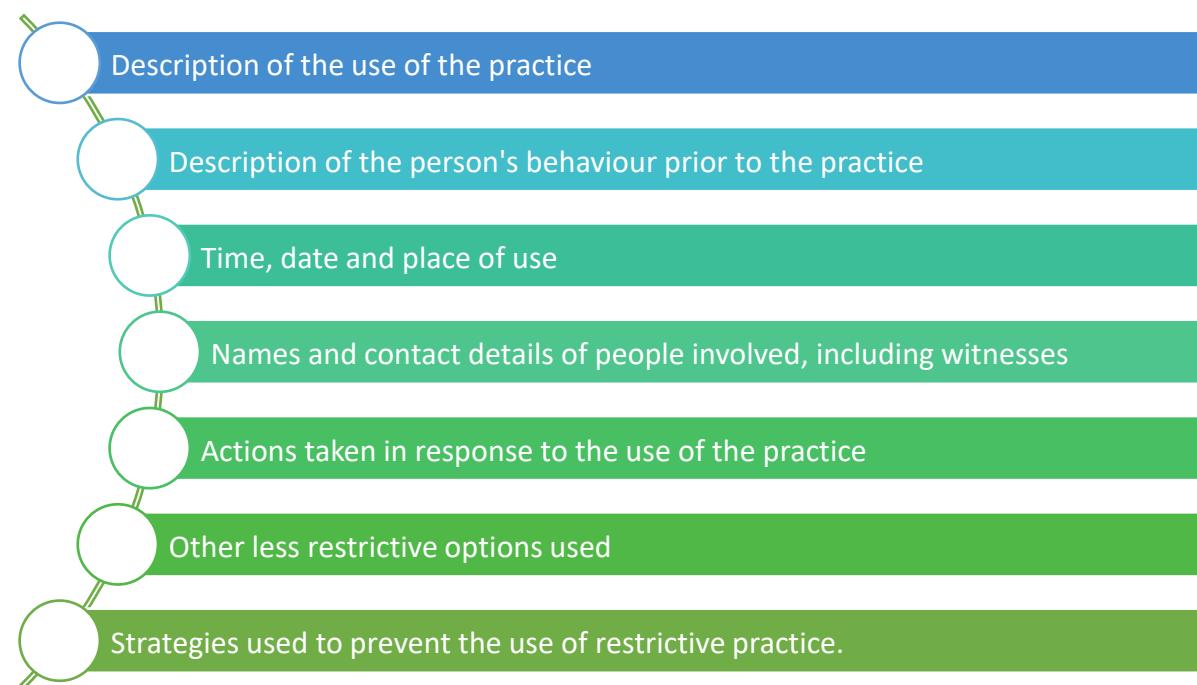
Does it deny the person their basic rights?

Will it cause the person further distress?

If the answer to any of the questions above is 'yes', then the practice is unethical. In these instances, you must come up with a better way to address the issue.

Documentation Requirements

You must document any use of restrictive practices on an older person. In the NDIS Rules legislation, it states that the documentation must include the following:



Providers must keep such records for up to seven years after making them.

Based on content from the Federal Register of Legislation at 16 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au/>. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, used under CC BY 4.0.

Using Positive Strategies To Eliminate The Need To Use Restrictive Practices

As mentioned before, restrictive practices restrict the person's rights or freedom of movement. Using such practices has several risks that can negatively impact the person's wellbeing. Restrictive practices can cause:

- Serious physical injury or death
- Psychological harm (e.g. trauma, fear, shame, anxiety, depression, and loss of dignity)
- Damage between the relationship of a person and their carers
- Increased power imbalances
- Feelings of helplessness
- Loss of independence

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

- The right to be free from violence and abuse, and torture or cruel, inhuman or degrading treatment
- The right to physical and mental integrity, liberty and autonomy

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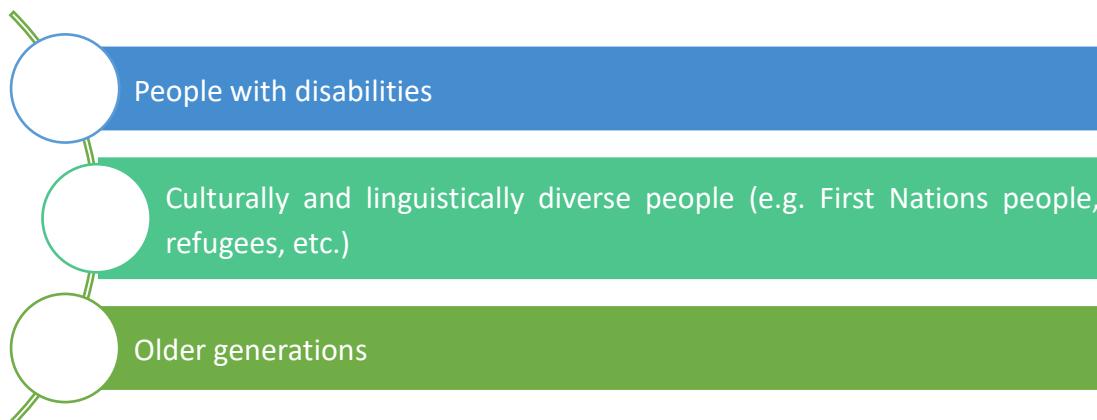
In response, the following strategies are used to reduce and eliminate the use of restrictive practices:



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

The approach also considers life experiences across different generations. There is a long history of restricting the rights or freedom of certain people in society, such as people with disabilities. Many people continue to feel the effects of such historical restrictions.

As such, there must be consideration of the experiences of systemic discrimination against:



- **National strategies** – There have been three national agreements to reduce or eliminate the use of restrictive practices in Australia:
 - In 2005, Health Ministers agreed to reduce or, if possible, eliminate the use of some restrictive practices. This use is in mental health settings.
 - In 2014, Disability Ministers agreed to a national framework to be established. This is the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*.
 - In 2016, the *National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services* were established. The advisory council of Australian Health Ministers endorses them.
- **State and territory strategies** – States and territories usually authorise and regulate the use of restrictive practices. This is done through laws and policies. Below are examples.
 - Some states require service providers to get approval from a state-based senior practitioner. A Senior Practitioner's role is to ensure service providers follow the standards of using restrictive practices.
 - Guardianship laws also play a role in authorising restrictive practices. A *guardian* is someone with the power to make decisions for a person who is unable to do so themselves.
 - Mental health laws apply to the use of restrictive practices in mental health settings. This includes the use of seclusion and forcing people to take medication to change their behaviour.

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Further Reading



You can read more about positive strategies to minimise the use of restrictive practices in the toolkit below. It also contains a comprehensive list of current guidelines and references:

[Clinical strategies to minimise the use of restrictive practices](#)

Checkpoint! Let's Review



1. When providing support to clients, always remember that they must be assisted to take control of their life. To do so, you must consider your duty of care and the dignity of risk to your clients.
2. To provide support according to considerations of duty of care and dignity of risk, you must encourage your clients to make their own choices and decisions.
3. It would be best if you remembered to support clients by maintaining their privacy. This can be done by asking for their informed consent.
4. Restrictive practices are interventions that limit the movement of a person. Ideally, this is done as a last option and only to ensure the safety of everyone involved.



2.6 Assist in Maintaining a Safe Environment According to Requirements

A person's environment is made up of the things, people and culture that surround them. Both a person's physical and social environments are important for their wellbeing. For any person, a good environment should do the following:

Meet the person's needs

Make the person feel safe

Make the person feel supported

For people receiving support, their environment is even more important. An unsafe or unhealthy environment may cause them anxiety and distress. Their surroundings should keep them safe. The people around them should spot anything that can pose a danger to them. This will help them feel comfortable as they go through their support activities. That is why it is important to ensure a safe and healthy environment for your clients.

A safe and healthy physical environment for clients is one that does the following:

- Accommodates their physical needs:
 - Wide and open enough for wheelchairs and walkers to pass through
 - Free from clutter and other dangerous objects that they can trip over
 - Has minimal sharp edges they can hit if they are prone to falling
 - Has furniture that is comfortable for them
- Does not have too much stimulation:
 - Free from very loud noises
 - Does not have overly bright lights
 - Does not have too many people or animals around
- Allows them to navigate independently as much as possible:
 - Has clear signs and pictures that they can use to identify where they are
 - Has equipment and facilities they can easily use

A safe and healthy social environment for clients is one that does the following:

- Provides mental stimulation:
 - Has opportunities for the client to socialise
 - Offers activities that the client can do
 - Allows them to keep their mind active
- Provides emotional support:
 - Has people who understand how to interact with them
 - Has easily accessible care workers who can help meet their needs
 - Surrounded by people who are patient and comforting
- Upholds their rights:
 - Protects them from abuse and discrimination
 - Allows them to make choices and take control

Providing Assistance To Maintain a Safe and Healthy Environment

A *safe environment* is one where there are no threats to a person's safety. If any threats do exist, they are managed and controlled. Living in a safe environment creates a sense of security. A *healthy environment* is one where there are no threats to a person's health. It is an environment where a person is surrounded by clean air, food, shelter and more.

To provide assistance to maintain a safe and healthy environment, you can do the following:

- **Ask the client and their support team what assistance is needed.** To do that, you can ask questions such as the following:

What must be in the client's environment for them to feel safe?

What must be in the client's environment for them to feel healthy?

What must be in the client's environment for them to feel comfortable?

Is there anything in the client's environment that is currently making them feel unsafe or unhealthy?

- **Inspect the client's environment for any signs of actual or potential risks.** Refer to Subchapter 3.2 of this Learner Guide for further discussion.

- **Make sure that the client has physical access to safe and clean spaces for physical activities.** Regular physical activities help improve a person's physical and mental health. These activities also decrease the chances of the development of chronic illnesses.
- **Support the client's use of their assistive technology.** This means understanding how to use the client's assistive devices, aids and equipment.
- **Determine if the client needs any modifications made to their environment.** These include installing any assistive device or equipment. Refer to Subchapter 2.2 for the scope and breadth of assistive technology.
- **Follow your organisation's policies and procedures.** Perform your role to the best of your abilities, such as:
 - Provide assistance according to the duty of care and dignity of risk considerations
 - Seek support from other support staff and supervisors in situations outside your job role
 - Report any situation of risk or danger

2.6.1 Policies and Procedures for Infection Control

Infection control means preventing or stopping the spread of infection in healthcare settings. An infection occurs when germs enter the body and increase in number. This causes a reaction in the body. Three things are necessary for an infection to occur:

Source

- Place, person or thing where bacteria can be obtained from

Susceptible host

- A person who can be easily infected or harmed when they come into contact with the source
- A person with a weakened immune system

Transmission

- The way the bacteria enters the susceptible host's body (i.e. Touching something that is contaminated)

As a care worker, you must be familiar with your organisation's policies and procedures for infection control. These should contain the sets and series of actions to prevent the transmission of infectious agents. You need to know this since infections can spread quickly. It can spread between clients, their families, and their carers. It would also endanger others in the workplace. Infections can also spread from clients to health professionals and other support workers. This incident may result in hospitalisation and fatalities of your client and other people they come in contact with.

You can use different prevention strategies to follow infection control procedures. These strategies involve the use of standard and additional precautions.

Standard Precautions

Standard precautions are infection control practices you can employ during your day-to-day tasks. These are practices that you carry out on a routine basis and offer a minimum level of protection. You use these precautions before and after administering medicines through any route. *Administration routes* are the ways a medication can enter the client's body.

Standard precautions include the following:

- **Correct handwashing techniques**

Hands can quickly become contaminated when in contact with a client, the environment, or your other colleagues. Make sure to practice hand hygiene before and after administering medications.

Handwashing involves using soap and water to clean the surface of the hands. You can do this via the following steps.

- Wet hands under running water and apply soap.
- Rub hands for 20 seconds and make sure that the soap and water reach all parts of the hand.
- Rinse hands thoroughly with running water and dry with clean towels.



Further Reading



There are more details about hand hygiene in Australia's National Hand Hygiene Initiative (NHHI) User Manual:

[National Hand Hygiene Initiative \(NHHI\) User Manual](#)

▪ **Glove usage**

This item is a type of personal protective equipment (PPE) that covers the hands. There are sterile, non-sterile and utility gloves. When using gloves, you must:

- Wash hands after removing gloves
- Change between clients or after each procedure
- Wear gloves upon entering the client's area and remove them before leaving the area.

Only utility gloves (used for cleaning and housekeeping) can be reused.

▪ **Awareness of how infection is spread**

In this part, let us cover the different ways infection can be spread. Having an awareness of how this happens can help you prevent cross-infection. The different ways infection can spread can be found in the table below.

Ways Infection is Spread	Explanation
Droplets in the air	When someone sneezes or coughs, they release droplets into the air. These droplets travel some distance before falling onto the ground. They can spread by being inhaled or touched.
Aerosols	This is spread by sneezing, coughing, speaking or breathing particles. These particles breathed into the air are known as aerosols. Unlike droplets, they can travel at a longer distance. They also can stay in the air for an extended period. Another person can get infected by breathing in aerosols.
Feces	Feces can transmit infectious agents from one person to another via physical contact. Some can directly touch feces and then their mouth, or someone can touch a surface with even microscopic amounts of feces and then touch their mouth.
Skin	Infection can be spread directly via physical contact or indirectly by touching infected surfaces. Infection can also spread by having contact with someone's mucous membrane. These membranes are moist linings of a person's body found in the nose, mouth and genitals.

