

CHCDISO20

Work effectively in disability support



LEARNER GUIDE

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This Learner Guide

CHCDIS020 - Work effectively in disability support (Release 1)

This unit describes the performance outcomes, skills and knowledge required to work effectively in a disability support work context. The unit covers meeting job requirements, complying with organisational requirements and working in a disability sector context.

This unit applies to individuals who work with people with disability in a range of community services and health contexts. Work performed requires some discretion and judgement and will be carried out under regular direct or indirect supervision.

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/CHCDIS020>

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

Work effectively in disability support

- I. Meet the job requirements of a disability support worker role
- II. Work within organisational requirements in disability support
- III. Work within a disability support context
- IV. Implement self-care strategies

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



Disabilities hinder people from doing everyday activities. These activities include communicating, learning, decision-making, and mobilising. These impairments may be physical, intellectual, psychological or a combination of different impairments.

Disability services assist persons with disability in different aspects of their lives. These services provide information, education and training, therapy, home care, accommodation services, and the like.

Working in the disability sector requires much discretion and judgment. As a disability support worker, you must know what tasks to do and how to perform them. You also need to know about relevant laws and codes of conduct.

This Learner Guide will focus on informing you of your job role requirements and tasks. It also seeks to ensure you follow laws and codes of conduct. This guide will prepare you for providing service that secures the person's wellbeing and satisfaction.

In this Learner Guide, you will learn how to:

- Meet the job requirements of a disability support worker role
- Work within organisational requirements in disability support
- Work within a disability support context
- Implement self-care strategies

I. Meet the Job Requirements of a Disability Support Worker Role



A *disability support worker* assists people with disability in core and non-core activities. Often, they work with other health professionals in various settings, from hospitals to people's homes.

Like every job role, it has its own set of duties, responsibilities and day-to-day tasks. Working effectively in disability support involves knowing and fulfilling these job requirements. After all, the person's health under your care relies on your competency, which can be measured by how well you meet these requirements.

In this chapter, you will learn how to:

- Identify the job role requirements
- Discuss your job role scope and expectations with your supervisor
- Identify and refer tasks outside your job scope

1.1 Identify the Job Role Requirements

You will learn how to read and interpret position descriptions for this subchapter. This is to help you determine your job role requirements. You will also learn about common terminologies and the typical job role requirements for a disability support worker.

1.1.1 Important Terminology Used in Disability Support

This part will introduce you to the necessary terminology, which will aid you in knowing and carrying out job role requirements. You will also find that these words are often used in everyday workplace conversations, whether with co-workers or with persons with disability.

The following table contains a list of basic terminologies to introduce you to the jargon used in the disability sector:

Terminology	Meaning/Description
Activities of daily living (ADL)	These are fundamental tasks wherein one cares for oneself, like eating, showering, dressing up, and mobilising.
Aids or equipment	These refer to any device used by persons with disability to help them with specific activities. Examples include hearing aids and wheelchairs.
Assistance	This refers to help needed or received in ADLs that the person cannot perform due to a disability.
Bowel and catheter care	This type of care refers to the practice of cleaning catheters and changing drainage bags. Bowel care includes recording changes in bowel habits and managing treatments as prescribed by a doctor.
Care	Caring for a person means doing things for them. For example, when going grocery shopping for a person. You identify what they need and buy the things for them.
Cared accommodation	This type of accommodation refers to hospitals, nursing homes, psychiatric institutions, and the like. These places help people access personal or medical needs.
Carer	<p>This person provides ongoing informal assistance for <i>core</i> and <i>non-core activities</i>.</p> <p>NOTE: This is what makes care different from support. The nature of the former is informal, while the latter is paid or formal.</p>

Terminology	Meaning/Description
Cognitive/emotional	This includes maintaining relationships, handling emotions, making choices, and managing one's behaviour.
Complex behaviours	These refer to behaviours that violate social customs, such as property destruction, aggressive behaviour, impulsive behaviour, hypersexuality, and more.
Continuous care	This refers to care that is ongoing for at least six months.
Core activities	These activities involve communication, self-care, and mobility.
Disability	As mentioned in the Introduction, disability hinders the individual from performing everyday activities.
Disability support worker	Unlike a carer, a disability support worker is a person that provides formal assistance for core and non-core activities. (See note in 'carer'.)
Dressing aids	This includes aids that are used to assist in the dressing process, such as zip pullers, button hooks and tongs for pulling on clothes.
Epilepsy management	This practice involves supporting people during seizures and following emergency procedures if needed.
Individualised plan	These plans are documents with information relevant to providing care and support.
Mental health	This refers to one's emotional, psychological, and social wellbeing, which affects one's thoughts and behaviour.
Mobility	This refers to activities such as picking up objects from the floor, walking, using stairs, using public transport, moving about, etc.
Non-core activities	These activities include cognitive or emotional tasks—cooking, domestic activities, reading and writing, etc.

Terminology	Meaning/Description
Non-personal activities	These refer to meal preparation—cleaning and other chores, property maintenance, and transport.
PEG feeding	PEG stands for percutaneous endoscopic gastrostomy. It involves using a feeding tube that lets food go straight into the stomach. This method is for patients who can no longer swallow food safely.
Person-centred approaches	Person-centredness means putting the person at the centre of care delivery. The needs and wants of the person guide the actions and decisions about the person's care.
Personal activities	These activities include self-care, mobility, communication, and cognitive or emotional tasks.
Records management	This workplace practice involves keeping, maintaining, and storing records. You must do this according to varied legal, organisational, and ethical requirements.
Self-care	This includes bathing, eating, using the toilet, and dressing up.
Support	Supporting a person means encouraging them to do something for themselves. For example, when you support a person in grocery shopping. You let them decide what to buy on their own.
Unmet needs	A person's need for assistance is unmet if they do not receive assistance or require more assistance than is currently being received for one or more of the activities where assistance is needed.

Based on [Australian Bureau of Statistics data](#).

[4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015](#), used under [CC BY 4.0](#)

Knowing this basic terminology will prepare you to understand your tasks and help you understand the needs and goals of the person. It would be challenging to work in the disability sector and be unfamiliar with its terminology.

1.1.2 Job Role Requirements of a Disability Support Worker



So far, you are familiar with the common terminologies. Now, you will learn about job role descriptions and identify them from position descriptions.

Position descriptions can be used for either recruitment or job evaluation. These are meant to set expectations for both employer and employee. Generally, position descriptions include the following:

- Information on the organisation/employer (What does the organisation do?)
- Job type (Is this full-time, part-time or contractual?)
- Job qualifications (What knowledge, skills, and certifications or degrees does the employee need?)
- Job role requirements (What are the tasks and duties to be performed?)
- Working conditions, such as job environment and job scheduling
- Supervision requirements (To what extent can you hire, train, guide, evaluate, and discipline subordinates?)

Supervision refers to the effective monitoring of tasks delegated or identified by health professionals to support workers. Supervision can be done by a health professional or someone designated by the organisation to be in charge of disability support workers. The following are types of supervision done by an allied health professional to a disability support worker:

- Therapeutic or clinical
- Managerial
- Professional
- Personal
- Pastoral

The following table lists typical health professionals you will encounter as well as the related supervision requirements and support practices that address these supervision requirements. Supervision requirements are actions that health professionals must do to ensure that the disability support worker is doing their job properly.

Health Professional	Supervision Requirements	Support Practices
General Practitioner (GP)	<ul style="list-style-type: none"> ▪ Ensures that the disability support worker fully understands the diagnosis ▪ Makes referrals should the need for a specialist arise 	<ul style="list-style-type: none"> ▪ Ensures that the person meets with the specialist the GP sent them to ▪ Provides support according to the person's diagnosis
Dentist	<ul style="list-style-type: none"> ▪ Ensures that the disability support worker understands the person's dental care plan ▪ Ensures that the disability support worker is properly assisting the person with their dental hygiene 	Refers to the dental-related activities in the care plan when delivering support services

Health Professional	Supervision Requirements	Support Practices
Dietitian	<ul style="list-style-type: none"> ▪ Ensures that the disability support worker understands the person's dietary plan ▪ Ensures that the disability support worker is properly assisting the person with their dietary requirements 	Refers to the dietary plan when preparing meals
Physiotherapist	<ul style="list-style-type: none"> ▪ Ensures that the supports being delivered are consistent with the person's goals and needs ▪ Ensures that the standards for providing physical therapy are being observed 	<ul style="list-style-type: none"> ▪ Refers to the person's care plan when delivering support services ▪ Follows codes of practice for delivering physical therapy support services
Speech Pathologist	<ul style="list-style-type: none"> ▪ Ensures that the supports being delivered are consistent with the person's goals and needs 	<ul style="list-style-type: none"> ▪ Refers to the speech pathology-related activities in the care plan when delivering support services
Psychologists	<ul style="list-style-type: none"> ▪ Ensures that the worker develops a positive and caring relationship with the person they are supporting ▪ Ensures that the standards for providing psychotherapy are being observed 	<ul style="list-style-type: none"> ▪ Uses encouragement to boost a person's self-esteem and make them feel capable ▪ Follows codes of practice for delivering psychotherapy support services

- Delegation requirements (To what extent can you assign and refer tasks to other relevant personnel?)

Delegation is the process by which someone assigns tasks to another person who is capable of performing the task. In a position description, you would find that health professionals delegate tasks to you, the disability support worker. These instructions and tasks fall under delegation requirements.

The tasks typically delegated by a health professional to a disability support worker include the following:

- Be responsible for the delivery of elements of the treatment and support plan
- Participate in the therapeutic supervision process
- Participate in appropriate professional development activities

The following table lists typical health professionals you will encounter as well as the related delegation requirements and support practices that address these delegation requirements:

Health Professional	Delegation Requirements	Support Practices
General Practitioner (GP)	<ul style="list-style-type: none"> ▪ Gets information about the person's overall health ▪ Gets information about who the person will be referred to 	<ul style="list-style-type: none"> ▪ Consults the health professional for appropriate strategies that will address the person's overall health
Dentist	<ul style="list-style-type: none"> ▪ Collects information about the person's dental hygiene ▪ Collects information about any dental-related problems the person may have 	<ul style="list-style-type: none"> ▪ Consults the health professional about the person's dental-related needs ▪ Assists the person with maintaining dental hygiene
Dietitian	<ul style="list-style-type: none"> ▪ Collects information about the person's health and diet ▪ Identifies the person's food-related goals and needs 	<ul style="list-style-type: none"> ▪ Asks the person's family or carer for their medical background, as well as what they usually eat and drink ▪ Consults the health professional about the person's needs and discuss these with the person to help them set their own food-related goals

Health Professional	Delegation Requirements	Support Practices
Dietitian	<ul style="list-style-type: none"> ▪ Collects information about the person's health and diet ▪ Identifies the person's food-related goals and needs 	<ul style="list-style-type: none"> ▪ Asks the person's family or carer for their medical background, as well as what they usually eat and drink ▪ Consults the health professional about the person's needs and discuss these with the person to help them set their own food-related goals
Physiotherapist	<ul style="list-style-type: none"> ▪ Seeks advice on maintaining or improving the person's physical condition ▪ Assists the person with physical therapy 	<ul style="list-style-type: none"> ▪ Ensures that the person is not doing anything that would affect their gait, posture, etc.
Speech Pathologist	<ul style="list-style-type: none"> ▪ Assists the person in speech therapy ▪ Seeks advice on communicating with the person 	<ul style="list-style-type: none"> ▪ Consults the health professional for appropriate strategies that will address the person's goals and needs ▪ Starts simple conversations or stories with the person to help them speak more fluently and with confidence
Psychologists	<ul style="list-style-type: none"> ▪ Collects information on the person's mental wellbeing ▪ Seeks advice on what you can do to improve the person's mental health 	<ul style="list-style-type: none"> ▪ Consults the health professional for appropriate strategies that will address the person's goals and needs related to their mental health ▪ Helps provide mental and emotional support

- Reporting lines (To whom do you report? Who reports to you?)

As seen in the list above, *job role requirements* involve the responsibilities and day-to-day tasks you will undertake. Employees need to understand what their job role requirements are to meet them. You will have difficulty performing your functions well if you are unaware of what tasks to complete.

The specific job role requirements of a disability support worker will vary depending on the person's needs and goals. These requirements can be any one or combination of the following:

- Assisting the person in social and recreational activities, such as going to the park or seeing a movie
- Helping the person with their employment goals
- Providing personal care, such as showering, shaving, and oral hygiene
- Completing domestic duties such as cooking and cleaning
- Providing emotional support
- Helping the person communicate
- Handling relevant equipment, such as hoists and wheelchairs

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To help you further understand, this is a hypothetical position description of a disability support worker:

JOB DESCRIPTION JOB TITLE: Disability support worker JOB TYPE: Full time LOCATION: Gold Coast SUPERVISOR/MANAGER: Client Services Manager MAIN DUTIES/RESPONSIBILITIES: <ul style="list-style-type: none"> • Personal care (showering, toileting, and personal hygiene assistance) • Assistance with community access and recreational activities • Manual handling <u>and/or</u> the use of equipment to support mobility (wheelchairs or hoists) • Light domestic duties such as meal preparation and cleaning • Behavioural and Mental Health Support • Transportation • Social engagement SKILLS & EXPERIENCE Qualifications: <ul style="list-style-type: none"> • At least Certificate III in Individual Support • Valid driver's licence • Police clearance • NDIS Screening clearance Experience: <ul style="list-style-type: none"> • 2 years of experience in disability support, <u>specifically</u> clients with mental health needs and complex behaviours Skills: <ul style="list-style-type: none"> • Can work well with a team • Effective communication skills • Knowledgeable about PEG Feeding, Epilepsy Management, and Bowel and Catheter Care. PERFORMANCE GOALS: <ul style="list-style-type: none"> • Able to follow tasks in the client's Individualised Plan • Maintains a professional attitude and person-centred values at all times 	
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This is where you can find your job role requirements. Sometimes, it is known as 'The Role' or 'Tasks and Responsibilities'. Its name may vary depending on the organisation.

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The names of the parts and the structure of the document may depend on the organisation. A way to identify the job role requirements in position descriptions is to ask yourself, 'Which part indicates the tasks I have to do for work?'

Multimedia



The following link is a video about the typical day of a disability support worker in Australia:

[JSWA DISABILITY SUPPORT WORKER](#)



Checkpoint! Let's Review

1. A disability support worker assists people with disability in core and non-core activities.
2. Position descriptions are used to set expectations for both employer and employee. These contain details on the organisation, qualifications, job role requirements, working conditions, supervision and delegation requirements, and reporting lines.
3. Job role requirements involve the duties, responsibilities, and day-to-day tasks you will undertake.
4. Your job role may involve helping the person with self-care, recreation, chores, and communication.

1.2 Discuss Your Job Role Scope and Expectations With Your Supervisor



Aside from reading your position description, there is another way to know more about your job, precisely your job scope and expectations. You may communicate your concerns with your supervisor.

A *job scope* covers your responsibilities and limitations in your work role. On the other hand, *expectations* are employee requirements that include the expected performance results, behaviours, and actions. For example, a salesperson has to close an x number of accounts per month. A disability support worker must not be tardy for an x number of times per month.

As a disability support worker, you may find yourself in many personal situations with the person and their family. You may also experience problems where people make requests outside your scope. At times, the person may not know that what they are demanding is beyond their scope of practice.

Knowing your job scope and expectations will help you maintain a safe and transparent working environment for you and the person you are caring for. In addition, your job scope clarifies what you are unqualified to do (e.g. therapy). Performing a task that you do not have the knowledge and skills to do will negatively impact the person's wellbeing. Meeting job expectations shows your employer that you are a competent worker. Job expectations can also be a measurement of how well you are caring for the person.



Acting outside your job scope has consequences for those delivering National Disability Insurance Scheme (NDIS) support and services. In the NDIS Code of Conduct, the third element states that workers must 'provide supports and services in a safe and competent manner, with care and skill'. According to the NDIS, part of this is acting within your job scope. Violating this would be a breach of conduct. The consequences depend on the seriousness of the act, from 'Education, Persuasion, Compliant Support' to a 'Ban'.

Based on [Worker obligations](#), used under CC BY 3.0 AU. © Commonwealth of Australia

Failure to meet job expectations also has consequences. It indicates that you are not performing your tasks adequately. Similar to acting outside your job scope, the failure to meet this also negatively impacts the person. As an employee, you may find yourself disciplined or even terminated.

There are different ways to work only within your job scope and meet expectations:

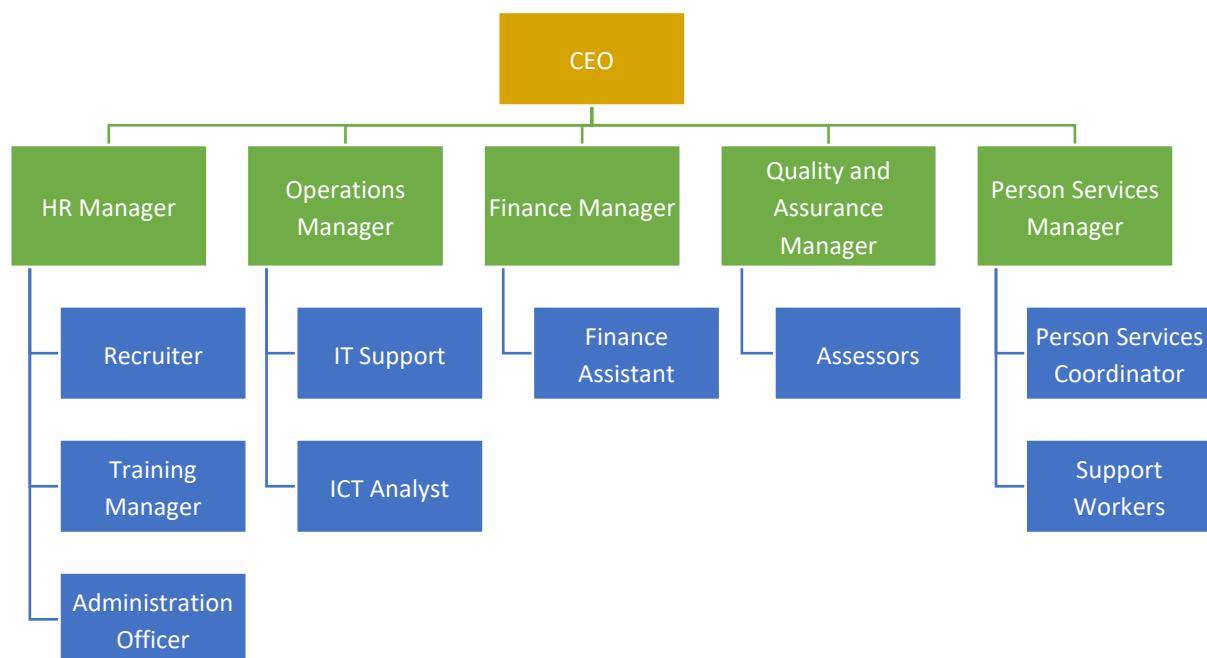
- Upon meeting the person and their family, inform them of your role and let them know what requests you can and cannot perform.
- Make sure to keep your private life separate from work.
- Have a good understanding of your job scope and expectations by reading your employee handbook or position description.
- Clarify and confirm your job scope with your supervisor in case unexpected situations arise.

Clarifying and Confirming Job Information With Your Supervisor

As a disability support worker, you will typically be working under supervision. *Working under supervision* means performing tasks under the instructions and control of a supervisor. Consulting with your supervisor is one solution for working within your job scope and meeting expectations.

To *clarify* is to make a statement or idea more understandable. To *confirm* is to say that something is correct or accurate. Your supervisor can help you understand your job role scope and expectations. They can also confirm if your understanding of your job role scope and expectations is correct.

You can find out who your supervisor is through your position description. Another way to do this is to familiarise yourself with your organisation's reporting lines. Again, this is different per organisation. The sample below is generally how each organisational structure looks like:



In this case, your reporting line starts with you in **Support Workers**, moves up to the **Person Services Coordinator** and **Person Services Manager**, and ends with the **CEO**. You report to the Coordinator, the Coordinator reports to the Manager, and so on. It is essential to know what reporting lines are to determine who your supervisor is.

Your supervisor is someone you report to directly. Supervisors oversee a team and assign tasks to subordinates. Depending on the organisation, they may hire, train, discipline, and even fire employees. To help you work within your job scope, your supervisor can give you more information about what duties you can perform.

The following list outlines the steps for communicating with your supervisor about your job scope and expectations:

1. Read your position description.
2. Write down the following questions about your job scope:

- Who are the workers involved? What are their roles and responsibilities?
- What kind of work situations are inside or outside the scope?
- When should you refer or delegate to other professionals?
- What are the consequences of working beyond your job scope?

3. Write down the following questions about your job expectations:
 - What performance indicators do I have to meet?
 - How am I expected to behave?
 - What does my supervisor expect from me?
 - What do the older people in my care expect from me?
 - What do my colleagues expect from me?
 - What criteria measure whether I meet those expectations?
 - What happens if those expectations are not met?
4. Write down other questions you may have.
5. Request a meeting with your supervisor.
6. Have your supervisor share their understanding of the position description.
7. Ask the questions you have listed.
8. Ask your supervisor for any foreseeable changes to your role.
9. Keep a line of communication open should you encounter unexpected situations.

Your supervisor will be completing regular performance reviews. These are typically done each month. Here, you can receive feedback and discuss training gaps, possible changes to your role, and more.

This meeting can help you confirm information. When you share your understanding of the job, your supervisor can tell you how correct you are. At the end of the meeting, you can ask them to confirm the information again.

In case you are incorrect or confused, your supervisor can clarify the information. Since they are in a supervisory position, they have more experience. Being experienced, they can provide insights on the job and dismiss any misconceptions you may have. They can also explain something in your position description that may be confusing.



Clarifying is more about removing confusion, while *confirming* is more about double-checking information. Remember to do both when understanding job scopes and expectations.



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.

The following is a template for meeting minutes you can use for this instance and other applicable instances.

Meeting Minutes

(username: newusername password: new password)



Checkpoint! Let's Review

1. A job scope covers your responsibilities and limitations in your work role.
2. A reporting line is a chain of supervisor and subordinate relationships, from the lowest-ranking job to the CEO. You can check your reporting line in your organisation's organisational chart.
3. Supervisors oversee a team and assign tasks to subordinates.
4. You can confirm and clarify your job scope by speaking with your supervisor.

1.3 Identify and Refer Tasks Outside Your Job Scope

The previous subchapter covered working within your job scope. It explained why it is crucial and how communicating with your supervisor can help you do this. It also touched on organisational charts you may find yourself working within. Let us now elaborate on how to refer tasks outside your job scope to more relevant personnel.

The following is a summary of different ways how to determine your job scope:

Know the extent of your job qualifications. Avoid activity that involves specialised knowledge and skills—for example, performing therapy done by allied health professionals.

Read and understand your job role requirements.

Communicate with your supervisor to clarify and confirm your job scope.

Know the limits of any tasks delegated to you by allied health professionals. Make sure to follow their instructions. Avoid performing medical procedures that go beyond your competency.

You must ensure that you perform only tasks within your job scope. As said before, this will affect the wellbeing of the person, their family, and even yourself. Furthermore, there are potential ethical and legal ramifications for going far beyond your job scope.

When you recognise that a task is outside your job scope, you must refer it to qualified, relevant personnel. The table on the next page shows the types of personnel that you may find yourself working with, as well as their scope of practice.