Ways Infection is Spread	Explanation
Bodily fluids	Infection can spread by coming into contact with the bodily fluids of an infected person. Bodily fluids may include urine, blood, saliva, breast milk, vaginal secretions, and semen.
Water and food	Food and water can be contaminated with infectious microorganisms. At times, some fecal matter may also be found in food and water.
Pregnancy	Infections can spread from the mother through the placenta of the fetus.
Animals	Insects and other animals can carry certain diseases. These can be transmitted through bites, scratches and other forms of physical contact.

▪ Managing the physical environment

As mentioned in the previous point, infections can be transmitted through touching surfaces. Environmental cleaning is done in two ways:

- Cleaning minimally touched surfaces (e.g. ceilings, floors, walls and windows)
 - Diluting a detergent as per the manufacturer's instructions to clean general surfaces
 - Damp mopping
 - Cleaning window blinds and walls when visibly dusty or dirty
 - Regularly changing window curtains
 - Routinely cleaning sinks and basins
- Cleaning frequently touched surfaces (e.g. doorknobs, bedrails, light switches and tables)
 - Choosing a detergent depending on the type of surface and the likely degree of contamination
 - Using a TGA-approved disinfectant if the surface has been contaminated by blood and bodily fluids—these must also be used when there is an infectious outbreak

■ Respiratory hygiene

So far, you have already learnt that infection can spread via droplets and aerosols. Respiratory hygiene will help prevent that. You can observe respiratory hygiene in the following ways:

- Cover your mouth and nose when coughing and sneezing.
- Use a tissue to contain respiratory secretions.
- Dispose of tissues immediately in waste bins.
- Practice hand hygiene.
- If your hands are not clean or have not been washed, do not touch the mucous membranes of your mouth, eyes and nose.
- Healthcare facilities separate clients with known or suspected respiratory infections from other clients.

■ Waste management

You can manage waste in the following ways:

- Hand hygiene
- Following your organisation's waste management plan and segregation methods

Waste management legislation and regulations vary per state and territory. The following table lists Australian state/territory resources for managing waste:

State/Territory	Legislation
Australian Capital Territory	Clinical Waste Act 1990
New South Wales	Protection of the Environment Operations Act 1997
Northern Territory	Waste Management and Pollution Control Act 1998
Queensland	Environmental Protection Act 1994
South Australia	Environment Protection Act 1993
Tasmania	Environmental Management and Pollution Control Act 1994
Victoria	Environment Protection Act 2017
Western Australia	Environmental Protection Act 1986

Additional Precautions

Additional precautions are also known as ‘transmission-based precautions’. These are used on top of standard precautions when standard ones are found insufficient. Additional precautions are usually used when a client is suspected or known to be infected with something. Standard precautions, on the other hand, are consistently applied.

Additional precautions include the following:

- **Contact precautions**

These precautions are used on top of standard precautions to reduce infections transmitted via direct and indirect contact. This precaution is for clients known or suspected of having an infectious disease, especially a multi-resistant organism (MRO). MROs are bacteria resistant to certain antibiotics, making them difficult to control.

Contact precautions may include the following:

Separating the client from other clients and placing them in single-patient rooms

Keeping client beds at least one metre apart in healthcare facility settings

Making sure that equipment, medication and items are exclusive to the client

Using PPE such as aprons, gowns, gloves and masks

Minimising the number of times the client is transferred

- **Droplet precautions**

These precautions are used to reduce infections transmitted via respiratory droplets. Transmission through droplets requires close contact since, unlike aerosols, droplets cannot travel far.

Droplet precautions may include the following:

- Using the appropriate PPEs, such as masks
- Separating clients on droplet precautions from those not on droplet precautions
- Placing clients with an excessive cough in single-patient rooms
- Informing the client about hand and respiratory hygiene
- Keeping clients one metre apart to reduce infections

- **Airborne precautions**

These are additional precautions that are used against infections transmitted via aerosols.

These precautions may include the following:

- **Using the appropriate PPE, specifically P2 respirators** – These offer more protection than surgical masks. P2 respirators filter out fine particles from the air, such as aerosols. These must be fitted correctly.
- **Using a negative pressure room in a healthcare facility setting is ideal for clients that may transmit aerosols** – This means that the air pressure in the room is lower than the air pressure outside. So whenever the door is opened, aerosols will not escape into the air outside.
- **Minimising exposure of the infected client to other people**

Based on material provided by the National Health and Medical Research Council. Australian Guidelines for the Prevention and Control of Infection in Healthcare, used under CC BY 4.0.





Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on infection control through the link below:

[Lotus Compassionate Care Handbook](#)

(username: xxxx password: xxxx)



Further Reading

NSQHS Standards were developed to ensure national consistency regarding health consumers' level of care. You may go through this link to read about their standard on infection control:

[2021 Preventing and Controlling Infections Standard](#)



Checkpoint! Let's Review

1. A person's environment is made up of the things, people and culture that surround them. Both a person's physical and social environments are important for their wellbeing.
2. A safe environment is one where there are no threats to a person's safety. If any threats do exist, they are managed and controlled. Living in a safe environment creates a sense of security.
3. A healthy environment is one where there are no threats to a person's health. It is an environment where a person is surrounded by clean air, food, shelter, and more.
4. Infection control means preventing or stopping the spread of infection in healthcare settings. An infection occurs when germs enter the body and increase in number. This causes a reaction in the body.



2.7 Seek Assistance From Supervisor as Necessary

A care worker can find it challenging to work with a person with various symptoms and sensitive medical conditions. Multiple factors can pose challenges for a care worker when providing support services. Consider the following examples:

- An aged care worker would find it challenging to educate an older person with traumatic brain injury about their rights and needs. This is because their memory and ability to process information are affected by their condition.
- A disability support worker may not assist a child with Down syndrome in basic social skills. This is because the child's parents do not wish for their child to interact with others.
- A personal care worker who does not know Auslan or other communication methods may have difficulty assisting a nonverbal person.

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

It would be best to seek assistance from your supervisor when it is not possible for you to provide the required support. It would be much better to ask for help. This lessens the risk of endangering your clients or adversely affecting their wellbeing.

You can refer to the following procedures when seeking assistance from your supervisor:

1. Identify what you need help with.

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

2. Politely ask for assistance.

You must seek help in a polite manner. Remember that it is you who approached them for help and that you may be causing an inconvenience. You may also schedule a formal meeting if necessary.



3. Describe your issue clearly, briefly, and honestly.

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

4. Let your supervisor guide you.

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



Checkpoint! Let's Review

1. A care worker can find it challenging to work with a person with various symptoms and sensitive medical conditions. Multiple factors can pose challenges for a care worker when providing support services. These factors can contribute to poor quality care that can endanger a person.
2. When you cannot provide your clients with the required support, seek assistance from your supervisor. Doing so lessens the risk of endangering your clients or adversely affecting their wellbeing.



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. Monitor Support Activities



In the previous chapter, you learnt how to provide support services by doing the following:

- Providing support according to the following:
 - The person's plan, preferences and strengths
 - Organisational policies and procedures
- Providing assistance, according to various requirements, to the person with:
 - Taking pre-packaged medication
 - Maintaining a safe and healthy environment
 - Maintaining their privacy
- Identifying and supporting the person's use of assistive technologies in meeting their needs
- Respecting and including the carer, family and others identified by the person as part of the support team.
- Seeking assistance from the supervisor when it is not possible to provide the required support.

Now, you must be able to monitor the support activities of the people receiving support.

Monitoring refers to observing the person's progress with the provided support services. This is the first step in ensuring that their individualised plan is effective. You must be able to track what is and is not working well in the plan. Doing so will ensure that the former is further developed while the latter can be addressed. What you will monitor can be used to improve and maintain their wellbeing. This information can also ensure that their rights are respected by all those involved in providing their support.

In this chapter, you will learn how to monitor the support activities of people under your care. To do so, you will learn how to:

- Monitor own work
- Identify, respond to and report situations of risks
- Involve the person in discussions and identify need for changes
- Identify, report and refer signs of additional or unmet needs of the person
- Identify and report gaps in assistive technology needs
- Support and respect the person during discussions



3.1 Monitor Own Work

As a care worker, you must ensure that the support you provide is within a quality framework. A framework is a set of ideas, concepts, findings and laws that support and regulate a system. In the context of individualised support, these are your organisation's policies and procedures. All people under your care must receive the same standard of support. As such, you must be able to monitor your work to ensure that the required standard of support is maintained.

The standards of support depend on the service delivery model of your organisation. A *service delivery model* describes:

- The type of services the organisation provides
- How the organisation will provide their services to their clients.

This model depends on the sector the organisation belongs to. There are many organisations within the individualised support sector. Some organisations are government-run, while others are private-profit and non-profit organisations. However, all organisations aim to deliver the best care service for all Australians.

Refer below for the service delivery models in the individualised support sector.

Home care service model

Residential care service model

Respite care service model

Community support service model

- **Home care service model** – Organisations using this model provide services to clients who are able to live in their own homes but require some help. Care workers of these organisations can:
 - Visit the homes of the client during the day to check up on them
 - Visit clients a few times a week to help them with instrumental daily living activities, such as grocery shopping
 - Stay in the client's home to provide full-time assistance if the client has severe needs

- **Residential care service model** – Organisations using this model provide services to clients who are no longer able to live independently at home. Care workers of these organisations can:
 - Provide personal and clinical care for clients in residential facilities
 - Facilitate group activities for clients to help them socialise and exercise
- **Respite care service model** – Organisations using this model provide services to clients who need support for a set period of time. Care workers of these organisations can:
 - Assist clients in restoring their independence in performing daily tasks
 - Help clients recover after a stay in the hospital
 - Provide respite to the clients and their primary caregivers by enabling the caregivers to take a short break
- **Community support service model** – Organisations using this model provide services to clients who wish to participate fully in their communities. Care workers of these organisations can:
 - Handle social or educational programs where clients can participate
 - Assist clients in applying for work within their communities
 - Provide leisure or recreation activities appropriate to the needs of clients
 - Promote healthy activities for clients to increase their wellbeing



3.1.1 Standards of Support

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

All care workers are expected to deliver consistent quality care. As such, there are standards set that a care worker must follow when providing support. These include the following:



- **Legislated and statutory standards** – These are required by established laws and rules. A state or territory sets these laws and regulations.
- **Professional standards** – These define the nature and quality of care provided. Professional standards guide the practice, interactions and relationships of a care worker.
- **Ethical standards** – These are established by an organisation to communicate their moral values. They serve as a reference during decision-making and guide a support worker's behaviour.

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

1. **Rights** – The service promotes the individual human rights of the person.
2. **Participation and Inclusion** – The service works with the person and their support system to promote opportunities to take part in society.
3. **Individual outcomes** – Services and supports are assessed, planned, delivered and reviewed based on the strengths and goals of the person.
4. **Feedback and complaints** – Regular feedback is sought and used to inform person and organisation-wide service improvement.
5. **Service access** – The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service management** – The service has effective and accountable service management and leadership in maximising outcomes.

*Based on National Standards for Disability Services, used under CC BY 3.0 AU.
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Refer to the table below on how you may comply with the six national standards.

Standard	How to Comply
Rights	<ul style="list-style-type: none"> ▪ Treat your clients with dignity and respect. ▪ Recognise your clients' freedom of expression. ▪ Recognise the role of the support system of your clients in protecting and upholding their rights. ▪ Support your clients to make informed decisions and understand their rights and responsibilities. ▪ Report any breach of rights according to organisational policies and procedures. ▪ Support your clients with information and access to legal advice and advocacy groups. ▪ Keep your clients' personal and sensitive information confidential and private.
Participation and inclusion	<ul style="list-style-type: none"> ▪ Actively promote the valued role that your clients choose in their communities. ▪ Work together with your clients to connect with family, friends, and their chosen communities. ▪ Understand and respect the interests of your clients with their community participation. ▪ Work with the support system of your clients to promote their inclusion and participation in their communities. ▪ Work with other organisations to support your clients to actively participate in their communities. ▪ Use strategies to promote community participation for Aboriginal and Torres Strait Islander people.

Standard	How to Comply
Individual outcome	<ul style="list-style-type: none"> ▪ Work together with your clients to identify their strengths, needs, and goals. ▪ Plan the service provision with your clients. ▪ Be responsive to diversity, including disability, age, gender, culture, and other relevant factors.
Feedback and Complaints	<ul style="list-style-type: none"> ▪ Support your clients and their support systems to provide feedback or make complaints freely ▪ Communicate mechanisms for feedback and complaint resolution to your clients. ▪ Resolve complaints with your clients and their support systems in a timely manner. ▪ Seek and review feedback on service provision with your clients on a regular basis. ▪ Develop a culture of continuous improvement. ▪ Effectively manage disputes.
Service access	<ul style="list-style-type: none"> ▪ Seek and use input from your clients to ensure access is fair, equal and transparent. ▪ Provide accessible information about the types and quality of services available. ▪ Monitor and address potential barriers to access. ▪ Clearly explain when a service is not available. ▪ Collaborate with other organisations to establish and maintain a referral network.
Service management	<ul style="list-style-type: none"> ▪ Comply with legislative, regulatory and contractual requirements. ▪ Maintain organisational capabilities to support your clients in achieving their goals. ▪ Use person-centred approaches to review own practice and service provision.