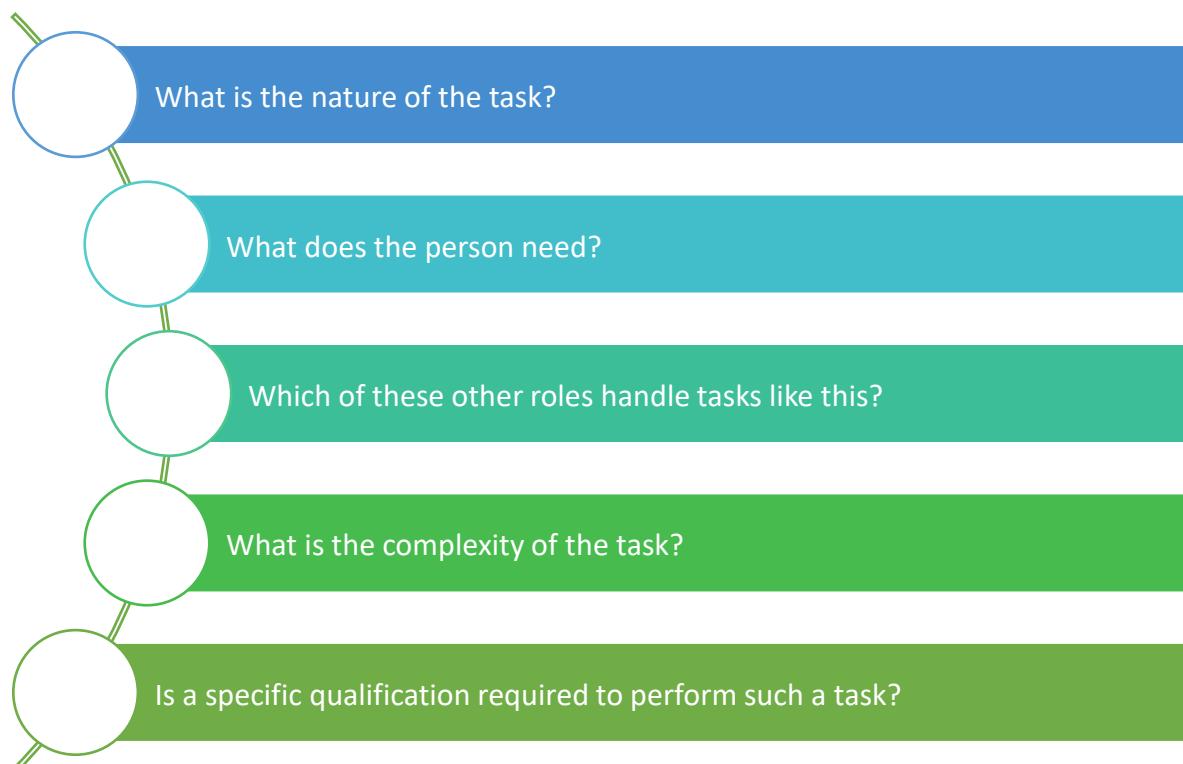
Job Roles in the Disability Sector	Duties and Responsibilities
Administration and management roles	<p>They oversee business-related activities. Tasks may include:</p> <ul style="list-style-type: none"> ▪ Planning and strategy ▪ Finance management ▪ Human resources ▪ Sales and marketing
Allied health professionals	<p>They have university-level qualifications that allow them to provide clinical and therapy services. Tasks are activities that would fall under the following branches:</p> <ul style="list-style-type: none"> ▪ Physiotherapy ▪ Occupational therapy ▪ Psychology ▪ Dietetics ▪ Orthotics ▪ Audiology ▪ Orthoptics ▪ Podiatry ▪ Speech pathology ▪ Social work
Allied health assistants	<p>They are trained to work within certain limits to undertake a range of less complex tasks delegated to them by allied health professionals. Depending on qualification and skill level, tasks may include the following:</p> <ul style="list-style-type: none"> ▪ Collecting and preparing equipment ▪ Documenting client progress ▪ Implementing therapy treatments and supports in accordance with therapy and support plans

Job Roles in the Disability Sector	Duties and Responsibilities
<ul style="list-style-type: none"> ▪ Assistants in nursing ▪ Disability support workers ▪ Individual support workers 	<p>They support people with disability to live the life they want. The day-to-day tasks of the role will vary greatly depending on the individual needs and goals of the person they support. Daily tasks may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> ▪ Supporting individual participation in social and recreational activities such as going to the footy or the movies ▪ Undertaking tasks outside the home, such as shopping, visiting friends and family ▪ Supporting participants in achieving their employment goals ▪ Personal care ▪ Light domestic duties, such as meal preparation and cleaning ▪ Manual handling and the use of equipment to support mobility (wheelchairs or hoists) ▪ Providing companionship and emotional support ▪ Transportation ▪ Assisting individuals to communicate
Doctors or general practitioners	They are registered health professionals responsible for the persons' overall healthcare. Tasks may include diagnosing ailments and prescribing treatments.
Enrolled nurses	They directly provide support to the person. This support can be with ADLs, medication administration, observations, and technical skills. They work under the supervision of registered nurses.
Planners	They assist in helping participants in developing their NDIS plans. They also determine which services will help them achieve their goals.

Job Roles in the Disability Sector	Duties and Responsibilities
Registered nurses	They are registered health professionals who assess, manage and use nursing diagnostic tools. They cover complex health needs and medication administration.
Support coordinators	They help persons with disability understand and implement funded supports in their NDIS plan. They can also help people with disability connect with service providers.
Local area coordinators	They help people with disability in navigating the NDIS. They can create, implement and review NDIS plans.

Based on [Explore disability careers](#), used under CC BY 4.0. © Copyright State Government of Victoria

Now that you know what job roles there are in the disability sector, what remains is to discuss how to delegate and refer tasks. The following is a list of questions you can ask yourself to decide to whom to refer the task:



The following case study depicts a disability support worker who is asked to work outside his job scope:

John's Diagnosis

John is a seven-year-old wheelchair user. He has spastic quadriplegia cerebral palsy. He lives with his parents and attends elementary school.

Jack is the disability support worker assigned to John's care team. John is comfortable in Jack's presence. Although John's capacity to communicate is limited, Jack can easily understand him.

As someone with cerebral palsy, John has to see different doctors several times. John does not trust them as much as Jack and asks Jack to do check-ups and diagnoses on him instead.

Knowing that he is not a doctor, Jack explains to John that he has specific tasks he can perform and tasks he cannot. Acting outside of his job scope may do more harm than good for John.

Referral procedures will depend on your organisation's policies and procedures. You must be familiar with the scope of your role, so you will have a good idea of what to do in different situations. You will know if there is a need to consult your supervisor or refer the concern to specialists.





Further Reading

For more information on supervision and delegation frameworks in the disability support sector, you may go to this link:

[Supervision and delegation framework for allied health assistants and the support workforce in disability](#)



Checkpoint! Let's Review

1. There are different types of job roles in the industry, including administration and management roles, allied health professionals and assistants, disability support workers, doctors, nurses, planners, and coordinators.
2. You must make sure to work only within your job role. Tasks that fall outside it may be inappropriate, breach the law, or require specialist knowledge.
3. Referral procedures will depend on your organisation's policies and procedures.
4. Deciding how to refer involves knowing the nature of the tasks, the person's needs, your team's job roles, and the task's complexity.



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. Work Within Organisational Requirements in Disability Support



In the previous chapter, you learnt how to identify your job role requirements and scope to meet those requirements on a day-to-day basis. Now that you know what tasks you will perform, this chapter will show you how to do these within organisational requirements.

Organisational requirements include business systems and processes, standards, protocols, codes of conduct, legal requirements, and the like. They provide limitations to ensure quality service and a safe working environment.

In this chapter, you will learn how to:

- Comply with professional conduct requirements
- Comply with legal and human rights framework requirements
- Work with interdisciplinary team members
- Use digital technology in the workplace

2.1 Comply With Professional Conduct Requirements

This subchapter will cover information about the disability industry. The first part will cover the issues that disability support faces. Afterwards, industry bodies will be discussed. You will learn about the functions of different organisations and how they address key issues. The last subsection includes industry standards and codes of conduct, which are created by some of the industry bodies.

Disability support workers need to be aware of this information. Standards and codes of conduct are written and enforced for the benefit of persons with disability. You must comply with these to deliver safe and quality service.

2.1.1 Key Issues Facing Disability Support

Around 6.8 million people aged 18 years and over have a disability or long-term health condition in Australia. 87% of these cannot carry out at least one everyday activity, such as mobility, communication, or self-care. On top of that, there are different key issues that persons with disability face:

Support Service	Key Issues	How it Affects Services
Disability Support	<ul style="list-style-type: none"> ▪ Harassment and abuse ▪ Insufficient equipment and resources 	<ul style="list-style-type: none"> ▪ It prevents persons with disability from living without abuse and neglect. ▪ It prevents persons with disability from getting high-quality care and services.
Community Support	<ul style="list-style-type: none"> ▪ Lack of disability awareness activities ▪ Lack of funds for disability support services 	<ul style="list-style-type: none"> ▪ It reinforces barriers between persons with disability and participation in society. ▪ It prevents persons with disability from availing of high-quality care and services funded by the government.

It is essential to know about issues that persons with disability face. Knowledge of these issues will help you empathise and be more nuanced about interacting with persons with disability.

Aside from the key issues mentioned, people with disability are still subject to negative views from others. There are attitudes and stereotypes related to each view. An *attitude* involves someone's actions and feelings toward a person, idea, or thing. A *stereotype* is a generalised, oversimplified belief about a particular group of people.

In the following, you will learn about the views to avoid:

Paternalism

Ableism

Stigma

Dangers of value judgments on the perceived quality of life

Common misconceptions

- **Paternalism** – This is when a healthcare professional interferes with the person's consent and ability to decide for themselves.

Someone's attitude shows paternalism if their actions and feelings toward someone make it seem as if someone cannot take care of themselves. For example, a health professional presents only one treatment plan (their recommended one) and leaves out other alternatives.

Stereotypes that show paternalism would involve beliefs that persons with disability do not have the capacity to take charge of their care. An example would be the belief that persons with disability cannot make their own decisions.

- **Ableism** – This is when a person believes that persons with disability are inferior to people without disabilities.

Someone has an ableist attitude if their actions and feelings tend to favour people without disabilities. For example, an employer pays a person without disability higher than their person with disability counterpart by virtue of the person being a person with disability.

Ableist stereotypes would be beliefs that persons with disability persons with disability can never be as skilled or talented as people without disabilities. An example would be the belief that persons with disability should be treated like children.

- **Stigma** – This is a negative view of someone because of a characteristic that they have.

Someone's attitude shows that they have a stigma if their actions and feelings are borne from casting persons with disability in a negative light. For example, someone bullies a person with disability because of their negative perceptions of them.

Stereotypes based on stigmas would be beliefs based on negative perceptions of persons with disability. An example is a belief that persons with disability are always dependent on carers, nurses, and support workers.

- **Dangers of value judgments on the perceived quality of life** – This refers to the risks of forming a judgment against how a person with disabilities perceives and evaluates their life.

Someone's attitude is based on these value judgements if their actions and feelings are borne from the negative judgments on a person with disability's perceived quality of life. For example, a person believes that a person with disability lacks the ability to make informed decisions regarding their support services.

Stereotypes based on these value judgments are beliefs borne from negative judgments on a person with disability's perceived quality of life. An example is a belief that everyone believes persons with disability are incapable of making informed decisions regarding their support services.

- **Common misconceptions** – This refers to widespread ideas that are wrong because they are based on a failure to understand a situation.

Someone's attitude is based on common misconceptions whenever their actions and feelings are borne from these misconceptions. For example, a person thinks that someone with a learning disability is incapable of learning new things.



Stereotypes based on common misconceptions are beliefs relating to widespread, overly generalised ideas about persons with disability. The table on the next page shows examples of stereotypes of common misconceptions.

Stereotype	Fact
Persons with disability can only do unskilled labour.	<p>They can work in different fields and hold all sorts of qualifications. 22.5% of employed persons with disability work as professionals, 13.2% work as clerical and administrative workers, 10.8 % are in managerial positions, and 15.2% are trade workers.</p> <p>Additionally, persons with disability usually understand what abilities they have and do not have. They are unlikely to apply for something they feel they are unqualified for.</p>
A company's insurance costs will increase when hiring persons with disability.	<p>There is a belief that persons with disability will get into more workplace accidents. However, there is no data to suggest that persons with disability are more vulnerable to workplace injury.</p>
Persons with disability are not that productive.	<p>Persons with disability are found to work at the same productivity levels as other employees.</p> <p>If there are cases when someone's productivity is significantly reduced, persons with disability can consider the Supported Wage System. This system lets persons with disability assess what their wages should be based on productivity.</p>
Persons with disability will have difficulty fitting in.	<p>Acceptance in the workplace comes with awareness and educating people that persons with disability can be competent in their jobs.</p> <p>Persons with disability are 20% of the Australian population. Hiring people can yield good bottom-line results and better staff morale.</p>

Based on *Disability myths and stereotypes*. © Commonwealth of Australia

Anyone, especially someone in disability support, must avoid these attitudes, stereotypes, and misconceptions. If you say or do anything relating to these, you risk offending the person and violating their rights.

2.1.2 The Disability Support Industry

Key organisations have the aforementioned issues in mind when developing industry standards or advocating for persons with disability. In this section, you will learn about these key organisations. These bodies influence the organisational requirements that you will be working within. You must know about these organisations to prepare for audits and follow best practices.

International Organisation for Standardisation (ISO)

The *International Organisation for Standardisation* is a worldwide federation of 166 entities. This is an independent, not-for-profit, and non-governmental body. ISO helps organisations improve by producing international standards and performing audits. ISO also provides training and gives certifications to organisations that meet their standards.



Having international standards ensures the safety of products and services. These standards provide opportunities to trade helpful information on the best industry practices.

Aside from *ISO Standards*, there is also the *National Standards on Disability Services (NSDS)*, which the Australian Government adopted into its policies. There will be more detailed discussions about these standards in Section 2.1.3.

Further Reading



For more information on the ISO, feel free to explore its website:

[ISO - International Organization for Standardization](#)

Programmes and Services for People with disability

These organisations aid people with disability in various ways. These include helplines, employment services, mental health programmes, and advocacy support. Some organisations get funding from the private sector to help people afford treatment and services. Other organisations and service providers give direct support to ADLs.