On the other hand, an aged care worker must follow the Aged Care Quality Standards. These include eight standards that apply to aged care service providers:

- 1. Consumer dignity and choice** – The service treats consumers with dignity and respect, allowing them to make informed choices about their care and service.
- 2. Ongoing assessment and planning with consumers** – The service treats consumers as partners in ongoing assessment and planning that helps them get the care and services they need for their health and wellbeing.
- 3. Personal care and clinical care** – The service delivers safe and effective personal care, clinical care, or both in accordance with the consumers' needs, goals and preferences.
- 4. Services and supports for daily living** – The service provides safe and effective services and supports for daily living that optimises the consumers' independence.
- 5. Organisation's service environment** – The service provides a safe and comfortable service environment that promotes the consumer's independence and enjoyment.
- 6. Feedback and complaints** – The service regularly seeks input and feedback to inform continuous improvements for individual consumers and the whole organisation.
- 7. Human resources** – The service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality services.
- 8. Organisational governance** – The service's governing body is accountable for the delivery of safe and quality care and services.

Based on [Aged Care Quality Standards fact sheet](#), used under CC BY 4.0.
 © Commonwealth of Australia

Refer to the table below on how to comply with each standard:

Standard	How to Comply
Consumer dignity and choice	<ul style="list-style-type: none"> ▪ Treat clients with respect. ▪ Value clients' culture and diversity. ▪ Support clients to make decisions for themselves. ▪ Help clients live their best lives.
Ongoing assessment and planning with consumers	<ul style="list-style-type: none"> ▪ Consider risks to clients' wellbeing. ▪ Assess clients' condition when planning for care. ▪ Evaluate the organisation's services for effectiveness. ▪ Inform clients about their care and services.

Standard	How to Comply
Personal and clinical care	<ul style="list-style-type: none"> ▪ Provide clients with the best care to meet their needs. ▪ Monitor clients' condition and respond to changes. ▪ Control health risks related to infection. ▪ Refer clients to appropriate services when needed.
Services and support for daily living	<ul style="list-style-type: none"> ▪ Provide services such as food, home assistance and recreation. ▪ Support clients to take part in their community. ▪ Ensure provided meals are healthy and enough for each client. ▪ Ensure provided equipment is safe and updated.
Organisation's service environment	<ul style="list-style-type: none"> ▪ Ensure the environment is safe, welcoming and comfortable. ▪ Provide accessible furniture and equipment. ▪ Provide clients with opportunities to move freely.
Feedback and complaints	<ul style="list-style-type: none"> ▪ Encourage clients and their carers to give feedback and express complaints. ▪ Give clients ways to express their opinions. ▪ Resolve any complaints from clients. ▪ Improve services based on clients' feedback.
Human resources	<ul style="list-style-type: none"> ▪ Hire enough workers to provide care for every client. ▪ Ensure that workers are respectful and caring towards clients. ▪ Train workers so that they have the required qualifications to work in aged care. ▪ Evaluate workers regularly to ensure good performance.
Organisational governance	<ul style="list-style-type: none"> ▪ Create a safe and inclusive organisational culture. ▪ Manage the organisation well. ▪ Establish good risk management plans.



Further Reading

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

[The NSQHS Standards](#)

3.1.2 Monitoring Own Work to Ensure the Standard of Support is Maintained

Consider the following when monitoring your own work to ensure the required standard of support is maintained:

- **Regularly review your organisation's policies and procedures.** Your organisation should have policies and procedures to comply with the standards of support set by the government. As such, reviewing the policies and procedures aids you in ensuring that your clients' support activities meet the standards of support.
- **Ask your supervisors and co-workers for their observations.** There are two types of observation:

Direct observation

The observer is present and directly watching and guiding the person being observed.

Indirect observation

The observer is easily reachable but not directly watching the person being observed.

When asking for observations from your supervisors and co-workers, make sure to ask them for comments on the following:

How you perform your tasks

How you interact with your clients

How you interact with the support team of clients

How you behave in specific situations.

- **Ask for feedback from your clients.** Remember that your clients are the primary target of your service delivery. That is why their feedback should be sought during the delivery of their care. Their feedback will be crucial in determining whether you have met the standards of support. When seeking feedback from clients, you may have formal and informal interviews with them. You may also conduct a survey with clients to ask them about their care.

In your questionnaire or interview, you may ask clients questions like the following:

- How well did I deliver your care?
- Was I able to communicate with you clearly?
- Did I assist you in understanding tasks or activities that you found challenging?



If clients find it uncomfortable to share their opinions with you, you may ask your supervisor or co-workers to conduct the interview or survey on your behalf. You may also consider conducting a survey where you will not know the names of those who answered the survey.



Lotus Compassionate Care

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

[Lotus Compassionate Care Handbook](#)

(username: xxxx password: xxxx)



Checkpoint! Let's Review

1. All people under your care must receive the same standard of support. As such, you must be able to monitor your work to ensure that the required standard of support is maintained.
2. A standard is an established document that sets out rules to ensure quality. Standards provide a basis for people on what they should expect from a product, service, or system.

3.2 Identify, Respond to and Report Situations of Risks



Anytime someone is under the care of another person, they may experience situations of potential or actual risk. *Risk* is the likelihood that something will harm or affect a person's safety and wellbeing.

Situations of potential risk are instances where there is a possibility that a person will be exposed to harm. However, there is no confirmation that this harm will occur. On the other hand, *situations of actual risk* are instances where there is a confirmed possibility. If a situation of actual risk occurs, it is very likely that the person will be harmed in the situation.

Identifying situations of potential or actual risk is important so that the situation can be responded to immediately. As a care worker, you must learn how to recognise when your clients are in these situations of risk and respond within the scope of your job role. You should also know your organisation's policies and procedures for reporting situations of risk. This is important in protecting the physical and mental wellbeing of your clients. Failure to do so will lead to your clients experiencing further danger, harm, or even loss of their lives.

3.2.1 Situations of Potential or Actual Risk

A care worker must always be on the lookout for situations of potential or actual risk. To do so, one must be familiar with the different kinds of hazards. A hazard is any source that can potentially harm or affect a person. A person will be in a situation of risk if they are exposed to a hazard. Therefore, you must be able to identify any hazards in the environment.

Common examples of hazards include the following:



- **Safety hazards**

- Anything that can cause spills or trips
- Anything that can cause falls
- Unguarded dangerous objects that a person can accidentally touch
- Electrical hazards
- Confined spaces

- **Biological hazards**

- Fungi/mould
- Bacteria and viruses
- Body fluids (e.g. blood, mucus, etc.)
- Continence waste

- **Environmental hazards**

- Extreme temperatures
- Dangerous levels of loud noise
- Extreme low or bright light
- Dangerous people or animals

- **Ergonomic hazards**

- Frequent lifting
- Poor posture
- Awkward movement
- Excessive force

- **Chemical hazards**

- Liquids (e.g. cleaning products, paints, etc.)
- Flammable materials (e.g. gasoline, solvents, etc.)
- Medication

Hazardous Manual Handling Scenarios

Manual handling is any activity that requires the use of force by a person to move something or someone. This includes actions such as lifting, lowering, pushing, pulling and restraining.

Hazardous manual handling refers to handling that has characteristics such as:

- Repetitive or sustained use of force
- Sustained awkward posture
- Repetitive movement
- Application of extreme force
- Manual handling of loads that are unstable or difficult to grasp and hold
- Manual handling of live people or animals.

Hazardous manual handling can cause injuries to you or the client, such as:



Each instance discussed in Section 2.1.7 can be categorised as a scenario of hazardous manual handling. Examples of these scenarios include the following:

- **Using transferring aids**
 - Moving clients using a hoist, sling or lifter
 - Clients falling off of the transferring aids
 - Care workers lacking the strength or training to use transferring aids
 - Lack of space to use the transferring aids
 - Spread of infection due to lack of cleaning between uses

- **Transferring the client from seated to standing and between bed and chair**
 - Applying excessive pressure on the client's armpits
 - Using the gait belt on patients who are unable to tolerate the pressure of the belt
 - Clients getting dizzy and lightheaded as they are not used to getting up
 - Care workers lacking the strength to support clients while standing
- **Transferring the client in and out of a car**
 - Applying excessive pressure on the client during the transfer
 - Clients hitting their heads on the roof of the car
 - Not applying the brakes on wheelchairs

As these scenarios present risks to clients and those involved in manual handling, they are considered situations of risk. There are procedures for handling hazardous manual handling scenarios. These procedures are discussed in the next section.

3.2.2 Recognising and Responding to Situations of Potential or Actual Risk

To respond to situations of potential or actual risk, you must understand risk management. *Risk management* is the process of identifying, assessing and controlling the risk of hazards. This is done by considering the risk factors of each hazard found in the workplace environment.

Below is the process of risk management:



Hazard Identification

The first step to managing risk is identifying all hazards within the environment. This also includes identifying all possible events in which risk is presented.

To identify possible situations of risk during support activities, you must monitor the following within the environment:

- Substances used by clients and other staff (e.g. cleaning products, medication, etc.)
- Equipment used by clients and other staff (e.g. assistive technology, maintenance tools, electric appliances, etc.)
- Moveable items used by clients and other staff (e.g. boxes, trolleys, wheelchairs, shower chairs, etc.)
- Other people

Other ways to identify hazards include the following:

- Completing incident reports (you can refer to Subchapter 4.3 of this Learner Guide for further discussion)
- Informally observing clients during their support activities
- Filing hazard logs (you can refer to the next section for further discussion)

Risk Assessment

Once you have identified the hazards within the environment, you must consider the severity of the harm that the hazard can cause and the likelihood of the harm occurring.

Doing so will allow you to identify whether the hazard presents a situation of potential or actual risk. There are hazards that have serious consequences. The likelihood of the hazard causing harm is very high. However, there are other hazards that have low consequences and the likelihood of causing harm. You must be able to assess each hazard to identify the level of risk. Doing so will allow you to identify what hazards must be prioritised and addressed. Consider the risk matrix table below to aid you in the assessment:

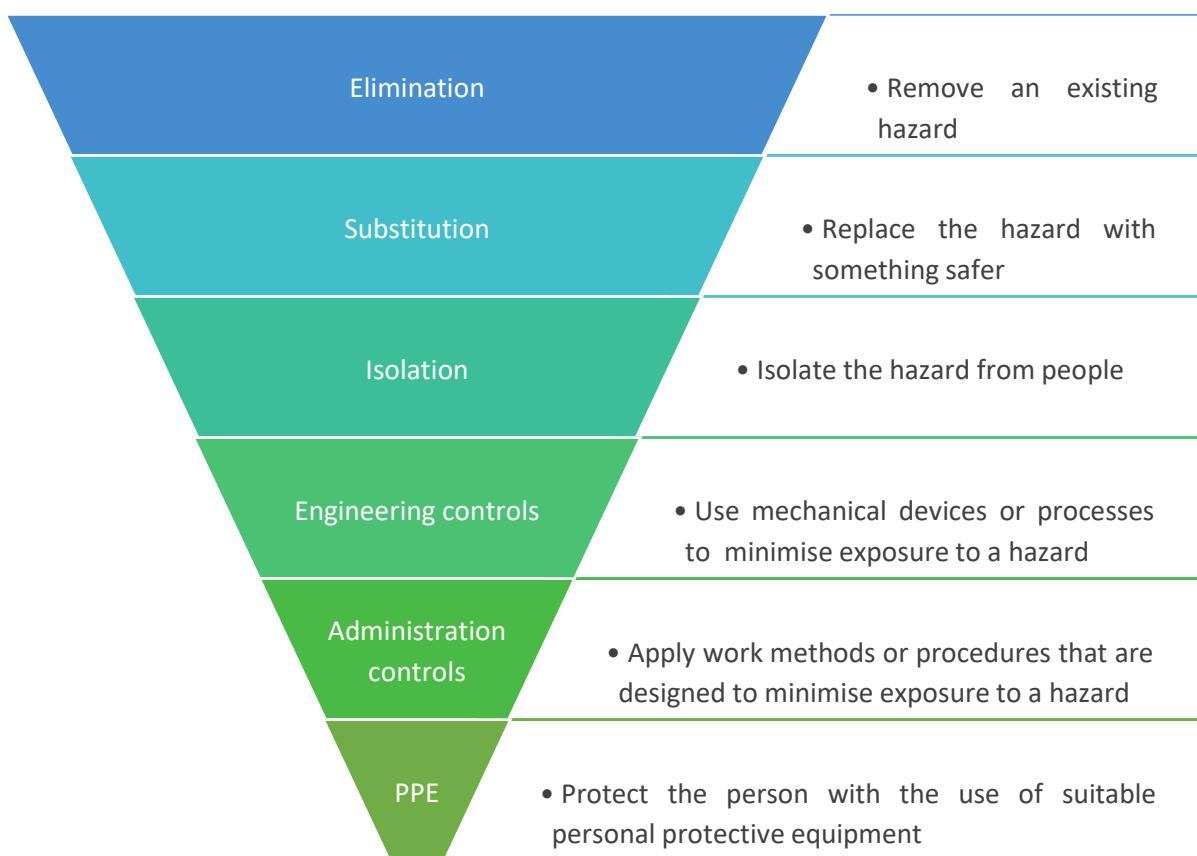
Consequence	Likelihood			
	Very Likely	Likely	Unlikely	Highly Unlikely
Severe Injury	High	High	High	Medium
Significant Injury	High	Medium	Medium	Low
Minor Injury	High	Medium	Medium	Low
Negligible	Medium	Medium	Low	Low

Risk Control

Once the hazards have been assessed their risk, you can proceed to risk control. This step requires a plan of action to eliminate or reduce the risk of harm with the high-priority hazards. The best practice for controlling risks is the hierarchy of controls.

Traditionally, a hierarchy of control is used as a means of determining how to implement feasible and effective control solutions. These control solutions should be used as ways to address the identified risks.

The concept behind this hierarchy is that the methods at the top of the hierarchy are potentially more effective and protective than those at the bottom. Following this hierarchy should lead to the implementation of safer systems. These systems should substantially reduce the risk of harm to high-priority hazards.



Based on [Model Code of Practice: How to manage work health and safety risks](#), used under CC BY 4.0. © Commonwealth of Australia.

Ideally, eliminating the hazard is the most desirable. The use of PPEs is considered the least satisfactory option. However, it is often necessary to use a combination of the remaining three controls to minimise the risk of the hazard.

Examples of each control include the following:

- **Elimination**

- Removing trip hazards on the floor
- Disposing of unwanted chemicals
- Not working in an isolated or remote area

- **Substitution**

- Replacing hazardous products with non-hazardous products (e.g. replacing solvent-based paints with water-based ones)
- Replacing parts of the environment that may cause a hazard to clients (e.g. replacing bathroom tiles with non-slip tiles)

- **Isolation**

- Installing guardrails around exposed edges and holes in floors
- Storing chemicals in a fume cabinet

- **Engineering Controls**

- Using trolleys or hoists to move heavy loads
- Installing sound-dampening measures to reduce exposure to unpleasant or hazardous noise

- **Administrative Controls**

- Developing procedures based on the relevant legislation for workplace and client safety
- Providing training and support for care workers and staff
- Using signs to warn people of a hazard

- **PPE**

- Providing carefully selected PPE suitable for each task, such as the following:

Gloves	Masks	Safety glasses/googles
Hearing protection	Non-slip shoes	Aprons

- Making sure PPE is correctly fitted and comfortable to wear

*Based on [Model Code of Practice: How to manage work health and safety risks](#),
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Monitoring and Review

The last step in managing risks is to monitor and review the changes made to control the level of risk. You must ensure that the methods used have been effective in minimising the risk identified in the hazard. You must also monitor for any new risks or hazards during the implementation of the control methods.

The key tool for monitoring and reviewing is the hazard log. This will be discussed in the next section, which will cover reporting situations of risk to supervisors.

Risk Management Considerations

The following must be taken into consideration when managing risks for clients:

Self-neglect	Behaviours of concern	Impaired judgement and problem-solving abilities	Impaired cognitive functioning
Sudden or unexpected change in health status, including sensory loss	Uneven floor surfaces	Physical obstructions (e.g. furniture and equipment)	Poor home maintenance
Poor or inappropriate lighting	Inadequate heating and cooling devices	Privacy and confidentiality risks due to inadequate security	Social rights infringements

3.2.3 Ways to Respond to Identified Risks

Consider below the examples of risks typical in individual support settings and what you can implement to minimise the risk.

Risk	Ways to Minimise Risk
Abuse, neglect and exploitation	<ul style="list-style-type: none"> ▪ Watch out for indicators of abuse/neglect (e.g. unexplained bruises, missing jewellery or cash, etc.). ▪ Follow organisational policies and procedures for reporting and documenting suspected abuse and/or neglect.

Risk	Ways to Minimise Risk
Social rights infringement	<ul style="list-style-type: none"> ▪ Support clients in accessing and using feedback and complaints systems. ▪ Support clients in understanding and exercising their own rights.
Fall risks	<ul style="list-style-type: none"> ▪ Conduct fall risk assessment according to organisational policies and procedures. ▪ Support the person and their carer in managing hazards that increase the risk of falling. ▪ Provide anti-slip mats, or support the person to use handrails (as per the individualised support plan). ▪ Follow transfer and mobility plans set out by allied health professionals and assist clients to use equipment

3.2.4 Reporting to Supervisor

All situations of risk must be reported according to organisational policies and procedures. This is essential in ensuring the effectiveness of risk management. One way to do so is by completing an incident report.

Incident reports are formal documents that record the detail of any unusual occurrence. These are events that may or may not have caused harm to a client, staff member, or equipment. Further discussion on how to complete an incident report can be found in Subchapter 4.3 of this Learner Guide.

Another way to report situations of risk is by completing a hazard log. A hazard log includes information on the hazards found in the workplace environment. This information includes the kind of hazard, the level of risk, and the action taken. Consider an example below.

Date of Report (Hazard Identification)	Kind of Hazard (Hazard Identification)	Priority Level (Risk Assessment)	Action Taken (Risk Control Method)

Whenever you identify a situation of risk, you must follow the reporting policies and procedures. This ensures that your report is properly documented. It also ensures that the situation will be properly addressed by you or other staff members. You may refer to Subchapter 4.2 of this Learner Guide for further discussion.

Multimedia



This video covers steps to report, investigate and review challenging behaviour in the workplace:

[Challenging behaviour and occupational violence - Reporting and notification](#)



Lotus Compassionate Care

Access and review Lotus Compassionate Care Handbook for the policies and procedures on no 'lifting' principles through the link below:

[Lotus Compassionate Care Handbook](#)

(username: xxxx password: xxxx)



Checkpoint! Let's Review

1. A care worker must always be on the lookout for situations of potential or actual risk. To do so, one must be familiar with the different kinds of hazards. A hazard is any source that can potentially harm or affect a person. A person will be in a situation of risk if they are exposed to a hazard.
2. To respond to situations of potential or actual risk, you must understand risk management. Risk management is the process of identifying, assessing and controlling the risk of hazards.



3.3 Involve the Person in Discussions and Identify Need for Changes

As mentioned at the start of this chapter, you must ensure that your client's individualised plan is effective. To do so, you must track what is and is not working well by observing a client's progress with the provided support services. Your observations can be used to further improve and maintain the wellbeing of your clients. Aside from these observations, you must also consider working with your clients in monitoring their support. This may be done by involving your clients in discussions about how their support services are meeting their needs.

Recall person-centred practice as discussed in Subchapter 1.3 of this Learner Guide. Person-centred support only works if it truly puts the person receiving support at the centre of all decisions. So, the client is both the recipient *and* source of their support services.

There is a tendency for care workers to not consider the opinions of their clients. However, this should not be the case. Clients are more capable of determining what opportunities they would like to take due to the following reasons:



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

Involving the client provides the following benefits:

- It frames the client as capable of making operational decisions rather than seeking help from others.
- It strengthens the client's understanding of their strengths and limitations.
- It encourages the client to take part in activities, routines and programs they choose.

3.3.1 Involving Clients in Discussions About Their Support Services

As mentioned before, one way of collaborating with your clients is by involving them in discussions about their support services. By involving your clients in these discussions, you can ensure that the client can properly communicate with you and anyone who is involved in their individualised plan. The client can directly confirm whether the support services are meeting their goals, needs and preferences. Their involvement can also ensure that any changes to be made in the individualised plan suit their preferences.

Examples of discussions you can involve clients in include the following:

Briefings

Debriefings

Emails

These examples were further explained in Section 2.4.2 of this Learner Guide.

During the discussion, you may ask questions about clients' experiences with their support services. You can ask the following questions:

Did the support services meet your needs, goals and preferences?

What need, goal or preference was not met by the support services?

What do you think should be done to address the unmet need, goal or preference?

Were there any issues regarding staff availability or resources needed?

How do the issues impact the effectiveness of the support services?

3.3.2 Confirming Any Requirements for Change

Requirements for change refer to an aspect of the individualised plan that has not met the client's goals, needs, or preferences. To identify any requirements for change, you may use the following strategies.

- **Review the individualised plan.** Recall the goals of the client mentioned in Section 1.2.3 of this Learner Guide. You can use these components as means to determine what requires changing. The goals define what needs to show to establish how well the support services work. Furthermore, it is also quantifiable, which makes it easier to track progress.
- **Observe the client.** As you aid the client, note your observations. These observations can include the following:

What parts of the support service challenge the client

How the client reacts during these challenges

How well the support service is for the client

- **Ask relevant personnel for their observations.** There are support activities that you cannot be present in. As such, make sure to ask for the comments of those present. These can include the client's carers, co-workers or service staff.
- **Interview the client's family and friends.** You may also ask about the observations of the client's family and friends. They are most likely with the client when you, their carers, or other support workers are not around. This is especially the case when the client lives in their own home. You may conduct formal or informal interviews as long as they can share their observations.

After you have identified the requirements for change, you should confirm that these aspects of the care plan do necessitate changes. This ensures that you and your client are on the same page regarding their care plan. Since they have an active role to play in the decision-making process, they should be aware of any changes that you intend to make. You can gain confirmation by doing the following:

1. Summarising your findings

The information you gained from observations and interviews is the foundation for changes in your client's care plan. Providing your clients with key points allows them to share their own input about the requirements for change. From there, they can confirm or deny the necessity of changes to their care plan. This will also help clarify things that may be unclear to you, such as why a particular care plan does not seem to work well for your client.

2. Asking appropriate questions

You need to determine how you can improve your client's care plan. This will require you to ask your client about their needs, goals and preferences that were not met. Ask them why they feel these things were not met. Ask them as well how they think these can be met. This will serve as your jumping point when you are deliberating with your client about modifications to their care plan. Make sure that the questions you ask do not make assumptions about the client.



It is best to use open questions as this encourages your client to talk in more detail. Avoid leading questions that prompt your client to give a particular response.

3. Presenting a modified care plan

Discuss the proposed changes to the care plan with your client and others involved in their care. Like summarising your findings, this also gives them an opportunity to provide input. This time their inputs will relate to how well the proposed changes can potentially meet the client's goals, needs and preferences.

4. Reaching an agreement

After discussions, you should discuss the final agreed points. This allows for last-minute changes in the care plan. Summarise key points once again and ask your client questions to assess their understanding of the care plan.

Best Industry Practices

You can also review current best practice approaches for the delivery of person-centred care when identifying requirements for change. These include the following:

- **Person's feedback reporting and complaints processing**

Collecting data on your clients' experiences with the service is vital. This is done by seeking their feedback and complaints. Analysing and using this data ensure that changes are made according to your client's needs and preferences. Considering their feedback and complaints also allows your clients to feel that what they say has value.

- **Person's access to information and education**

Recall how to comply with the standards of support as discussed in Section 3.1.1. To comply with the standard of rights, you must support your clients to make informed decisions. To do so, you must ensure that they have access to all relevant information and options for the decision. This means they are given information on the following:

- The possible outcomes of the decision
- The risks involved with the decision
- The effects that decision may have on their wellbeing

Aside from this, it is beneficial to provide the client with information and education programs on their conditions. Doing so will improve their understanding and ability to cope with their situation. These information and education programs may also help in reducing their anxiety and depression.



Your organisation may have their own policies and procedures for identifying requirements for change. These policies and procedures also reflect the industry's best practices. It is best to consult these when using the strategies to identify any requirement for change.



Further Reading

The Australian Commission on Safety and Quality in Health Care released a paper on person-centred care. The paper discusses several approaches and initiatives to improve quality and safety. You may access it through the link below:

[Patient-centred Care - Improving quality and safety through partnerships with patients and consumers](#)

Checkpoint! Let's Review



1. You must consider collaborating with your clients in monitoring their support. This may be done by involving your clients in discussions about how their support services are meeting their needs.
2. Involving your clients ensures that they can properly communicate with you and anyone who is involved in their individualised plan. The client can also directly confirm whether the support services are meeting their goals, needs and preferences.



3.4 Identify, Report and Refer Signs of Additional or Unmet Needs of the Person



By now, you may have observed that your clients may have additional or unmet needs. *Additional needs* refer to the changing needs of the client. These can include the following:

- **Change in barriers**

Recall the social model of disability as discussed in Section 1.2.1 of this Learner Guide. The model contextualises disability as the barriers people face in society due to their impairments. These barriers include:

- Attitudinal
- Communication
- Physical
- Policy

Barriers prevent people with disabilities from taking an active part in both society and their lives. Therefore, if there are any barriers your clients face, you must be able to identify and respond accordingly.

For example, say that a client who uses a wheelchair has to move to a new apartment building that does not have ramps to enter the building. This presents a new physical barrier to the client. As such, you or other relevant personnel may request the building to add ramps for the client.

On the other hand, a student with a hearing impairment may encounter learning video materials that do not include captioning. As this presents a communication barrier for the student, you may respond by asking the school support staff to address the challenge.

- **Change in interest**

As mentioned before, goals do not depend solely on a person's skills to live a quality life. They also rely on the person's level of interest.

The goals set can become less critical to a client over time. When they lose their importance, they may begin to feel burdensome for them to achieve. This leads to the person losing their motivation to accomplish the less exciting goals.

If you notice that a client has second thoughts on a particular goal, it is best to pause the plan. This is so that you can re-align their goals to their new interests. This way, you can adjust their plan according to what they currently value.