Programmes and Services for Carers

2.65 million Australians care for someone with a disability or long-term health condition. These organisations ensure that carers can still participate in the workforce and stay healthy while caring for persons with disability. Organisations under this category are *Carer Gateway*, *Young Carer Bursary Program*, and *MyTime Peer Support Groups for Parents of Young Children with Disabilities*.

Programmes and Services for Service Providers

Some organisations give service providers access to training and information, accommodation, operational frameworks, and funding.

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Government and International Bodies

- **Department of Social Services (DSS)**

The *Department of Social Services* strives to improve the quality of life of persons with disability and carers by providing support and services. The DSS implements the National Disability Strategy (2010–2020), which provides the policy framework for the disability sector in Australia. They also implement the NDIS. Further support includes payments, programmes and services, and grants and funding.

- **Disability Reform Council**

This council, composed of Commonwealth and state and territory ministers, handles the creation of policies for persons with disability.

Consultation and Advocacy



- **National disability and carers advisory council**

This council provides advice on the disability and carer sectors. It drives the implementation of the National Disability Strategy (NDS), the National Disability Insurance Scheme (NDIS), the Integrated Plan for Carer Support Services, and reforms to disability employment. The council comprises representatives from key organisations, persons with disability and carers.

- **Key organisations**

These key organisations are also known as peak bodies. *Peak bodies* are non-government entities that lobby the government and educate the community. Peak bodies in Australia include the following, as shown in the table on the next page (Department of Social Services, 2021).

Key Organisations	Functions
Australian Council of Social Service (ACSS)	The Australian Council of Social Service is a national advocate supporting people affected by poverty, disadvantage and inequality and the peak council for community services nationally.
Aged & Community Services Australia (ACSA)	ACSA exists to support an equitable and just aged care sector that Australians can trust to offer the quality of life, choice, and accessibility.
Carers Australia	Carers Australia makes efforts to improve the health, wellbeing, and security of carers.
National Disability Services (NDS)	The NDS supports the full spectrum of disability services providers across Australia.
National Disability Insurance Scheme (NDIS)	The NDIS provides persons with disability with information and connections to services that they need.
Australian Federation of Disability Organisations	This organisation focuses on advocating for long-term social change for persons with disability.
Blind Citizens Australia (BCA)	The BCA represents people who are blind or vision impaired. They provide information and peer support and perform advocacy and public policy initiatives.
Brain Injury Australia	This organisation represents people who acquired brain injuries. They provide information, monitor government policies, and advocate for the rights of persons with disability with acquired brain injuries.
Children With Disability Australia (CDA)	The CDA's purpose is to ensure governments, communities, and families are empowering children and young people with disability to exercise their rights and aspirations fully.
Deaf Australia	This organisation represents the deaf, deafblind, and hard-of-hearing community. They provide information, monitor government policies, and advocate for the rights of persons with disability with hearing impairments.

Key Organisations	Functions
Deafness Forum of Australia	This was created to help foster collaboration on systemic issues that people with hearing impairments face.
Disability Advocacy Network Australia (DANA)	This organisation supports disability advocacy organisations across Australia.
First Peoples Disability Network (FPDN)	The FPDN exists to promote respect for human rights and empower First Peoples with disability to participate in society.
National Council on Intellectual Disability	This organisation represents people with intellectual disabilities. They provide information, monitor government policies, and advocate for the rights of persons with disability with intellectual disabilities.
National Ethnic Disability Alliance (NEDA)	The NEDA advocates for the human rights of people with disability from culturally and linguistically diverse backgrounds.
Physical Disability Australia	This organisation advocates for the rights of people with physical disabilities and promotes diversity and inclusion.
Women With Disabilities Australia	They provide information, monitor government policies, and advocate for the rights of women, girls, feminine-identifying and non-binary people with disability.

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Funding and Accreditation Systems

Funding systems refer to the act of providing resources to finance an organisation's services in the disability support sector. Accreditation systems refer to the process of recognising an organisation that complies with the National Standards for Disability Services.

Accreditation bodies check registered organisations to see if they meet recognised standards in the disability support sector. Receiving accreditation confirms the level of quality the organisation has achieved. This entitles organisations to receive funds from either government or other organisations. Accreditation and certification bodies may act on behalf of the Department of Social Services or operate independently.

- **NDIS Quality and Safeguards Commission**

This body works with NDIS participants and service providers. The purpose is to ensure that services are quality and consistent across Australia. They are independent of the NDIS. Their responsibilities include the following:

Responding to complaints and reportable incidents

Promoting NDIS principles of choice and control

Requiring NDIS service providers to uphold participant's right to be unharmed

Registering and regulating NDIS providers

Overseeing the NDIS Code of Conduct and Practice Standards

Guiding NDIS service providers in complying with registration responsibilities

Monitoring compliance against NDIS Code of Conduct and Practice Standards

Monitoring the use of restrictive practices

Implementing NDIS worker screening

Sharing information with the National Disability Insurance Agency (NDIA) and other regulatory bodies

Providers must be registered in the NDIS to access their support services. Registration involves audits against NDIS Practice Standards. Registration has a three-year renewal cycle. There are two pathways to registration:

- **Verification**

This type of registration is for providers that deliver services with lower complexity.

- **Certification**

This type of registration is for providers that deliver services with higher complexity.

Based on [What we do](#), used under CC BY 3.0 AU. © Commonwealth of Australia

The following steps outline the process of receiving certification from the NDIS:

1. Submit a Notice of Intention to Obtain a Certificate of Compliance against the National Standards for Disability Services (NSDS).
2. Start the process.
3. Choose your certification body (CB).
4. Conduct your internal audit.
5. Prepare your certification audit.
6. Participate in your certification audit.
7. Take follow-up action if required.
8. Start a three-year funding cycle.

Prepare for the first surveillance audit.

Prepare for the second surveillance audit.

Re-negotiate the contract with CB.

Prepare for the recertification audit.

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

As evidence that the organisation is delivering services in line with the NDIS, the organisation receives a Certification of Compliance.



Further Reading

You may access a list of certification bodies that perform services on behalf of the Department of Social Services at this link:

[Accredited Certification Bodies](#)

- **National Disability Advocacy Program (NDAP)**

Amendments to the Disability Services Act 1986 mandated the introduction of *Quality Assurance for the National Disability Advocacy Program*. This is so the NDAP can assess compliance with disability advocacy services against the National Standards of Disability Services (NSDS).



- **Quality Strategy for Disability Employment**

Disability employment services must meet quality assurance requirements to receive funding from the Australian Government. The Disability Services Act 1986 contains this requirement. Disability employment services begin the certification process by contacting the DSS.

The objectives of the Quality Strategy include the following:

- Give persons with disability more confidence in service delivery and employment outcomes
- Ensure services meet the National Standards for Disability Services
- Improve assessment of service quality to make it more objective and measurable
- Link funding and certification
- Minimise government intervention in daily service operations
- Help services review and improve the services they provide

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- **Joint Accreditation System of Australia and New Zealand (JAS-ANZ)**

This organisation provides internationally recognised accreditation.

The following are accredited certification bodies under this system:

BSI Group Australia and New Zealand Pty Ltd

Certification Partner Global (Australia) Pty Ltd (Formerly ISC Global)

DNV GL

Global-Mark Pty Ltd

HDAA Australia Pty Ltd

Institute for Healthy Communities Australia Certification Pty Limited

Quantum Certification Services

SAI Global

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2.1.3 Industry Standards and Professional Conduct Requirements

In the previous section, you learnt about the different key organisations in the industry. These organisations uphold and enforce specific standards and requirements. Let us discuss this in a more in-depth manner. The failure to implement these standards may result in losing accreditation and, consequently, funding.

Industry Standards



- **ISO Standards**

The ISO covers standards from food safety to IT security and health and safety standards. For the disability sector, ISO standards apply to organisations that create assistive products. Examples of these products include canes, prosthetics, wheelchairs, and walkers.

- **National Standards for Disability Services (NSDS)**

The role of this is to promote national consistency and improve the quality of disability services. Since 1993, the NSDS has been revised to reflect current views and disability service models. The National Standards on Disability Services protects the rights of persons with disability by setting service standards expected of Disability Employment Services and Australian Disability Enterprises under the Disability Service Act 1986.

There are six national standards related to disability services. These are as follows:



- **Rights**

The service must promote rights to freedom of expression, self-determination, and decision-making. It must also take measures to prevent abuse, harm, neglect, and violence. The role of this standard is to promote ethical, respectful, and safe service delivery which meets, if not exceeds, legislative requirements and achieves positive outcomes for people with disability. This industry standard protects the rights of persons with disability by requiring service providers to take measures to prevent abuse, harm, neglect, and violence.

- **Participation and inclusion**

The service must create opportunities for individuals to have meaningful participation and active inclusion in society. The role of this standard is to promote the connection of people with disability with their families, friends and chosen communities. This industry standard ensures the participation and inclusion of persons with disability in society by requiring service providers to create meaningful opportunities for them.

- **Individual outcomes**

Services must be assessed, planned, delivered and reviewed in accordance with the individual's strengths and goals. The role of this standard is to promote person-centred approaches to service delivery. This industry standard promotes person with disability rights since it emphasises their right to self-determination by allowing them to direct decisions about their care.



STANDARD

- **Feedback and complaints**

The service must seek feedback and use this information for service reviews and improvement. The role of this standard is to ensure that both positive and negative feedback, complaints, and disputes are effectively handled. This promotes the person with disability's freedom to give feedback and play an active role in how their care will be improved.

The specific human rights principles reflected in the NSDS include the following:

Respect for persons with disability's dignity, independence, and autonomy, including freedom of choice

Right to non-discrimination

Right to participation and inclusion in society

Respect for differences

Equal opportunity

Accessibility

Equality between men and women

Respect for evolving capacities of children and persons with disability

Rights of children with disabilities to preserve their identity

Active but appropriate partnerships between services and persons with disability



Further Reading

You may read through the Convention on the Rights of Persons with Disabilities and the National Disability Strategy here:

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

[National Disability Strategy 2010-2020](#)

- Quality management principles



The specific quality management principles reflected in the NSDS include the following:

- Providing leadership
- Focusing on the individual's outcomes
- Encouraging the involvement of individuals and staff
- Using a process approach
- Using a systems approach
- Ensuring continuous improvement
- Making decisions based on evidence
- Engaging in collaborative partnerships

Professional Conduct Requirements

A *code of conduct* is an organisational policy that lays out the organisation's principles and standards. It also outlines various expectations that all disability support workers must meet. Codes of conduct for disability support workers and professionals typically include the following:

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

The role of a code of conduct is to prescribe the expected behaviour of disability support workers and the requirements of disability service provider organisations. Complying with the state/territory's code of conduct ensures that all support services provided to persons with disability align with their individual rights.

The *NDIS Code of Conduct* is one of many codes that disability support workers can use. This code sets out expectations for safe and ethical service and support. The code requires NDIS providers and their employees to:

Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with relevant laws and conventions

Respect the privacy of people with disability

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 people with disability

Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse

Take all reasonable steps to prevent sexual misconduct

Based on *NDIS Code of Conduct*, used under CC BY 3.0 AU. © Commonwealth of Australia

Victoria also has the Disability Service Safeguards Code of Conduct. This code of conduct aims to complement the NDIS Quality and Safeguarding Framework. It also adopts the same requirements as the NDIS Code of Conduct. The Victorian code of conduct applies to all disability workers, regardless of the source of funding of the service providers.



The code requires that disability workers, in providing support or services to people with disability, must:

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
- Respect the privacy of people with disability
- 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 may impact the quality and safety of supports and services provided to people with disability
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability
- Take all reasonable steps to prevent and respond to sexual misconduct

*Sourced from [Disability Service Safeguards - Code of Conduct](#), used under CC BY 4.0.
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Further Reading



Learn more about the Disability Service Safeguards – Code of Conduct through the link provided below:

[Disability Service Safeguards - Code of Conduct](#)

Your organisation or state may also have its own code of conduct in place for workers and professionals providing assistance and support to persons with disability. Refer to your organisation's documents for additional information.

To ensure that you abide by standards and codes of conduct, you are encouraged to read further beyond the information offered here. Your organisation or state may also have its code of conduct in place for professionals in aiding and supporting persons with disability. Refer to your organisation's documents for additional information.

Based on the information provided by this Learner Guide and your organisation's codes of conduct, make sure to do the following:

1. Review your work habits. Keep in mind the different areas in your day-to-day tasks where adherence to these requirements is lacking.
2. Stay honest with yourself about your level of adherence.
3. Make the necessary changes in your work habits.



The following case study will illustrate how a disability support worker can do the steps mentioned above:

Jane's Work Habits

Mary is a 19-year-old girl with deaf-blindness. Mary has Usher syndrome (type 3) with moderate hearing loss in both ears. Usher type 3 is characterised by gradual hearing and seeing loss, which occurs after the person has learnt how to speak. Currently, Jane is assigned to be Mary's disability support worker.