For example, say that a client originally wanted to improve their physical health by joining a gym. However, the client realises over time that they lost interest in going to the gym. To address this change, you may respond by asking the client what exercises they wanted while in the gym. This is so that either you or another support worker may assist the client in doing the exercises at home instead.

When the needs of the person change, you must be able to identify the change for the needs to be met. For example, a client will require more supervision and support if their impairment or condition becomes severe. On the other hand, a client may need less support if they show progress with their skills. In certain situations, you may need to apply changes such as the following:



- Change the client's medication
- Adjust the client's diet and physical program
- Adjust the client's use of assistive technology
- Modify the client's home for accessibility
- Additional provision of support services from other workers

Unmet needs, on the other hand, refer to the needs of clients that were not satisfied by their support services. When a person is not receiving something they need, it can cause pain and frustration. This is because they may not have the ability to provide these needs for themselves. As a care worker, you should know how to recognise signs when your client has an unmet need. Usually, indicators of unmet needs are seen through the client's behaviour.

Some behaviours are the results of unmet needs. These needs could be biological, emotional or social. If a person has a need that they cannot address, it causes stress. Stress can lead to negative behaviour. Identifying these behaviours will help you identify the person's unmet needs. This will then allow you to address those needs.

Below are a few examples of behaviours that may stem from unmet needs.

Unmet Need	Behaviours
Need for safety	<ul style="list-style-type: none"> ▪ Aggression The client may become aggressive towards the people around them. This can be a way of defending themselves from a perceived threat. They may not recognise that they are in a safe place. ▪ Avoidance The client may hide or run away from aged care workers or family members. These behaviours are also ways for them to protect themselves.
Need for food or water	<ul style="list-style-type: none"> ▪ Hoarding This happens if the client has experienced a significant lack of food or water. They may start hoarding or stealing food. This may be because they believe that they will not have enough.
Need to understand what is happening	<ul style="list-style-type: none"> ▪ Wandering When a client is confused about where they are, they may wander. This means they may walk around aimlessly and get lost. This may be a result of them looking for something familiar. ▪ Resisting care A client may not understand why someone is assisting them. This may lead to confusion about a care worker trying to feed or bathe them. They may resist care as a result of this confusion.

Recognising Signs of Additional or Unmet Needs



It is important for you to recognise when your clients are displaying signs of additional or unmet needs. Some behaviours are signs of additional or unmet needs. They are not just 'acting out' because they want to. Their behaviour comes from not being able to express their needs. Therefore, it is your job to recognise when they are acting a certain way. To do that, you can try the following strategies:

- **Keep track of the client's physical needs. Check if they have a biological need that is not being met.**
 - Are they eating enough healthy food?
 - Do they get enough sleep and rest?
 - Do they have appropriate clothing and shelter?
 - Are they receiving proper medical care?
- **Talk to the client or their carer regularly to check on their mental health.**
 - Are they able to express their emotions openly?
 - Do they have a history of mental illness?
 - Do they have people they can talk to on a daily basis?
 - Are they receiving therapy to cope with their disease?
- **When they show concerning behaviour, analyse what could be causing it.**
 - Have they shown this behaviour before?
 - Is this behaviour directed at a specific person or activity?
 - Did something happen recently that was different from their usual routine?

3.4.1 Ways of Responding to Additional or Unmet Needs

After recognising signs of additional or unmet needs, you must respond to them. The following are some examples of ways to respond to a client's additional or unmet needs:

Discussions

Reporting

Referrals

Discussions

Discussions refer to conversations with your clients regarding a specific topic. You may refer to Section 3.3.1 of this Learner Guide for types of discussions you can involve your clients in.

Set aside time to talk to your client when discussing additional or unmet needs. Assure them that they can open up to you. Ask the client if there is anything that they feel they are not getting. Regularly ask them how they are feeling and if they are okay. This can address their need for conversation and companionship. It can also help address their need to feel safe and cared for. Similarly, you can have discussions with the members of their support team who provide them with care at home. Ask questions to ensure that their needs are being met at home.

Reporting

Reporting can be done in two ways:

Verbal report to supervisor

Written report for documentation

▪ **Verbal report to supervisor**

- Inform your supervisor in person about the additional or unmet need you have noticed.
- Provide information about the factors that may have caused the additional or unmet need
- Consult with your supervisor about the steps that you can take to address the additional or unmet need.

▪ **Written report for documentation**

- After reporting the additional or unmet need to your supervisor, document it in the client's individualised plan.
- Your report must include the following:
 - The additional or unmet needs
 - When you recognise the additional or unmet needs
 - How these needs affect the client and others around them
 - Factors that may have caused these additional or unmet need
 - Steps were taken to address the factors that caused the additional or unmet need
- Save copies of your report according to organisational procedures.

Your organisation will have policies and procedures for reporting and documentation. Make sure to check them when reporting the additional or unmet needs to your supervisors. Refer to Subchapters 4.2 and 4.3 of this Learner Guide for further discussion.

Referrals

A *referral* is a process of connecting to other staff and support services outside of your area of expertise. Referrals are also made when a client challenges your ability to provide them with the support they need. A referral means asking other workers to handle their care delivery for a specific purpose.

Referrals can be categorised in two ways:

Warm Referral	Cold Referral
A care worker discusses how other staff or support services can provide the client to gain their consent. Once the client consents, the care worker contacts the other staff or support services. This is to determine if the client's needs can be met and set an appointment. The care worker may go with the client to the first meeting and follow up to see the referral.	A care worker provides only contact details and basic information about the other staff or support services. The client then can contact the other staff or services by themselves.

Your responsibility as a care worker is to use warm referrals to other staff and support services. Doing so will ensure that their additional or unmet needs will be met and supported accordingly.

3.4.2 Referring Clients According to Organisational Policies and Procedures

A care worker can find it challenging to work with various symptoms and acute medical conditions. The enormous responsibility to care for such a client can cause stress for less experienced care workers. Combined with a lack of experience, this can cause challenges in managing the client. These factors can contribute to poor quality care that can endanger a client.

Consider the following examples:

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

- They may have difficulty assisting a nonverbal client.

A disability support worker who has no training on learning disabilities

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

A aged care worker who has no epilepsy treatment and management training

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

It would be best to arrange for other staff to provide care in these scenarios and similar cases. It would be much better to refer the client to other staff. This lessens the risk of endangering the client or adversely affecting their wellbeing.

Other staff refers to any person in the workplace who may better understand the client's needs and may have worked with similar clients in the past. These staff can include:

- Other care workers who have roles similar or identical to yours
- Doctors, teachers, therapists, and other professionals who better understand the client's condition

You can refer to the following procedure when referring the person to other staff:

- 1. Identify the part of the client's care that falls outside your area of expertise.** Did you receive training on how to support the client with specific impairments? Is there something in the client's individualised plan that you are not trained to provide?
- 2. Identify other staff members you can refer the client to.** You must seek staff whose expertise covers your concern from the previous step. For example, a care worker must refer a nonverbal client to a staff member knowledgeable on nonverbal communication, such as Auslan and lip reading.
- 3. Before contacting the other staff member, explain why you plan to refer their care to another staff member.** Include in your explanation what information you will pass on and why it is necessary. Encourage the client to bring up any concerns or questions regarding the referral to understand what will happen.
- 4. Contact the staff member directly to discuss the referral.** Provide all relevant information on the client's current situation and explain the urgency of the referral. For example, you can say, '*I have a patient in my care who is nonverbal and can only use Auslan to communicate. I do not know how to sign in Auslan and need to communicate with them to finalise their learning plan properly.*'
- 5. Define the role of the staff member.** Clarify what you are asking of the staff member. You may be asking them to evaluate and see if a referral is necessary, perform a specific procedure, or a
- 6. Assume temporary or permanent care for the client.** For example, a care worker fluent in Auslan can implement the strategies in the learning plan with the nonverbal client.
- 7. Document and report the referrals.** Ensure that the referral you made has been completed. The staff member should notify you of the client's progress and whether they have improved under their care. This involves documenting whether the client completed the referral or not and the reason behind the action.



Referrals to Other Support Services

In some cases, a client may need support outside of your organisation's areas of expertise. When this happens, it is best to investigate and refer the client to other services to ensure that their additional or unmet needs will be met.

Consider the following scenarios:

- A disability support worker observes that a client is at risk of harming themselves. They may refer them to mental health services that provide psychotherapy treatments.
- An aged care worker suspects that a patient has symptoms of a brain tumour. They may refer the patient to an oncologist for diagnosis and treatment.
- A nurse observes that a patient suffers from severe post-traumatic stress after an accident. They may refer the patient to counsellors trained in behavioural therapy.

As with seeking service from other workers, it would be much better to refer the person to other support services. This lessens the risk of endangering their wellbeing. Examples of support services that can address clients' additional or unmet needs can be found in Subchapter 1.1 of this Learner Guide.

You can refer to the following procedure when referring to other support services:

- 1. Identify what support the client needs.** Is the client exhibiting signs of a complex medical condition (e.g. cancer, dementia, arthritis, etc.)? Has the client expressed a need that is outside of your and your organisation's area of expertise?
- 2. Develop a list of available support services.** Research the information on the available support services that can meet the client's needs. This information includes contact details and eligibility requirements, such as age, gender, culture, diagnosis, etc. It should also include how accessible the services are for the client. The information may change over time, so you must regularly update the list.
- 3. Present the list of available services to the client.** You may discuss in detail what the referral will add to their care to ensure that they understand the reason for the referral. Encourage the client to bring up any concerns or questions regarding the referral. For example, a client expresses concern about paying for a particular service. You may discuss with them the available financial assistance and what documentation they must provide.



- 4. Once the client agrees to a service, contact the service on their behalf with a warm referral.** Provide them with relevant information about the client's support needs and their current situation. Usually, a written referral form must be submitted when contacting support services. Make sure to check with the service you refer to on what information you must include in the form.
- 5. Define the role of the service.** Clarify what you are asking from them. You may be asking them to evaluate and see if a referral is necessary or perform a specific procedure. For example, you may refer a speech therapist to aid a nonverbal client in social communication development. On the other hand, a psychologist may be referred to only assess a client exhibiting signs of depression. They will still have to determine if treatment is necessary.
- 6. Record and report the referrals.** Ensure that the referral you made has been completed. The support service should keep you updated on the client's progress. You may also follow up with the client to see how the referral is working out in their perspective. Recording referrals may include developing shared review tools for you and the referred service.



Both procedures will require you to comply with your organisation's policies for documentation and reporting. Make sure to check them prior to referring clients to other staff and support services. You may refer to Subchapters 4.2 and 4.3 of this Learner Guide for further discussion.

Your organisation will also have their own procedures for referring clients to other staff and support services. Make sure to check them, as they will have specific guidelines you must follow when referring clients.

Checkpoint! Let's Review



1. *Additional needs* refer to the changing needs of the client. On the other hand, *unmet needs* refer to the needs of the client that were not satisfied by their support services.
2. Some behaviours are signs of additional or unmet needs. They are not just 'acting out' because they want to. Their behaviour comes from not being able to express their needs. Therefore, it is your job to recognise when they are acting a certain way.

3.5 Identify and Report Gaps in Assistive Technology Needs



Recall the discussion of assistive technology in Subchapter 2.2 of this Learner Guide. Using assistive technology enables a person to:

- Improve their independence by easing the decision-making process
- Take care of themselves and others despite their impairments
- Participate in their community fully by allowing them to work and volunteer independently

Assistive technology is vital in promoting and maintaining the independence of PWDs in society. The technology either enables or eases the process for a person to perform a task. It minimises the impact of their impairment and increases their safety. The scope and breadth of assistive technology for various tasks are further discussed in Section 1.3.1.

Given the benefits of assistive technology, you must identify gaps in its use in consultation with the person. *Gaps* refer to areas where assistive technology fails to meet the individual needs of a person. These gaps must be reported according to your organisation's policies and procedures. Doing so ensures that the person will have the optimal ability to live an independent life in their community.

Here are some examples of gaps in a person's use of assistive technology:

- **Lack of appropriate training for support staff to assist the person's use of assistive technology**

There are times when devices and equipment are prescribed to a person that their support staff may not be familiar with. This lack of familiarity may lead to instances where a staff member may not respond to the person. An example of this would be when the assistive device or equipment does not function as expected. An untrained support staff member would be unable to troubleshoot the issue with the person.

- **Lack of access to assistive technology**

This lack of access can include:

- Lack of financial assistance to acquire assistive devices or equipment
- Difficulty or inability to loan assistive devices or equipment
- Lack of space in their home or workplace to use the assistive device or equipment
- Lack of ongoing service support of assistive devices or equipment

- **Lack of adaptation to the person's changing needs**

As assistive technology is used to aid the person in their daily tasks, they must adapt to their changing needs and preferences. For example, a person with total vision loss uses a braille keyboard for their work. They may decide that they would prefer to use speech-to-text software instead to increase their productivity.

When consulting with your clients, you may consider the following strategies to ascertain gaps in assistive technology:

- **Ask for feedback from the client.** Know the answer to the following questions:

- Which of your current assistive devices and equipment do you need assistance with?
- What kind of assistance do you need with your assistive device or equipment?
- Do you think that your support staff will be able to assist you with your assistive device or equipment?
- Does the assistive device or equipment still address your needs? Are there any new needs that you have that the assistive device or equipment does not meet?



- **Observe the client.** Note your observations of how your client interacts with the assistive technology. These observations can include instances where:

The client faces challenges in using their assistive device or equipment

The client's support team is unable to assist the client in troubleshooting issues

The client no longer wants to use the assistive device or equipment

- **Ask the client's support team for their observations.** You sometimes cannot be present to assist the client with their assistive technology. As such, make sure to ask for the comments of those present. These can include the person's family, carers, and healthcare professionals. You may also consult with your supervisor and colleagues for their observations.

Once you have acquired enough information on the gaps in assistive technology, you must report these gaps accordingly. There may be some gaps that you may not be able to address as they are outside of your capabilities. For example, a person expresses that their hearing aids need troubleshooting. If you have no prior knowledge of this assistive device, you should report the concern to a technician. On the other hand, a person may request assistance in acquiring funding for their assistive technology. You may report this request to a social worker who can aid them in applying for financial assistance programs.

To report gaps in assistive technology, you must do so according to your organisation's policies and procedures. You may refer to Subchapter 4.2 regarding this.

Checkpoint! Let's Review



1. Examples of gaps in a person's use of assistive technology include:
 - Lack of appropriate training for support staff to assist the person's use of assistive technology
 - Lack of access to assistive technology
 - Lack of adaptation to the person's changing needs
2. There may be some gaps that you may not be able to address as they are outside of your capabilities. Therefore, you must report these gaps once you have acquired enough information from the person.

3.6 Support and Respect the Person During Discussions

As mentioned previously in this chapter, *discussions* refer to conversations with others on a specific topic. In Sections 2.4.2 and 3.3.1, the following types of discussions were discussed:

Briefings

- Briefings are short, structured meetings where those involved in the client's individualised plan talk about the client, the support service, the support activity, or the situation.

Debriefings

- Debriefings are brief and informal exchange and feedback sessions that occur after a support activity or situation.

Emails

- Emails are a great avenue to communicate with the client and their support system formally.

As mentioned before, one way to collaborate with clients is by involving them in discussions about their support services. Doing so ensures that clients can properly communicate with you and anyone involved in their individualised plan. These include other care workers, members of the client's support team, and your supervisors. Clients can also confirm whether support services are meeting their goals, needs and preferences.

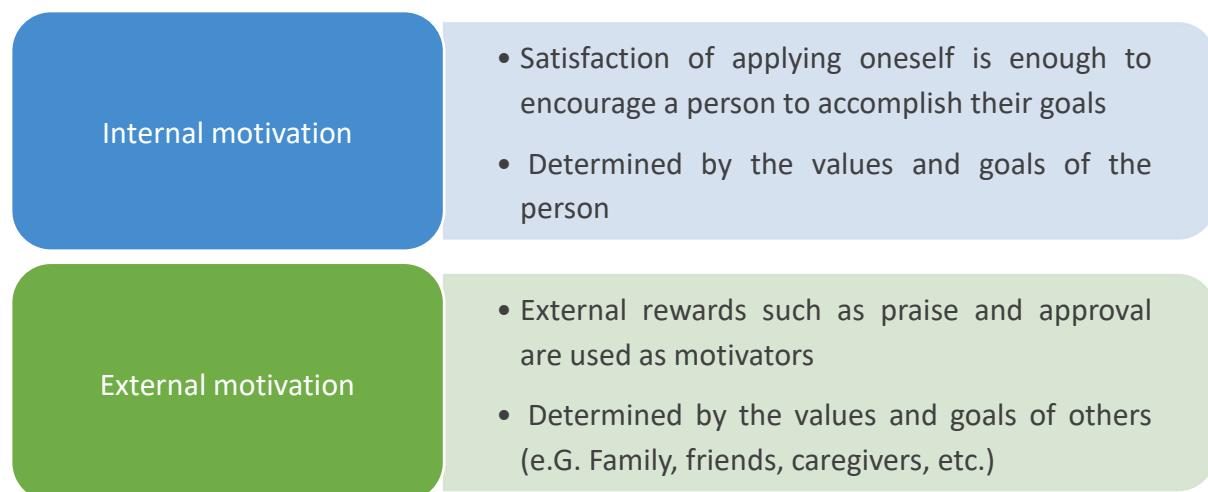
As a care worker, you must participate in these discussions in a manner that:

- Supports clients' self-determination
- Respects their rights, privacy and dignity

3.6.1 Supports Clients' Self-Determination

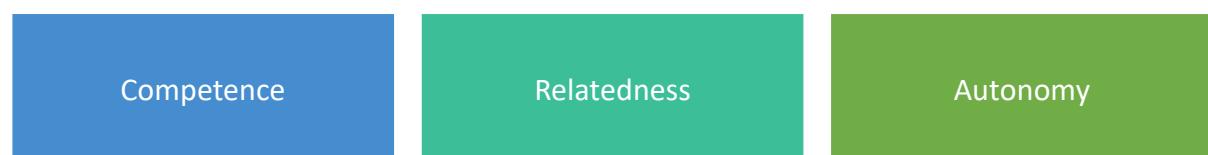
Before we can discuss self-determination, we must discuss the concept of motivation. *Motivation* is an essential aspect of the wellbeing of people receiving support. Motivation allows a person to engage in activities and become receptive to strategies designed to address their needs, goals and preferences.

There are two kinds of motivation:



One of the critical factors that can affect a person's motivation is the theory of self-determination. *Self-determination* refers to a person's ability to make their own choices, actions and decisions. Self-determination involves providing specific needs to allow a person to feel free in directing themselves. This feeling of freedom, in turn, enhances a person's internal motivation.

It would help to address the following needs to allow a person to develop a greater sense of self-determination:



▪ **Competence**

This refers to a person's need to feel that they have sufficient skills and intellect. A person feels competent when they are capable of achieving their goals within their environment.

▪ **Relatedness**

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

▪ **Autonomy**

This refers to a person's need to feel that they control their own choices and decisions. This involves performing actions or making decisions that the person agrees with. It is also associated with feelings of independence.

As a care worker, you must ensure that clients are supported to develop a greater sense of self-determination. Failure to do so can lead to situations where any effort to participate in their support activities does not impact their quality of life.

To support clients' self-determination when participating in discussions with them and your supervisors, you must be able to do the following:



- **Determine what motivates the client.** Figuring out what kind of motivation the client has can inform how you can support their self-determination:
 - If the client has an internal motivation, you can help maintain their cause by:
 - Making sure that they enjoy the support activities
 - Reducing any support activities, they seem to dislike.
 - If the client has an external motivation, ensure that:
 - You give them positive reinforcement such as verbal praise or any type of rewards system
 - They have positive social feedback, with their peers recognising their strengths and capabilities.
- **Foster a growth mindset.** A growth mindset means that client can improve their abilities and talents through hard work. Encouraging the client to see struggles as necessary parts of growth can motivate them not to shy away from challenges. Instead of praising their abilities, you must praise their efforts. For example, saying '*I can tell you have been practising your reading*' is better than '*You are an incredible reader*'.
- **Develop meaningful relationships with the client.** To truly support the client's self-determination, you should know them personally. Understanding their interests, hobbies, fears, and what gets them excited will help you determine what strategies might work to achieve their goals. Make sure to access the documents within the individualised plan to review the client's personal information.

3.6.2 Respects Clients' Rights, Privacy, and Dignity

Recall the definition of respect as discussed in Section 2.4.1. *Respect* refers to believing that the person is valued. This involves providing support that recognises the individuality and preferences of the person. As a care worker, you must respect your clients' rights, privacy and dignity. This leads to the person being positively seen by those around them.



By respecting your clients' rights, privacy and dignity, you can build up their feelings of trust, safety and wellbeing. When a person feels that they are safe and well-valued, they can express themselves more.

To respect the client's rights, privacy, and dignity when participating in discussions with them and your supervisors, you must be able to do the following:

- **Treat the client as you would anyone else.** Interact with the client as you would with anyone else while making reasonable accommodations.
- **Use people-first language.** Always use positive language that identifies the client as a person first. An example would be calling a client 'a person who needs mobility assistance' instead of 'crippled'. Make sure also to ask the client how they want to be referred.
- **Do not make assumptions for the client.** Always ask the client if they need or want help. Be polite and patient when offering assistance and wait for a response. If they accept your offer for help, listen or ask for specific instructions. However, be prepared for your suggestion to be refused even if it looks like the client is struggling.
- **Avoid patronising the client.** People receiving support are not victims or incompetent enough to handle their care. When discussing with the client, avoid using baby talk or treating them as though they are children.
- **Support the client's choices and decisions.** Do not tell the client what to do. Provide them with every option you would provide those without impairments. If the option they choose presents a challenge concerning their impairment, make sure to discuss ways to modify or adapt their choice.
- **Follow the procedures on privacy, confidentiality and disclosure.** Clients have the right to decide what information others can know and what should be kept confidential. You may refer to Subchapter 4.1 for more discussion.



Lotus Compassionate Care

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

[Lotus Compassionate Care Handbook](#)

(username: xxxx password: : xxxx)



Checkpoint! Let's Review

1. As a care worker, you must participate in discussions in a manner that:
 - Supports clients' self-determination
 - Respects their rights, privacy and dignity
2. As a care worker, you must ensure that clients are supported to develop a greater sense of self-determination. Failure to do so can lead to situations where any effort to participate in their support activities does not impact their quality of life.
3. By respecting your clients' rights, privacy and dignity, you can build up their feelings of trust, safety and wellbeing. When a person feels that they are safe and well-valued, they can express themselves more.

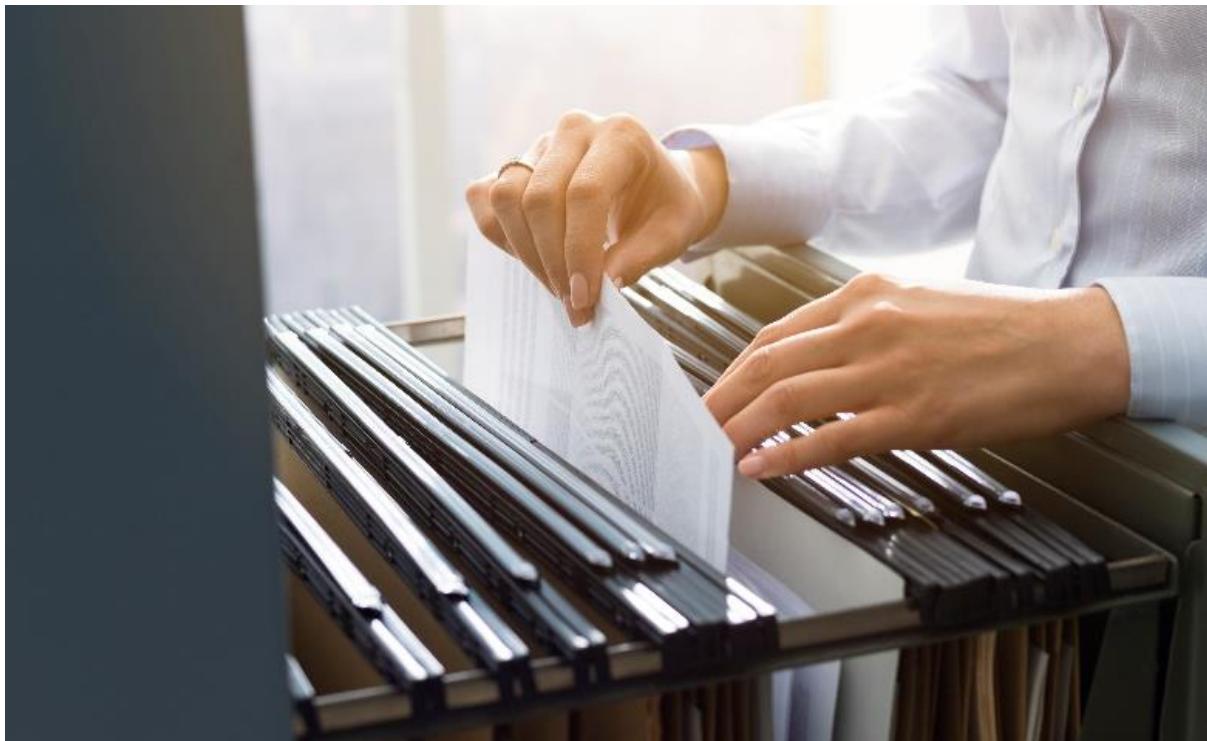


Learning Activity for Chapter 3

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. Complete Reporting and Documentation



In the previous chapter, you learnt how to monitor support activities by:

- Monitor own work to ensure the required standard of support is maintained
- Identify within the scope of your own job role and respond, report and refer accordingly to the following:
 - Situations of potential or actual risk
 - Signs of additional or unmet needs of the person
 - Gaps in assistive technology
- Discuss the following with the person:
 - How support services are meeting their needs
 - What are the requirements for change
 - What supports their self-determination and respects their rights with a supervisor

Now, you must complete reporting and documentation of what you have monitored.

One of your responsibilities as a care worker is to document the progress of the people you support. This progress includes:

- Determining the personal service requirements of the person
- Coordinating care and support with the person and their support team
- Identifying any situations of risk, gaps in technology, or unmet needs

Good documentation is essential when providing individualised support. It ensures continuity of quality care from all those involved in the person's individualised plan. So, you must record and maintain the recorded progress in a formal document. The lack of documentation can lead to future actions that could likely be insufficient for the person.