Caring for Mary is challenging. Jane has to maximise the sight and hearing capacities that Mary has left. Communicating with Mary is also challenging. It involves alternate modes of communication, such as the deaf-blind alphabet and using touch cues. At the same time, Jane also has to make sure that Mary remains independent.

Upon reviewing her work habits, Jane suspects that she may be in danger of compromising the person's privacy. When interacting with her co-workers, she notices that she complains about Mary's care a lot. Jane chooses to stay honest with herself and her adherence to the codes of conduct. She realises that although the difficulty level is apparent, she must maintain the person's privacy.

Checkpoint! Let's Review



1. Organisational requirements include business systems and processes, standards, protocols, codes of conduct, legal requirements, and the like.
2. Key issues facing disability support include a worse quality of living for persons with disability than those with no disabilities.
3. Be sure to avoid harmful attitudes such as paternalism, ableism, stigmas, and negative value judgments.
4. Key organisations are making an effort to ensure a better quality of life for persons with disability through setting industry standards, lobbying the government, or directly assisting carers and persons with disability.
5. Another reason to abide by organisational requirements is so that your organisation can attain or maintain accreditation. Otherwise, they would lose funding.
6. A code of conduct is an organisational policy that lays out the organisation's principles and standards. The disability support sector usually tries to comply with the NDIS Code of Conduct.



2.2 Comply With Legal and Human Rights Framework Requirements



You learnt about the disability sector's key issues and organisations in the previous subchapter. You also learnt about the standards and codes of conduct themselves. Legal and human rights frameworks in place drive the implementation of these standards and codes of conduct.

Frameworks are supporting ideas, concepts, findings, and laws that support and regulate a system. All jobs involve frameworks, but each job has a unique framework for regulating the quality of work.

Jobs that involve caring for persons with disability have legal, political, and social frameworks in place. These frameworks guarantee that the needs of persons with disability are addressed appropriately. As time passes, these frameworks are changed and adapted. Changes to frameworks are necessary to ensure that all job guidelines are based on current relevant information.

Legal frameworks are collections of laws, conditions, and arrangements that form the overall legal context. This context affects the implementation of an occupation's duties. A legal framework helps in achieving a particular objective. In this case, the aim is to empower persons with disability by ensuring their rights and addressing their need to be integrated into society.

Human rights are standards used to recognise and safeguard the dignity of all humans. These rights are part of the more extensive basis of laws and Acts governing people and communities. These rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe.

Human rights are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives.

The Australian Government respects and upholds the following human rights treaties:

International Covenant on Civil and Political Rights (ICCPR)

International Covenant on Economic, Social and Cultural Rights (ICESCR)

International Convention on the Elimination of All Forms of Racial Discrimination (CERD)

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Convention on the Rights of the Child (CRC)

Convention on the Rights of Persons With Disabilities (CRPD)

The legal and human rights framework, its requirements, and related concepts will be discussed in this subchapter. You will become familiar with institutions related to this framework and the ideas that underpin laws.

2.2.1 National and State/Territory-Based Statutory Bodies and Legislation

National Statutory Bodies

These are organisations set up by law and authorities to implement laws and legislation on a national level.

Australia contributed to the development of the Universal Declaration of Human Rights (UDHR). The UDHR declares that human rights are enjoyed by any person regardless of who they are and where they live. A statutory body exists by law and enforces human rights legislation on a federal or state level.



- **Australian Human Rights Commission (AHRC)**

The *Australian Human Rights Commission* is an independent statutory body responsible for upholding the rights of all Australians. The commission was created through the Australian Human Rights Commission Act 1986. The commission's role is to investigate and conciliate discrimination and human rights complaints. This body promotes person with disability rights by ensuring that these rights are respected and protected.

The following are the different functions performed by the AHRC:

- Investigates discrimination and human rights complaints
- Advocates for the government to consider human rights in laws and policies
- Promotes and raises awareness of human rights issues
- Provides legal advice on human rights obligations to courts
- Produces guidelines for employers to assist entities in adopting diversity and inclusion
- Provides training programmes for human rights institutions in the Asia-Pacific region
- Monitors Australia's commitment to meeting international human rights requirements

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While there is a human rights commission on the national level, there are also commissions that safeguard human rights on the state level. Not all states have commissions yet. The table below lists the states that have commissions:

State-Level Human Rights Commissions	Description
ACT Human Rights Commission	The Human Rights Act 2004 aims to promote civil and political rights, the right to education, and cultural rights. ACT was the first Australian state to enact a human rights Act.
Queensland Human Rights Commission	The Queensland Human Rights Act 2019 protects civil and political rights. It safeguards rights to education, rights to health services, cultural rights, etc.
Victorian Equal Opportunity and Human Rights Commission	The Charter of Human Rights and Responsibilities Act 2006 protects civil, political, and cultural rights. This commission also recognises the right to equality as a fundamental human right upheld by the Equal Opportunity Act 2010.

*Based on Australia's human rights framework, used under CC BY 4.0.
© State of Victoria (The Victorian Equal Opportunity and Human Rights Commission) 2020*

▪ **Office of the Health Ombudsman**

The *Office of the Health Ombudsman* is responsible for protecting private health insurance consumers through the following:

- Addressing complaints (complaints about health insurance and not the quality of service). These complaints can come from health fund members, health funds, hospitals, or medical practitioners.
- Identifying problems in health funds and healthcare providers
- Advising government and industry about issues affecting consumers
- Giving recommendations to the government and industry

The Office of the Commonwealth Ombudsman helps persons with disability sort out problems with Australian Government agencies by taking complaints about mainstream programmes that are delivered to or for them.

This office was created by the Ombudsman Act 1976. There is a Commonwealth Ombudsman and an ombudsman for each state in Australia. Due to an arrangement between the Australian and ACT Governments, the Commonwealth Ombudsman is also the ACT Ombudsman.

Based on [How we can help you](#), used under CC BY 4.0. © Commonwealth of Australia 2022

The following programmes are implemented by the office to promote disability rights:

- National Disability Insurance Scheme
- Disability Support Pension
- Disability Employment Services

You can make complaints about the actions or decisions of state/territory governments by contacting your state/territory Government Ombudsman or equivalent office holder in your state/territory. You can find the link to your state/territory Ombudsman in this table:

State/Territory	Link to Government Ombudsman
Australian Capital Territory	ACT Ombudsman - Commonwealth Ombudsman
New South Wales	Home
Northern Territory	Home Office of the Ombudsman NT
Queensland	Home - Queensland Ombudsman
South Australia	Ombudsman SA
Tasmania	Home
Victoria	Home - Victorian Ombudsman
Western Australia	Ombudsman WA Home

▪ **National Disability Insurance Agency (NDIA)**

This organisation manages the National Disability Insurance Scheme or NDIS. This agency is appointed by the government and is funded by the Department of Social Services. Its role is to implement the National Disability Insurance Scheme (NDIS), which provides funding to eligible people based on their individual needs. This body promotes person with disability rights by providing funds that will help persons with disability meet their needs and goals.

State/Territory-Based Statutory Bodies

These are organisations set up by law and authorities to implement laws and legislation on a state/territory level:

- **Disability services commissioner**

Its role is to investigate complaints relating to disability services and regulated disability services. It promotes person with disability rights by preventing and responding to abuse and neglect of persons with disability receiving disability services or regulated disability services.

- **Disability advisory council**

The role of advisory councils is generally to provide advice to the Minister in respect of the barriers to full inclusion and participation in the community of persons with disability and the strategies for the removal of those barriers. These promote person with disability rights by ensuring that the state disability plan supports the participation and inclusion of people with disability in the Victorian community.

The following table lists advisory councils (or their equivalents) per state/territory:

State/Territory	Links to Advisory Councils
Australian Capital Territory	Disability
New South Wales	Disability Council NSW
Northern Territory	Office of Disability
Queensland	Queensland Disability Advisory Council
South Australia	Safeguarding Task Force
Tasmania	Premier's Disability Advisory Council
Victoria	Victorian Disability Advisory Council
Western Australia	Ministerial Advisory Council on Disability

National Legislation

Thus far, you have learnt about the institutions in Australia that protect human rights for people with disability. Now, it is time to discuss the conventions and legislation relevant to the disability support sector. Aside from conducting yourself ethically, as mentioned in Subchapter 2.1, it is crucial to conform to the law and uphold human rights. In this section, you will learn about national legislation, which applies to all states and territories.

Convention on the Rights of Persons With Disabilities (CRPD)



Disability support workers must understand the rights enumerated within the CRPD. The convention contains many fundamental human rights that you can find in the UDHR. In addition, it includes general and specific obligations that aim to protect different types of rights of all persons with disability.

The CRPD contains two documents. One document outlines the fundamental rights of persons with disability that must be upheld. The second document contains a protocol for defending these rights and addressing complaints. It is crucial to note that Australia has signed and accepted both documents.

The convention explains what rights persons with disability are entitled to, what actions that affect persons with disability must be avoided, and how persons with disability must be supported. The Convention of the Rights of Persons with Disabilities adopts a broad categorisation of persons with disability and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedom. This entered into force on 3 May 2008.

The role of the CRPD is to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disability and to promote respect for their inherent dignity. It promotes disability rights by taking all appropriate measures to eliminate discrimination on the basis of disability by any person, organisation or private enterprise.

The CRPD is based on eight principles:

- Respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disability as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities



Further Reading

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

[Universal Declaration of Human Rights](#)

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

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

The convention obligates Australia to meet these human rights requirements. Australia expresses and enforces these obligations through the following human rights legislation:

Australian Human Rights
Commission Act 1986

Disability Services Act
1986

Disability Discrimination
Act 1992

Australian Human Rights Commission Act 1986

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

- The term 'disabled person' means any person unable to ensure by themselves, wholly or partly, the necessities of a normal individual and social life as a result of deficiency, either congenital or not, in their physical or mental capabilities.
- Disabled persons shall enjoy all the rights outlined in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination based on race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person themselves or to their family.
- Disabled persons have the inherent right to respect their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of the same age, which implies, first and foremost, the right to enjoy a decent life as normal and full as possible.
- Disabled persons have the same civil and political rights as other human beings. Paragraph 7 of the Declaration on the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.
- Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.
- Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.

- Disabled persons have the right to economic and social security and to a decent level of living. According to their capabilities, they have the right to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.
- Disabled persons are entitled to have their special needs considered at all stages of economic and social planning.
- Disabled persons have the right to live with their families or foster parents and participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as their residence is concerned, to differential treatment other than that required by their condition or by the improvement which they may derive from there. Suppose the stay of a disabled person in a specialised establishment is indispensable. In that case, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of their age.
- Disabled persons shall be protected against all exploitation, regulations and treatment of a discriminatory, abusive or degrading nature.
- Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall fully consider their physical and mental condition.
- Organisations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.
- Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration.



*Based on content from the Federal Register of Legislation at 29 December 2022.
For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.
Australian Human Rights Commission Act 1986, used under CC BY 4.0*

Disability Services Act 1986

The *Disability Services Act 1986* lists flexible provisions that are responsive to the needs and goals of persons with disability. Meeting this legal requirement promotes person with disability rights since allocating funds for services will allow them to participate as members of the community.

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

Accommodation support services

Independent living training services

Information services

Print disability services

Recreation services

Respite care services

Services included in a class of services approved by the Minister under Section 9 of the Disability Services Act 1986

Based on content from the Federal Register of Legislation at 29 December 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](#)

Disability Discrimination Act 1992

The *Disability Discrimination Act 1992* aims to prevent discrimination in all its forms against persons with disability. The Act covers both indirect and direct discrimination. The role of this act is to ensure, as far as practicable, that persons with disability have the same rights to equality before the law as the rest of the community. Meeting this legal requirement will promote person with disability rights since it will make them feel respected and valued as individuals.

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

- Employment, including the following:
 - As a commission agent or contract worker
 - Partnerships
 - Conferring, renewing, extending, revoking, or withdrawing an authorisation or qualification
 - Registered organisations under the Fair Work Act 2009
- Education
- Access to premises
- Goods, services, and facilities
- Accommodation
- Land
- Clubs and incorporated associations
- Sport
- Administration of Commonwealth laws and programmes



*Based on content from the Federal Register of Legislation 29 December 2022.
For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.
Disability Discrimination Act 1992, used under CC BY 4.0*



Further Reading

The exact prohibitions under the Disability Discrimination Act 1992 are provided through the link below:

[Disability Discrimination Act 1992](#)

The laws on discrimination provided in this section were also used as a basis for identifying other rights of persons with disability. These rights are expressed through the following requirements:

- Dignity of risk
- Privacy, confidentiality, and disclosure

State/Territory-Based Legislation

These are legislation that is specific to only certain regions in Australia. The role of these is to generally promote and uphold the rights of persons with disability to access the services they need. Meeting the requirements of this legislation promotes person with disability rights since access to services will help them achieve a good quality of life and allow them to enjoy their rights.

The following table lists legislation per state/territory relevant to the disability support industry:

State/Territory	Reporting Authority
Australian Capital Territory	Disability Services Act 1991
New South Wales	Disability Inclusion Act 2014 No 41
Northern Territory	Disability Services Act 1993
Queensland	Disability Services Act 2006 No. 12
South Australia	Disability Services Act 1993
Tasmania	Disability Services Act 2011
Victoria	Disability Act 2006
Western Australia	Disability Services Act 1993

2.2.2 Ethical and Legal Considerations in Working With Persons With Disability

Section 2.2.1 discussed the general laws you should know. Now, you will be learning about the legal and ethical considerations that underpin these laws. These requirements will allow you to provide high-quality service and guarantee the person's safety. They will also help you perform your duties in a professional and person-centred manner.

The following are the various legal and ethical considerations for working with persons with disability:



Duty of Care

A *duty of care* is a legal obligation that requires disability support workers to always act in their best interests. When applying the duty of care, one must avoid acts or omissions which could be reasonably foreseen to injure or harm persons with disability. Support workers have a duty of care to persons with disability to reduce or limit the amount of harm or injury they may experience due to their support.

A worker with a duty of care to a person with disability must always act to prevent the person with disability from suffering any form of harm. Harm can include physical, emotional, and mental harm. Acting or not acting to protect a person with disability from harm constitutes a breach of duty of care. This breach can have consequences depending on your organisation's policies and procedures.

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



For example, a disability support worker in a hospital may need to make decisions based on standards that consider the following:

- The health risks to other patients
- The overall aim of improving the patient's health
- The rights of the person with disability, including their right to refuse service
- The limits and restrictions related to the facilities of the hospital

It must be noted here that duty of care must be applied in all areas of care. You act in the person's best interests when:

- Applying dignity of risk
- Upholding their rights
- Seeking consent
- Doing mandatory reports
- Respecting cultures
- Using restrictive practices only when necessary

Dignity of Risk

One of the rights of persons with disability indicated in the Australian Human Rights Commission Act 1986 is the right to enjoy a full, normal, and decent life. This right is the basis for the concept of dignity of risk.

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



The dignity of risk aligns with Standard 1 in the *National Standards for Disability Services*. Under this standard, the client's inherent right to freedom of expression and the right to make decisions about and exercise control over their own lives are recognised. This standard aligns with the person's dignity of risk because they are given the right to choose to take some risks in life.

Based on National Standards for Disability Services, used under CC BY 3.0 AU. © Commonwealth of Australia

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

- A person with an impairment affecting their ability to walk wants to play wheelchair sports.
- An older person with poor vision wants to walk to the bakery every day.
- A child with cerebral palsy wants to try riding a dodgem car at a local fair.



In all the given examples, the person with disability is facing serious risks. However, if they are genuinely empowered, the disability support workers caring for them must enable them to take these risks.

As a disability support worker, you need to balance the duty of care with the dignity of risk. It is the disability support worker's duty of care to ensure that the person they are supporting is able to live their life however they choose while maintaining their health and safety (as far as reasonably practicable).

Support practices that can address duty of care and dignity of risk include the following:

- Joining a person's first few trips before eventually allowing them to go on their own if they choose to
- Guiding a person to buy groceries in the market before eventually allowing them to go on their own if they choose to
- Assisting a person in cooking their food before eventually allowing them to do it on their own if they choose to

Mandatory Reporting

Mandatory reporting is a legal obligation to report any reasonable belief of abuse to the proper authorities. Any person with a duty of care over a person with disability must determine whether the person with disability needs immediate help or is suffering from significant harm. Its role is to enable persons with disability to be protected from indicators and allegations of exploitation, abuse, harassment, and neglect.

It is the disability support worker's duty of care to ensure that any reasonable belief of abuse to the person they are supporting is reported to the proper authorities. For example, if a person with disability is seen with bite marks and injuries in their private areas. A support worker's duty of care will then be to report the case to the proper authorities as a mandatory reporter if they suspect signs of abuse or neglect.

Complying with mandatory reporting promotes person with disability rights by preventing and stopping the harm, such as abuse, harassment, and neglect, that can bring to people with disability.



Further Reading

The legal basis of mandatory reporting can be found in Article 16 of the CRPD:

[Article 16 – Freedom from exploitation, violence and abuse](#)

Mandatory reporting is applicable in any situation where a disability support worker believes that a person with disability is at risk of any of the following:

- Neglect
- Exposure to domestic violence
- Physical, emotional or psychological harm
- Sexual harm
- Financial abuse
- Abandonment



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

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

*Based on Who are mandatory reporters?, used under CC BY 4.0.
© State of New South Wales (Department of Communities and Justice)*

Professions that are required to be mandatory reporters can vary per state or territory. Refer to your state or territory policies and procedures on mandatory reporting for more information.

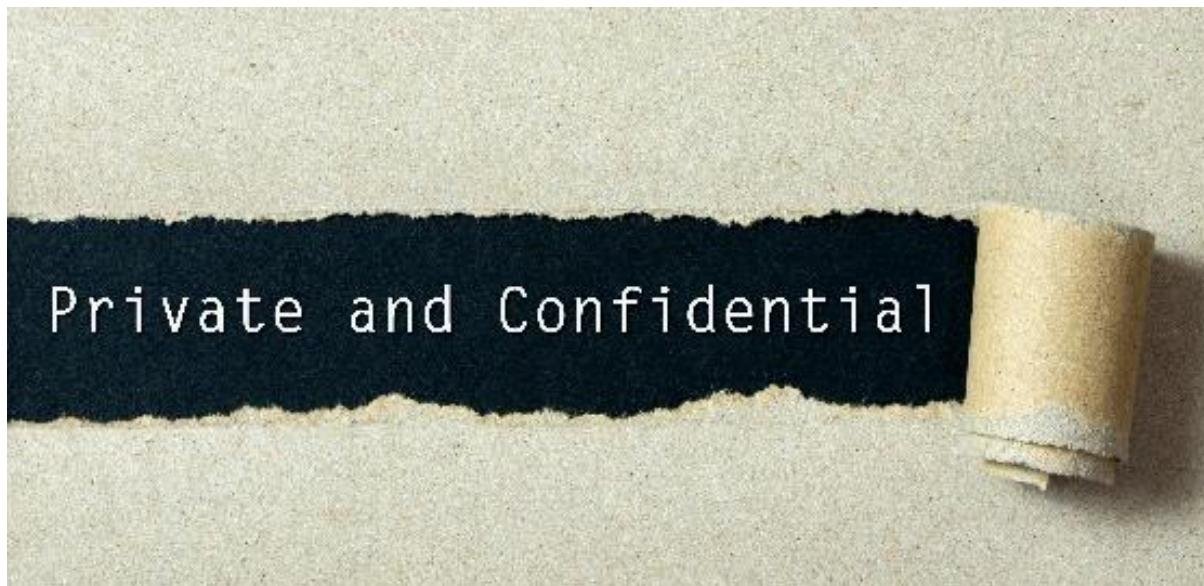
All Australian states and territories have active laws that require mandatory reporting. However, the laws and authorities are not the same across all jurisdictions. Disability support workers will need to follow certain procedures when reporting suspected cases of abuse.

For example, disability support workers who work closely with children are legally obligated to report cases of abuse and harm to the following reporting authorities:

State/Territory	Reporting Authority
Australian Capital Territory	Child and Youth Protection Services
New South Wales	Family & 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	Health and Human Services
Western Australia	Child protection

On the other hand, disability support workers who provide residential aged care services subsidised by the Australian Government must adhere to the Serious Incident Report Scheme. This means that they must report cases of abuse and neglect through the My Aged Care service provider portal on the Department of Health website.

Privacy, Confidentiality, and Disclosure



According to Schedule 5 of the Australian Human Rights Commission Act 1986, persons with disability have the right to human dignity and protection against exploitation. This right serves as the basis for persons with disability's rights under privacy, confidentiality, and disclosure through the Privacy Act 1988.

The *Privacy Act 1988* details the type of information organisations can collect and how to handle information. These prohibitions are based on the Australian Privacy Principles.

The purpose of the Privacy Act 1988 includes the following:

- To promote the protection of the privacy of individuals
- To recognise that the protection of the privacy of individuals is balanced with the interests of entities in carrying out their functions or activities
- To provide the basis for nationally consistent regulation of privacy and the handling of personal information
- To promote responsible and transparent handling of personal information by entities
- To facilitate an efficient credit reporting system while ensuring that the privacy of individuals is respected
- To facilitate the free flow of information across national borders while ensuring that the privacy of individuals is respected
- To provide a means for individuals to complain about an alleged interference with their privacy
- To implement Australia's international obligation in relation to privacy

The *Australian Privacy Principles* are:

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

Based on content from the Federal Register of Legislation at 29 December 2022.

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

Privacy Act 1988, used under CC BY 4.0



Further Reading

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

[Privacy Act 1988](#)

- **Privacy**

Privacy is a human right that protects a person from unwanted occurrences and 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 limitations to how others can affect their lives. The role of privacy is to enable persons with disability to have control over how their personal information is collected, used, and disclosed. Complying with privacy promotes person with disability rights since it respects a person's preferences regarding the handling of their personal information.

These people are already trying to cope with everyday challenges associated with the person's condition. They would not want organisations to give them unsolicited advice and use them as a subject in their studies.

Persons and their families need to have privacy. As such, you must remember to adhere to your organisation's privacy policy and take measures to ensure confidentiality. You must do this whenever you interact with doctors and other professionals who may not be privy to the information available to you.



A privacy policy must be in place as you collect essential information regarding the person. 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 documentation, storage, and use of information.

- **Confidentiality**

Confidentiality involves ensuring that records and documents are free of information that can be used to identify a person or group. Confidentiality and privacy are directly linked. The role of confidentiality is to enable persons with disability to have their sensitive information kept confidential until they permit to disclose it. Complying with confidentiality promotes person with disability rights since it builds the trust of persons with disability to share sensitive information to support workers.



Ensuring confidentiality involves removing personal and sensitive information from relevant documents. *Personal information* refers to data that can be used to identify a person. *Sensitive information* is data on a person's background, preferences, lifestyle, associations, and beliefs.

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 ▪ Voice print and facial recognition biometrics (because they collect characteristics that make an individual's voice or face unique) <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 origins ▪ Political opinions or associations ▪ Religious or philosophical beliefs ▪ Trade union memberships or associations ▪ Sexual orientation or practices ▪ Criminal records ▪ Health or genetic information ▪ Some aspects of biometric information <p>Generally, sensitive information has a higher level of privacy protection than other personal information.</p>

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

To respect the person's privacy and confidentiality, your organisation will provide consent to share information documents so that person can confirm to whom and what information to share. If the person cannot consent, then typically, the guardian will sign off on the document.

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?](#)

Disability support workers who seek to make confidential documents and forms must:

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

Consent

Consent is when someone agrees or gives permission to someone else to perform a particular action. The role of consent is to enable persons with disability to have a complete understanding of any proposed support service before giving them their approval. Seeking consent helps promote person with disability rights since it respects the person's preferences regarding the kind of support services they want.

Consent is only valid if it is:

- Voluntary
- Informed
- Specific
- Current



However, depending on the person's disability, they may not be able to fulfil all these aspects. It is the responsibility of service providers to check if the person satisfies all aspects of consent and to what extent they meet it. They are to provide appropriate support to assist people in exercising their capacity to give consent.

- **Voluntary**

Consent is *voluntary* if it is given without coercion or threat. Coercion and threats can sometimes be subtle. For example, a person must provide personal information or else the service provider will cease support.

The person must also be given adequate time to understand what they are permitting.

- **Informed**

Informed consent is when the person has all the essential details about the decision and alternate options, including the following:

- Possible outcomes of the decision
- Risks involved with the decision
- Effects that the decision may have on their financial assets

On the other hand, *uninformed consent* is when a person agrees to something without understanding what it is. This type of consent could be a result of incomplete information. They may not have received the correct information, or they did not get any information at all. This can often happen in aged care. Sometimes, an older person is mentally compromised. This means they are unable to understand what is happening. Consent given without enough information is not genuine consent.

Below is a summary of the difference between informed and uninformed consent:

Informed Consent	Uninformed Consent
<ul style="list-style-type: none"> • Person is able to understand • Person has complete information • Person has correct information 	<ul style="list-style-type: none"> • Person is unable to understand • Person has incomplete information • Person has wrong information

Uninformed consent prevents the persons with disability from having a complete understanding of any proposed support service before giving them their approval. Seeking uninformed violates person with disability rights since it prevents persons with disability from understanding the risks that arise from any proposed support service given to them.