Once you have documented what you have determined and observed, you must be able to report your findings accordingly. As mentioned before, you may identify situations of risk, gaps in technology, or unmet needs of the person. Some situations, gaps or needs may be outside the scope of your job role as a care worker. As such, you must report your findings and ensure that the person receives help from other staff. These include other care workers, supervisors, or relevant authorities.

In this chapter, you will learn how to complete reporting and documentation. To do so, you will learn how to:

- Maintain confidentiality and privacy of the person
- Comply with organisational reporting requirements
- Complete, maintain and store documentation and reports



4.1 Maintain Confidentiality and Privacy of the Person

As a care worker, one of your obligations is to maintain the confidentiality and privacy of your clients. All people have the right to human dignity and protection from exploitation. This right serves as the basis for a person's right through the Privacy Act 1988.

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

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

Sourced from the Federal Register of Legislation at 5 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Privacy Act 1988, used under CC BY 4.0.



Further Reading

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

[Privacy Act 1988](https://www.legislation.gov.au)

Privacy

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

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

Clients and their families need to have privacy. As such, you must remember to adhere to your organisation's privacy policy. Take measures to maintain their privacy whenever you interact with other health professionals. They may not be privy to the information available to you and your co-workers.

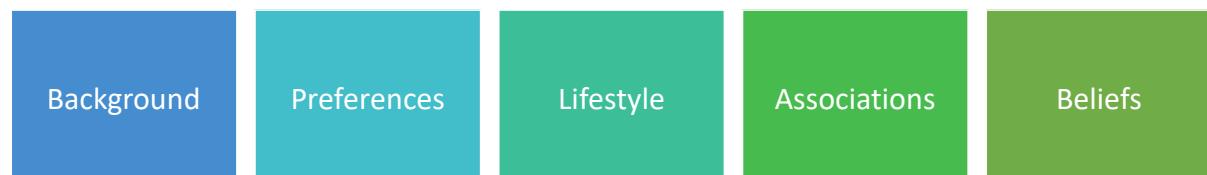
A privacy policy must be in place as you collect essential information about your clients. A privacy policy is '*a statement that explains in simple language how an organisation or agency handles your personal information*' (Office of the Australian Information Commissioner, n.d.). Your organisation's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



Confidentiality

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

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



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

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

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

A care worker who maintains the confidentiality of their clients must:

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



Further Reading

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

[Part 1 - What is confidentiality and why is it important?](#)

Use and Disclosure of Information

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

- Searching up a person's information
- Accessing and reading their records containing your information
- Making a copy of a document containing your information
- Giving a copy of your information to a department within your organisation

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

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

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



*Based on content 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 – www.oaic.gov.au*



Lotus Compassionate Care

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

[Lotus Compassionate Care Handbook](#)

(username: : xxxx password: : xxxx)

Multimedia



This video focuses on how to protect the privacy and confidentiality of clients when working with young people:

[Working with Young People Part 2: Privacy and Confidentiality](#)



Checkpoint! Let's Review

1. All people have the right to human dignity and protection from exploitation. This right serves as the basis for a person's right through the Privacy Act 1988.
2. Take measures to maintain your clients' privacy whenever you interact with other health professionals. They may not be privy to the information available to you and your co-workers.



4.2 Comply with Organisational Reporting Requirements

As a care worker, you must comply with your organisation's reporting requirements. *Reporting requirements* refer to what must be communicated to the proper personnel. These requirements can be found in your organisation's policies and procedures for reporting, which may include the following:



Mandatory reporting



Organisational chart

Mandatory Reporting

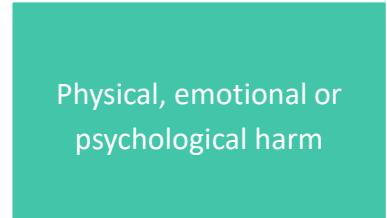
Mandatory reporting is a requirement to report any reasonable belief of abuse. Care workers are required to report any instances of abuse to the proper authorities. Any care worker with a duty of care over a client must determine if they need immediate help. The care worker must also determine whether the client is suffering from any harm. Mandatory reporting applies to any situation where you may believe that a person is at risk of the following:



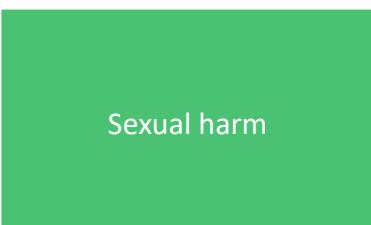
Neglect



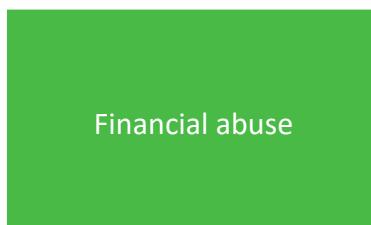
Exposure to domestic violence



Physical, emotional or psychological harm



Sexual harm



Financial abuse



Abandonment

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

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

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

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



Further Reading

There is more information on the reporting requirements for people working closely with children. This information is available through the link below:

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

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

[Serious Incident Response Scheme](#)

Organisational Chart

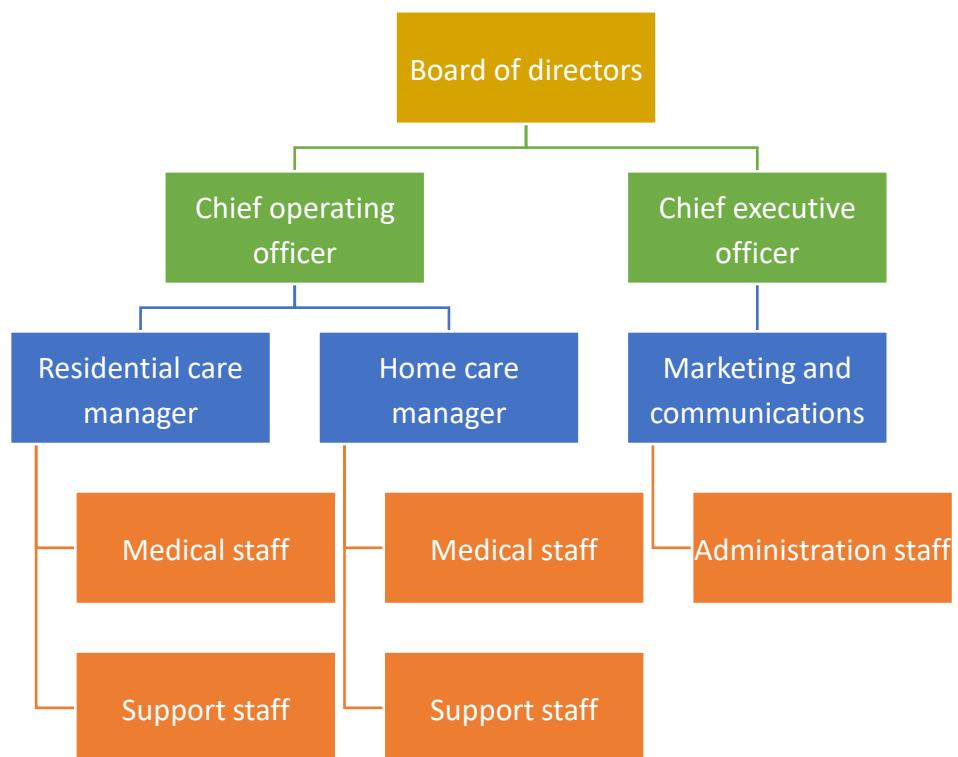
An *organisational chart* refers to the structure of an organisation. This chart tells you to whom you will report within your workplace. It also helps you define your role and identify who is supposed to supervise you. Organisational charts differ between organisations. As such, make sure to refer to your organisation's policies and procedures for reporting. These usually include:

The definition of your role within the workplace

The people you should report to

The steps for reporting to your supervisors

Below is an example of an organisational chart for a disability support provider:



In this chart, you can see to whom each role reports. Under the bottom row, there are still different hierarchies, such as:

Head of medical staff

Head of support staff

Nurse manager

Team leaders

Registered nurses

Disability support workers

As a care worker, you will most likely be supervised by a team leader. You are responsible for reporting any observations to them. Part of your team leader's job is to help you if needed and make sure you are doing well. That is why you must report your observations of your client. These observations can include their reactions regarding any aspect of their individualised plan. For example, say that a client expressed that they do not want any medication as it goes against their religious beliefs. If you are unsure how to address the barrier, report it to your supervisor for advice on the appropriate action.

You must also report any changes to the individualised plan to your supervisor. Say that a client lacked funding for a certain service for their care delivery. You may consider a plan of action to refer the client to a social worker to help them apply for government-funded assistance. Before the referral, you must report to your supervisor on this plan of action. You will need their approval before you can start the process for the referral.

As you report to your supervisor, it would be advisable that you also document your concerns. Make sure to follow your organisation's policies and procedures. You may refer to the next subchapter for further discussion.



Lotus Compassionate Care

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

[Lotus Compassionate Care Handbook](#)

(username: : xxxx password: : xxxx)



Checkpoint! Let's Review

1. As a care worker, you must comply with your organisation's reporting requirements. *Reporting requirements* refer to what must be communicated to the proper personnel.
2. *Mandatory reporting* is a requirement to report any reasonable belief of abuse. Care workers are required to report any instances of abuse to the proper authorities.



4.3 Complete, Maintain and Store Documentation and Reports



As mentioned before, good documentation is essential when providing individualised support. To do this, you must follow the documentation requirements for support services. The rationale behind documentation requirements regards the continuity of quality support service. This means all those involved in the person's individualised plan must have access to the documents within the plan. Failure to follow documentation requirements may lead to the person being unhappy with the support provided to them.

As a care worker, you must be familiar with your organisation's policies and procedures for documentation. Doing so will ensure that all relevant documents are well-recorded and well-maintained for future reference.

Your organisation's policies and procedures may include the following requirements:

Style guide

Records storage

Privacy, confidentiality and disclosure

- **Style guide**

A style guide sets the standards to follow when recording data. The guide helps maintain a consistent style, voice and tone in all documents used. This consistency makes the documents easier to read. You need to keep this in mind, as other members of the clients' support team will use their records for their care.

Style guides for documentation may vary depending on the organisation you belong to. So, remember to check your organisation's style guide before you document.

- **Records storage**

As a care worker, it is part of your responsibility to securely store all documents and reports within your organisation's database. This is to prevent unauthorised access, damage, destruction or loss of the person's information.

As with the style guide, requirements for storing clients' documents depend on your organisation. Make sure to check these requirements once you have finished documenting your findings.



- **Privacy, confidentiality and disclosure**

Recall procedures on privacy, confidentiality, and disclosure as discussed in Subchapter 4.1 of this Learner Guide. Clients have the right to decide what information others can know and what should be kept confidential. As you will be handling your clients' information, you must ensure that they remain confidential. These documents should be free of information that are not relevant for the organisation to use. As such, you must remember to adhere to your organisation's privacy policy when documenting its development needs.

You must also consult with the person on what information in the documents can be shared with others. Refer to Subchapter 4.1 of this Learner Guide for further discussion on the topic.

Further Reading



The *Administrative record keeping guidelines for health professionals* provide information and tools that you may use for record keeping. You may access the guidelines below:

[Administrative record keeping guidelines for health professionals](#)

Types of Documents and Reports



Part of your responsibilities is creating documents and reports about the people in your care. These files usually follow a format depending on your organisation. You will also complete checklists related to the services you provide. Examples of these files include the following:

One-page profiles

Learning log

Communication profile and chart

Progress notes

Workplace reports

Workplace checklists

One-Page Profiles

A one-page profile serves as the foundation for individualised support. The profile contains vital information about the client on a single sheet of paper to be quickly shared with others. This information includes who the client is, what is important to them and what support they need.

Having a quick snapshot of your clients ensures good support. For example, a client with a speech impairment may write that they prefer to use Auslan when communicating in their one-page profile. New support staff can then use Auslan with the client at the first meeting. Another example is a child with disability may write their interests. A newly assigned care worker can use these interests as conversation starters with the child.

There are different ways you can use to develop a one-page profile. What is essential is that the profile contains the following elements:

- **Appreciation** – What people like and admire about the client
- **Priorities** – What is vital to the client
- **Support** – What is the best support for the client

Refer to the example below on how a one-page profile may look like:

Name:		Photo
Age:		
Occupation:		
What people appreciate about me:		
What is important to me:		
How to best support me:		

*Based on content from [Lifestyle Planning - Tools and Templates - Which person centred thinking tool will help when August 2012](#), used under CC BY 4.0.
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Remember that a one-page profile helps you discover what support the client needs. This will help balance the support with what is important to them. This document should serve as your reference when deciding on the activities and services. These activities and services should address the client's needs, goals and preferences.

Learning Log

This is used to communicate the client's service delivery. This communication is between you, the client, and those involved in their individualised plan. This tool can help you understand what is important to the client and what others need to know to support them. This tool is essential for a client who:

Does not use words to communicate

Tends to say things to please others

Has others who speak on their behalf

Means something different than what they said.

The tool remains in the possession of the client and is a document that everyone involved has access to. Entries must be objectively written, only reporting what has been observed and comments for future reference. Refer to the example below to see how entries are written.