Informed consent is necessary in all cases, except when:

- A court order requires you to provide information without the consent of the person.
- Disclosing the information is needed to assist law enforcement agencies and other relevant government agencies.
- There is reason to believe that the person is in grave danger or risk of harm and the information is necessary to file a report.



When ensuring that the person can provide informed consent, it will be necessary to:

- Respect the person's wishes
- Follow the rules and procedures on privacy, confidentiality, and disclosure of information
- Discuss all essential details with the person and answer all questions
- Identify if an option will present a substantial risk of harm to the person
- Prevent others from forcing the person into deciding on something they disagree with
- Remind the person that they must provide specific information when consenting (this includes the circumstances and a time frame for when the consent applies)
- Remind the person that they also can withdraw consent when necessary



Lotus Compassionate Care

You may view a sample consent declaration form where a person gives permission for the disclosure of information:

Consent Declaration

(username: newusername password: new password)



Further Reading

Additional information about informed consent can be accessed through the link below:

[Consent to the handling of personal information](#)

- **Specific**

The service provider must give accurate information about what the person is consenting to. If the information is too broad, then the consent is not specific enough to be valid.

For instance, a service provider asks to collect and use information. If it is not explicitly stated that the data can be used for research and marketing purposes, then consent is not specific. To make it clear, the service provider must explain in detail how they will use the information.

- **Current**

Consent is not static. One must not assume that consent endures for an indefinite period. The person should be informed that they have the right to change their mind at any time.

In the disability sector, a person's *capacity* may change over time. Capacity is when a person can understand the meaning of a particular decision and can communicate consent. The nature of someone's disability may cause them to lose capacity. In this case, the service provider's responsibility is to ensure that their needs are met.

For example, if someone loses their second language skills due to age, an interpreter has to be provided to communicate their consent.



Express Consent vs Implied Consent

Valid consent can take on two forms—express or implied.

Express consent is when a person clearly communicates their consent. Consent can be written, oral or in any other form as long as it is unmistakably communicated. As much as possible, this should still be documented in written form. For example, a person gives consent through an interpreter. Even if oral consent is still valid, it must still be documented.

Implied consent is when consent is inferred from the person's actions. However, it must be noted that it is difficult to say that the person genuinely gave consent just by inferring it from their actions. Therefore, it is preferable to seek express consent.

Consent should not be inferred in the following cases:



- The person's capacity to consent is impaired.
- Consenting has benefits. Because of the benefits, the provider assumes that the person will say yes.
- Many others have consented to the same thing.
- The person has given consent in the past.
- The person cannot communicate their consent without an interpreter.

This section has discussed what makes consent valid and which forms it can take. In Subchapter 3.3, you will learn how to seek consent from the person, family, carer, and others.

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For current information go to ipc.nsw.gov.au.



Further Reading

The need to comply with consent finds its basis in the National Safety and Quality Health Service (NSQHS) Standards. Specifically, the basis is found in the 'Partnering With Consumers Standard'.

[Partnering with Consumers Standard](#)

Cultural Competency



Cultural needs refer to a wide variety of needs that are based on a person's social and ethnic identity. *Culture*, in this context, can refer to how a person identifies themselves and their group. Cultural needs can be based on ethnic background combined with sexual orientation, religion, and other forms of group identification. *Cultural diversity* in the disability support sector means a group of persons with disability from different cultural backgrounds—it can include differences in cultural/ethnic identity, language, country of birth, religion, heritage/ancestry, national origin, and race.

Cultural competency means working effectively in a cross-cultural situation. You can demonstrate cultural competence when you are sensitive to the cultural and social needs of others. The cultural competency requirement of a disability support worker's role is to demonstrate cultural competence by being sensitive to the cultural and social needs of persons with disability.

For example, a person with disability has English as a second language. To demonstrate cultural competence, a disability support worker uses English words that are easy to understand and avoids jargon and figures of speech. The disability support worker is mindful not to make culturally inappropriate jokes that may offend the person.

Providing for the person's cultural needs is a requirement for providing a person-centred approach. Additionally, persons have the right to require service that does not discriminate based on culture. Disability support workers must make sure to identify, accept, and uphold these needs as they care for their persons.

Some examples of cultural needs are as follows:

Physical	Social	Spiritual
<ul style="list-style-type: none"> • Food and eating schedule • Preferred clothing 	<ul style="list-style-type: none"> • Communication style, language, and choice of words based on cultural background • Preferred visitors and times of visit 	<ul style="list-style-type: none"> • Religious symbols and items • Prayers and other religious traditions

Providing the cultural needs of persons have the following benefits:

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

When caring for Aboriginal and Torres Strait Islander peoples, you must recognise the rights they hold, including the following:

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



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

Multimedia



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

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



Further Reading

Additional information on Aboriginal and Torres Strait Islander peoples can be accessed through the link below:

[Indigenous Australians: Aboriginal and Torres Strait Islander people](#)

Identifying, Accepting, and Upholding the Cultural Needs of the Person

The following steps show how a disability support worker can identify, accept, and uphold the cultural needs of the person:

- 1. Secure a good understanding of the person's cultural needs.**
 - i. Do not make assumptions based on the colour of their skin or their clothing.
 - ii. Refer to their file or running record to identify their preferences.
 - iii. Ask the person directly. Listen to the person and take note of all their preferences.
 - iv. Provide the person with what they can expect from you and the organisation. Identify what needs you will have problems providing and collaborate with the person. This would determine how to secure some of the items or resources unavailable to you and other disability support workers.

2. Provide the person's cultural needs daily.

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

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

- i. Listen to personal feedback and determine what needs were missed or not addressed properly.
- ii. Adjust and address problems found in the service.
- iii. Consider other factors that may affect how a person perceives the service. Examples include their fears, possible sources of trauma, and emotional instability.
- iv. Seek assistance from other support personnel when necessary.

You may also use the following strategies to show respect for the various types of cultural differences:

Cultural Differences	Strategies for Showing Respect to These Differences
Clothing	Ask the person directly for their goals and preferences instead of making assumptions based on their clothing.
Language	Ask the person to explain the unfamiliar jargon they used instead of making assumptions based on how it sounds like.
Religious traditions	Assist a person with a physical disability in taking certain stances for their traditional prayer.

Restrictive Practices

It is the disability support worker's duty of care to ensure that the person they are supporting will stop causing harm either to themselves or others.

Restrictive practices are practices that limit a person with disability and their freedom of movement or their rights.

In general, a restrictive practice would only be used for the period that the person was at risk of harm either to themselves or others. It would be ceased once these criteria had passed.

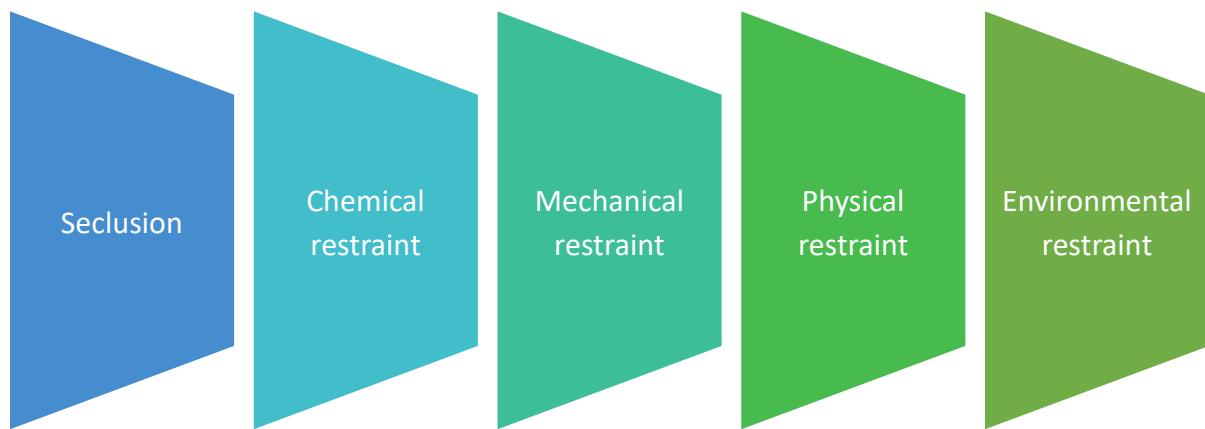
The document that approves the practice and outlines how and why it is used is called a Positive Behaviour Support Plan – Restrictive Practice (PBSP). You should familiarise yourself with this plan and seek clarification from a supervisor if needed.

As a disability support worker, it is your role and responsibility to follow the support plan. If you have difficulty carrying out a support plan, consult with the person and seek advice from your supervisor and co-workers.

Consider the following parameters when using restrictive practices in disability support:

- When you have tried all other means to prevent harm
- When you have considered all the risks and effects of the practise
- When the person or their advocate has given consent
 - Unless in situations of absolute emergency
- When it is in the best interest of the person
- When there is an expert present who can ensure the person's safety

There are different types of restrictive practices which require different levels of approval:



- **Seclusion**

This practice means confining a person by themselves without a way to escape—for example, locking someone in their bedroom. It is considered seclusion if the person is in this area with no other people (including disability support workers). The place is documented in the plan and should have access to basic necessities. There will also be requirements on how long seclusion will take place.

An example of this practice may be when a person is agitated and may strike out at others. They can access an area of the yard where they have the chance to avoid stimuli that may be disturbing them, and others are free from the risk of harm.

Approval for this practice requires a formally appointed guardian. This would be from the Office of the Adult Guardian.

- **Chemical restraint**

This practice means using medication or substances to calm a person down. The medication can either be long-term (part of their daily medication regime) or PRN (pro re nata or ‘as needed’).

For example, a person who occasionally becomes agitated would be assisted with a medication designed for that purpose. This is administered when the documented signs of agitation are present.



A close family member or advocate may authorise approval for this strategy in a PBSP.

- **Mechanical restraint**

This practice means using a device to limit a person’s movement. This practice means that some form of equipment has been approved for use if the situation meets the criteria in the PBSP.

For example, the person shows agitation and hits their head against hard objects. A helmet can be fitted to protect them from harm.

A close family member or advocate may authorise approval for this strategy in a PBSP.

- **Physical restraint**

This practice means using physical force to limit a person's movement. This is of short duration and applied only in the situations described in the PBSP. It can take many forms, including guiding a hand away from an object or gently holding a person to prevent them from harming themselves or others. Physical restraint that is not approved can be determined to be abuse, so ensure all practices used are supported in the PBSP.

An example of this practice is when a person is agitated and shows that they may strike at a person or where they are headed. The PBSP would approve that you hold their shoulders gently and turn them in another (safer) direction.

A close family member or advocate may authorise approval for this strategy in a PBSP.

- **Environmental restraint**

This practice means limiting a person's access to parts of their environment. Examples of environmental restraints include the following:

- Restricting a person's access to an outside space
- Removing access to an activity or the external 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 negatively impact those under your care. It restricts the person's freedom to take part in activities. It might diminish the rights of both the person and those around them.



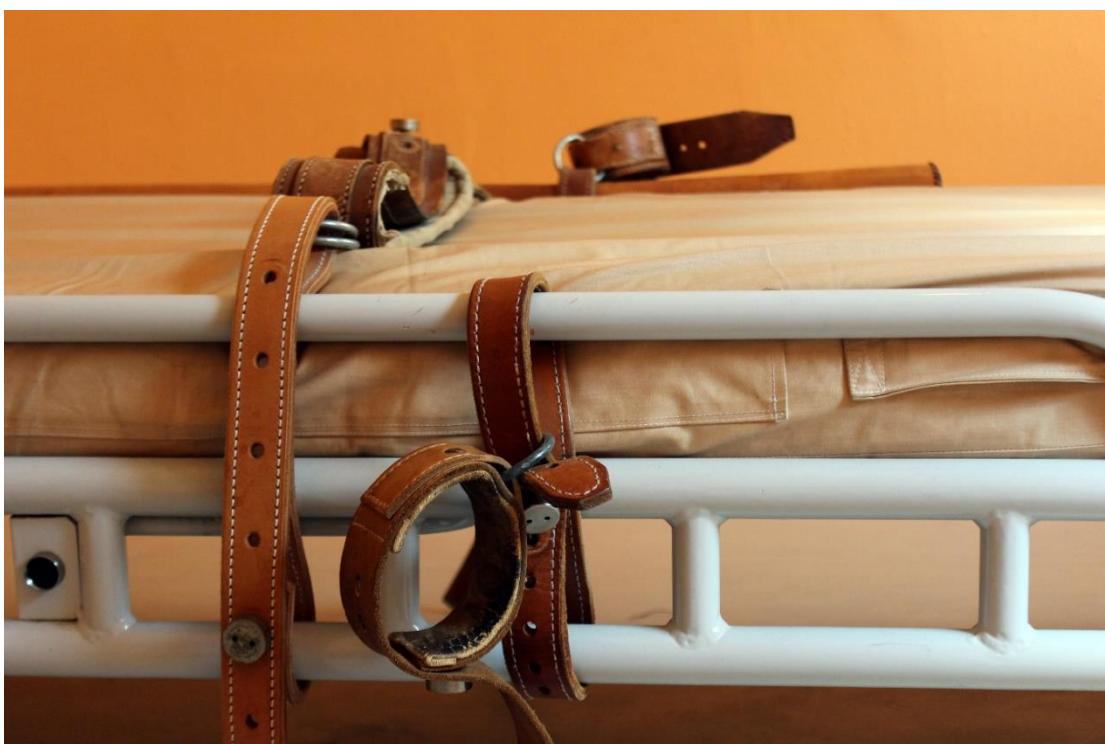
The primary purpose of a PBSP is to ensure that the person is free from the potential to cause harm. In the PBSP, there are strategies in place to diminish the need for restrictive practices gradually.