Date & Time	Description of Activity (General overview of events, progress made, and challenges encountered)	Staff Involved (Who was there during the activity?)	Comments (What worked well and did not work in the activity? What should be continued or changed?)	Signed by

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Communication Profile and Chart

A communication profile and chart are used to understand how a client converses with others. Support staff can communicate with a client in different ways. However, the client may not always understand them. The client may also have other ways to communicate, and staff involved in their care may misunderstand them. Some words or phrases might trigger or provoke the client. As such, a communication profile is used to record how the client communicates and what communication they understand. For example, a client with a speech impairment may prefer written communication over Auslan. On the other hand, a client with complete vision loss may like spoken communication over braille text.

Refer to the examples below on how a communication profile and chart may look like:

Communication Profile	
Is [Name of Client] From a Non-English Speaking Background?	
	Tips
What is [Name of Client's] Ways of Communicating?	
Is [Name of Client] Showing Emotions and Making Choices?	Is [Name of Client] understanding us?
Good and Bad Things to Discuss	Other Comments:

Communication Chart			
When is This Happening?	[Name of Client] Does This	What We Think It Means	What We Should Do

Based on content from *Lifestyle Planning - Tools and Templates - Which person centred thinking tool will help when August 2012*, used under CC BY 4.0.
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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. These notes should contain the following:

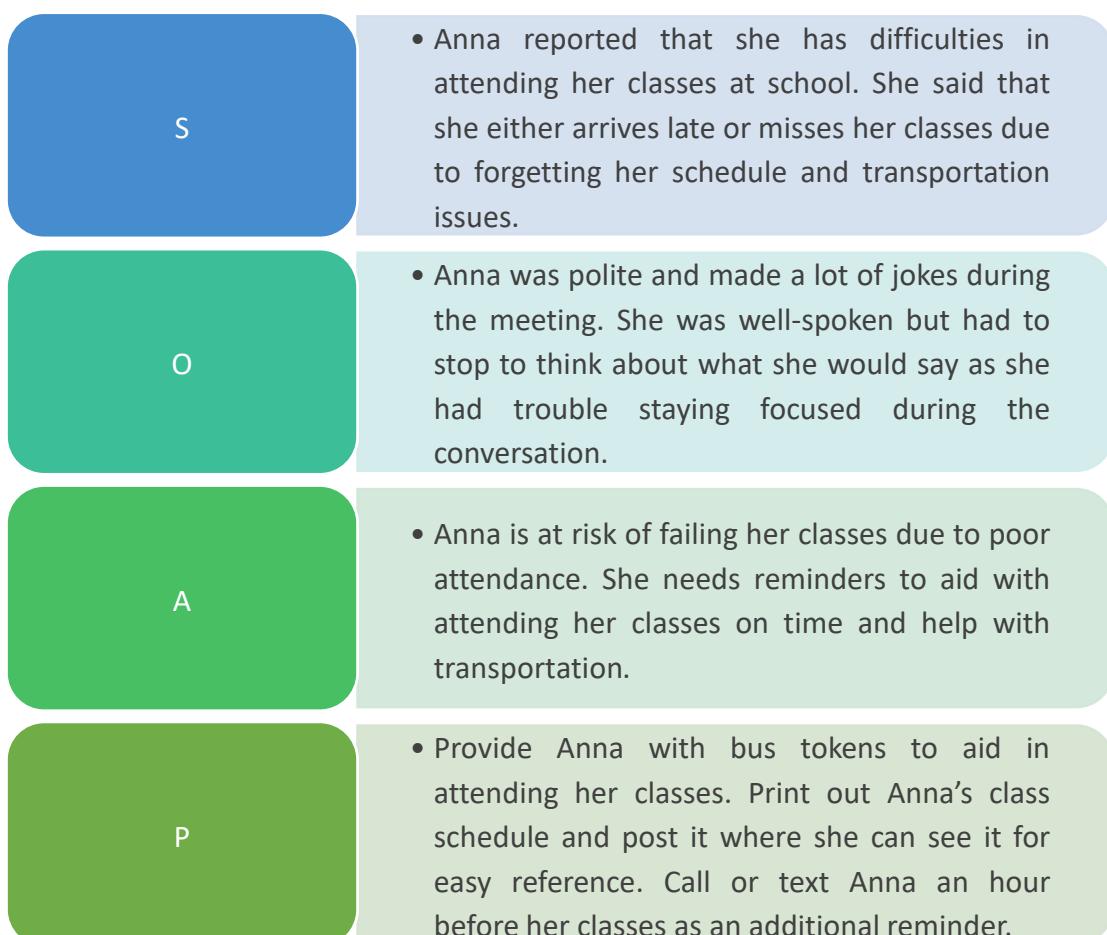
- Baseline assessment of client before service delivery
- Timeline of the client's support services and activities (i.e. commencement date, duration of the training, and expected end date)
- Descriptions of the activities and their expected outcomes for the client
- Summary of progress to date
- Any challenges noted by personnel assisting the client per activity
- Observations and assessment of the client after the activity
- Plans for further development

They must also be specific and written concisely, objectively, and in an active voice.

There are numerous formats you can use for progress notes:

- **Subjective, objective, assessment, plan (SOAP)** – SOAP has four categories:
 - **Subjective** – This includes the information from the client's point of view. This includes descriptions of an issue during activity and response and how it affects them. This category includes a summary statement or direct quotes from the client or their support system.
 - **Objective** – This includes the observable data that relates to the subjective category. This category includes observations of the client's behaviour during the activity or response.
 - **Assessment** – This includes the client's current level of progress between activities or responses. The assessment determines whether the issue has been resolved or not.
 - **Plan** – This includes what interventions will be done to address the issue.

An example of a progress note using the SOAP format may look like this:



- **Data, assessment, plan (DAP)** – DAP condenses the SOAP format into three categories:
 - **Data** – This combines the subjective and objective categories of the SOAP format, including:
 - Information about the client
 - Observations made by the personnel assisting
 - General overview of the activity or response.
 - **Assessment** – This describes the actions that took place in the activity or response and the observations of the client's current level of progress.
 - **Plan** – This reviews the strategies used in the activity or response and any needed revision before the next session.
- **SOAIGP** – Compared to the SOAP and DAP formats, the SOAIGP format provides more detail and includes the following:
 - **Supplementary database information** – This is information provided by the client and their support system.
 - **Observations** – These are observations of the client's behaviour made by the personnel assisting the client per activity or response.
 - **Activities** – These include a summary of tasks made by the client and the assisting personnel and a general overview of the activity or response.
 - **Impressions** – These are the initial assessments made by the assisting personnel of the client's progress.
 - **Goals** – These include the personal goals being worked on per activity or response and the progress made. This category should also include notes of any necessary revisions to the goals.
 - **Plans** – These include the following actions by the client and assisting personnel in the next session of the activity or response.





Lotus Compassionate Care

Access and review Lotus Compassionate Care's progress notes for clients through the link below:

[Client Records](#)

(username: : xxxx password: : xxxx)

Workplace Reports

Examples of workplace reports include the following:

Workplace reports

Reports of behaviour or care changes

Progress reports (health or behavioural)

Work health and safety incident reports (accidents, fighting, complaints, etc.)

Mandatory reports (suspicions or verified incidents of abuse)

When completing any workplace report, make sure you include all important details. As much as possible, include the following:

- Who was involved?
- What happened?
- Where did it happen?
- When did it happen?
- Why did it happen?
- How did it happen?

Read an example of a WHS incident report below.

Incident Report

Max and Greta got into a fight and went off on each other in the shared eating area. Max was eating some fruit snacks while Greta had oatmeal. They had snacks together at 3:00 PM. Max was annoying, and Greta lost her patience. She started yelling at him and causing a scene. Greta's care worker tried to calm her down while I tried to separate Max from the situation. Greta threw her spoon at Max, which was unnecessary. Max retaliated by threatening to hit Greta in the face. We separated the two and had them finish their meal at different tables.

This is an example of a bad WHS incident report due to the following reasons:

- It contains irrelevant information about what the two people involved were eating.
- It contains opinions, such as 'Max was annoying'.
- It contains informal language, such as '...went off on each other'.
- It does not provide a complete picture of the incident.

Here is an example of how that report can be improved:

Incident Report

This afternoon at 3:00 PM, Max had an incident in the shared eating area. He was eating at a table with another resident named Greta. Max was teasing Greta throughout the meal. Greta expressed annoyance and asked him to stop. I also told Max to stop teasing as it was upsetting Greta.

Max continued to tease Greta until she began yelling at him and calling him rude. Greta's care worker interfered and spoke to Greta to calm her down. I told Max to get up and move to another table. Before we could separate them, Greta threw her spoon and hit Max in the face. Max then threatened to hit Greta back. We separated the two and had them finish their meals at different tables.

I asked Max if he was hurt and checked him for injuries. The incident did not leave a mark on his face. He also expressed that he was not hurt. When asked why he provoked Greta, Max responded that he was just having fun.

This is an example of a better WHS incident report due to the following reasons:

- It answers who, what, where, when, why and how.
- It uses more formal language.
- It focuses on objective information.
- It provides a clearer picture of the incident.



Lotus Compassionate Care

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

[Forms](#)

(username: : xxxx password: : xxxx)

Workplace Checklists

Checklists are mostly based on observations. In a checklist, you will find conditions that must be met or tasks that must be done. Below are some examples of workplace checklists.

Workplace checklists

Home or residential care safety checklist

Home visit checklist

Daily care checklist

Daily medication checklist

Behaviour checklist

When completing a checklist, you must state your name, your position, and the current date. You must also indicate the name of the person to whom the checklist applies.

Here are examples of the tasks you may find in a daily care checklist:

Morning activities

- Temperature and blood pressure check
- Breakfast and lunch
- Hygiene activities (washing face and brushing teeth)
- Morning medication

Evening activities

- Temperature and blood pressure check
- Snacks and dinner
- Hygiene activities (bathing and brushing teeth)
- Evening medication

Daily exercise

These checklists ensure that all tasks or conditions for the person have been met. You can complete these checklists during or at the end of the day. Once completed, make sure to keep a record of each of them in your organisation's files. Some checklists may require your signature or the signature of a supervisor. These will ensure that the checklists have been verified. This record will help you if you ever need to prove that you have provided a certain service on a certain day.

Completing Documentation and Reports

Consider the following when completing required documentation and reports according to organisational policies and procedures:

- **Check if there is any missing information.** Remember to double-check with the client and those involved after initial documentation to ensure that all documents' components are complete and avoid instances of missing information (such as contact details, addresses, etc.).
- **Include only the relevant information in the document or report.** While most support information provided by the client must be in the documents, you should look out for details that are not necessary. As you include only relevant information, make sure that no essential component is omitted.
- **Use plain and formal language.** Avoid using acronyms and jargon that may exclude those not within the same profession.
- **Keep all documentation and reports objective.** Focus on facts and not opinions.

Maintaining Documentation and Reports

Once the documents and reports have been completed, you must help keep them updated. This means recording any changes to yourself, the client, their support team, or anyone involved in their individualised plan. Failure to do so can lead to severe consequences for you and your organisation. These consequences include miscommunication between all those involved in your clients' individualised plans.

Consider the following when maintaining documentation and reports according to organisational policies and procedures:

- **Regularly update files with new information.** This means adding information such as the following:

Any changes to clients' personal support requirements (e.g. needs, strengths and preferences)

Any changes to clients' individualised plan (e.g. change of aids and equipment, medication, etc.)

Any reports of situations of risks

Any referrals made to other staff or support services

Contact information of members of the support team once they change

- **Have a timeline for review.** All documents and reports require regular review. This is to check for compliance with the necessary requirements. It also ensures that the documents and reports are updated with new information regarding your clients and their support teams. Having a set time to review the files will ensure that they comply with the requirements and update information.
- **Have a process of documentation control.** All those involved in the client's individualised plan must use the correct and updated version of the documentation or report. When a document or report is changed or updated with new information, you must:
 - Update the version number of the digital version of the document or report and ensure all involved in the individualised plan has access to the new file
 - Reprint physical documents or reports and provide all involved in the individualised plan copy of the new file

Storing Documentation and Reports

Proper storage of documentation and reports ensures that all files are safe and secure. This means the files are safe from damage, loss or access by unauthorised personnel.

To safely store documentation and reports according to your organisation's policies and procedures, you may do the following:



- **Store physical files where you can protect them from physical damage.** For example, you may store the physical files in a filing cabinet. Make sure to remember where you put your files.
- **Store digital files in the correct folders based on your organisation's system.** You may also place passwords on the digital files when necessary.
- **Make sure files are kept where they will remain confidential.** This means storing both physical and digital files to prevent unauthorised access, damage, destruction or loss of your client's information.

Your client's files can be stored as long as required by your state or territory legislation. In general, these should be stored until a client is 25 years old or for at least seven years since the most recent contact with the client. Choose whichever is longer. When the time comes, dispose of the files in compliance with the privacy and confidentiality requirements. Refer to Subchapter 4.1 of this Learner Guide for further discussion.

Checkpoint! Let's Review



1. Good documentation is essential when providing individualised support. To do this, you must follow the documentation requirements for support services.
2. You must be familiar with your organisation's policies and procedures for documentation. These may include the following guidelines:
 - Style guide
 - Records storage
 - Privacy, confidentiality and disclosure
3. As a care worker, you must complete the required documentation according to your organisation's policies and procedures by doing the following:
 - Check if there is any missing information.
 - Include only the relevant information in the documents.
 - Use plain and formal language.
 - Keep all documentation and reports objective.



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.

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