As a disability support worker, you should continually check that no unapproved restrictive practices are in place and report any observations to your supervisor.

It is crucial you know of the organisation's policy and procedures in restrictive practices.

In using interventions, the following legal and ethical considerations are considered:

- **Constraint** – This involves restraining a person with disability for reasons other than medical necessity or the absence of a less restrictive alternative to prevent self-harm.
- **Imprisonment** – This involves isolating a person with disability for reasons other than medical necessity or the absence of a less restrictive alternative to prevent self-harm.
- **Practice standards** – This ensures that everyone receives the same high-quality and safe support services. Disability support workers and service providers must adhere to these.
- **Abuse** – This can be physical, sexual, psychological or emotional harm inflicted on persons with disability. This can also include neglect. Abuse and neglect are violations of the human rights of persons with disability.



Checkpoint! Let's Review



1. Jobs that involve caring for persons with disability have legal, political, and social frameworks in place. These frameworks guarantee that the needs of persons with disability are addressed appropriately.
2. The Convention on the Rights of Persons with Disabilities outlines the fundamental rights of persons with disability.
3. Australia enforces its obligations to the CRPD through the Australian Human Rights Commission Act 1986, Disability Services Act 1986, and Disability Discrimination Act 1992.
4. The legal and ethical considerations for working with persons with disability include the duty of care, dignity of risk, mandatory reporting, privacy and confidentiality, consent, cultural competency, and others.
5. A duty of care requires disability support workers to always act in their person's best interests. This concept must be applied in all aspects of care and alongside other considerations.
6. Consent is valid if it is voluntary, informed, specific, and current. It can be expressed or implied.
7. Restrictive practices limit choice if the person is in danger of causing harm to themselves or others.
8. You should continually check that no unapproved restrictive practices are in place.

2.3 Work With Interdisciplinary Team Members



The previous section covered ethical and legal considerations in disability support. The latter half of Chapter 2 will address what you need to know about the work environment.

In this subchapter, you will learn about the type of team that a disability support worker typically works in. An *interdisciplinary team* is a group of people with diverse knowledge, skills, and qualifications working together toward a similar goal. Your workplace setting will often involve a team-based environment of this nature. Many employers specify that they need workers who can function well in a team.

The following table lists typical team members in an interdisciplinary team and the roles in the disability support sector:

Team Member	Role in the Disability Support Sector
Administration and management role	Provide helpful indirect support to staff instead of working directly with people with disability. Their tasks include managing rosters, budgets, training and guiding organisation and service improvement.
Doctor or general practitioner	They are registered health professionals who are responsible for the person's overall healthcare. They diagnose and prescribe treatments.
Social worker	Develop, implement, and advocate for policies, programmes, services, and research that support and benefit persons with disability.

Why is having an interdisciplinary team critical?



- **A mix of skills and experiences within the team**

All team members contribute their knowledge, skills, and expertise to deliver services effectively. For example, different health practitioners specialise in diverse expertise. A doctor can recommend a physical therapist to help a person injured in a car accident.

- **Agreed governance structure**

Each team member plays different roles and performs various tasks within the team. For example, the disability support worker only performs those tasks within their job scope. The disability support worker cannot perform the duties of a doctor or registered nurse.

- **Systems and protocols for communication and interaction**

Recall what you learnt about reporting lines in Subchapter 1.2. Team members follow the team's reporting procedures within the group. For example, a disability support worker completes an incident report when reporting incidents. This report is brought to the registered nurse.

So far, you have learnt what an interdisciplinary team is and why it is important. You will now learn how to communicate and cooperate with team members. *Communication* is the act of exchanging information between at least two parties. *Cooperation* is when two or more people work together to accomplish a similar goal. The two terms overlap. Cooperation involves communication, but they are not the same thing. Cooperation is a broader term that covers working well within a team. Effective communication is only one of the things needed to cooperate well.

How and When to Cooperate With Team Members

It is vital to cooperate well with others when working in disability support. Each member needs to do their part well so that the whole team can function properly. Cooperation also makes the environment more pleasant. Having a good relationship with the team will greatly benefit older people in your care. Without cooperation, the care you provide may be incomplete or inconsistent.

Here are some tips for cooperating well within a team.



Knowing your role means knowing what to do and doing it well. Respecting everyone means appreciating what each member does. It also means working within your role, not taking over all the work. Having a group mentality means helping when you can. You should not overstep your boundaries, but you should also not ignore a team member who needs help. Finally, you should keep everyone updated on details about older people in your care. This is important in making sure they are receiving the best care.

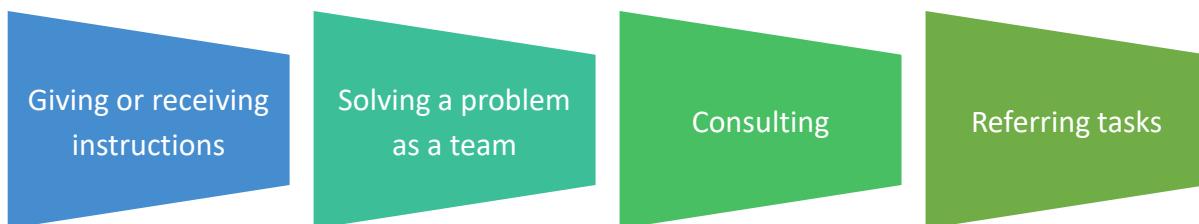
As for when to cooperate, know that although you are part of a team, there are tasks that you have to do alone. You will typically know what these are by coordinating with the carer and looking at the individualised plan. For more details on the individualised plan, refer to Subchapter 3.1.

The tasks that require cooperation are usually consultations and referrals. Remember that you have to work within your job scope. When you have to cooperate, you usually need someone with different qualifications to assist.

How and When to Communicate Effectively With Team Members

As said before, one of the ways how you can cooperate well is to communicate effectively. Everyone has to understand each other's roles. They have to know when to refer and when not to refer to tasks. This can be done through communication. Miscommunication often causes accidents and medical errors.

Usually, communication is needed when:



Here are the ways you can communicate with your team members:

- **Give clear instructions to one another.**

If you do not understand someone else's instructions, always make clarifications.

- **Accept different perspectives when it comes to problem-solving.**

Each of you will have a different background and qualifications. These differences will affect your perspective on things, which may lead to disagreement. Remember that, ultimately, you have one goal. See your differences as opportunities to learn. Collaborate to come up with the best possible solution.

- **Be aware of what you do not know.**

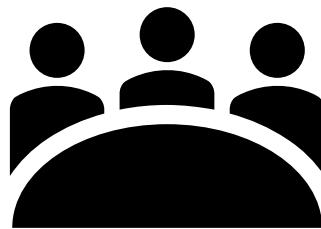
There is too much on the line to make decisions while uncertain. You have to recognise that each team member has something to offer in terms of knowledge and skills. If you are unsure about how to administer medication, ask the doctor who prescribed it. If the person has questions about their exercise programme, you may ask the physiotherapist about it.

- **Explain jargon to one another.**

Make sure you are on the same page with others about the terms you will use. Always ask if they are familiar with the term. If they are not, be patient and explain it to make sure they understand.

- **Have clearly assigned roles and be familiar with the roles of others.**

Refer to Section 1.1.2 and Subchapters 1.2 and 1.3 about understanding your job role and the job roles of others in the sector.



- **Refer the right tasks to the right people.**

Refer to Subchapter 1.3 for more information.

- **Encourage and participate in open communication.**

Have an environment where people are free to raise opinions and ask questions.

- **If you have documents that will be exchanged between members of the team, fill out the information accurately and objectively.**



Consider the following when working with an interdisciplinary team:

Situation	What to Do
When you first meet the person with disability	<ul style="list-style-type: none"> ▪ Introduce yourself to them and the other members of their care team. ▪ Understand your specific role in this care team. Confirm it with your supervisor if needed. ▪ Understand the roles of the other members of the team. Confirm it with them if needed.
When there is a task that you are not qualified to do	<ul style="list-style-type: none"> ▪ Identify who in the team is qualified to do that task. ▪ Refer the task to the correct member. Provide them with all the information they need related to the task.
When there is a problem with a person with disability's care	<ul style="list-style-type: none"> ▪ Identify the details of the problem. ▪ Identify the possible causes of the problem. ▪ If you caused the problem, take responsibility and apologise for it. ▪ If you did not cause the problem, remember not to judge and instead focus on fixing it. ▪ Discuss with the other members of the team any possible solutions. ▪ Work with the other members in implementing the solutions.

Checkpoint! Let's Review



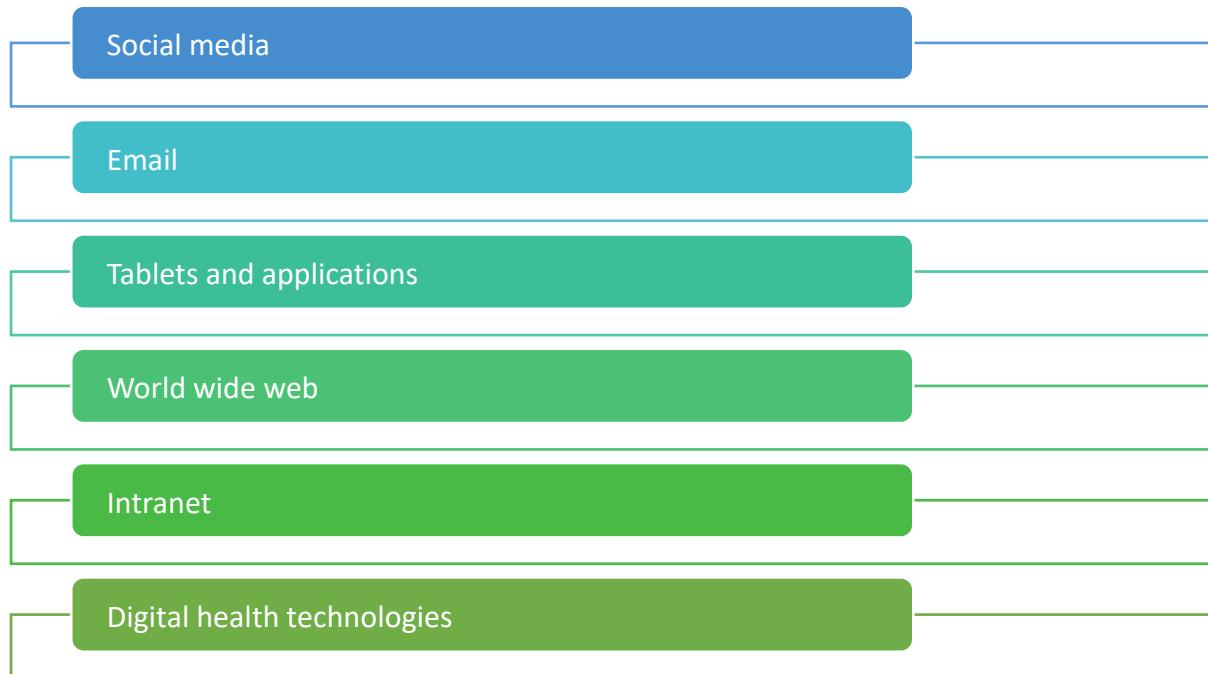
1. Disability support workers typically work in an interdisciplinary team.
2. An interdisciplinary team is a group of people with knowledge, skills, and qualifications from different fields working together toward a similar goal.
3. The team can combine their diverse knowledge and skills to deliver services effectively.
4. Depending on their job role, each team member has a unique set of responsibilities. Only perform the roles in your job scope.
5. Follow reporting lines.

2.4 Use Digital Technology in the Workplace

Another aspect of the workplace you need to prepare for is using digital technology. *Digital technologies* include electronic systems, tools, and devices that generate, store, and process data. It would be best if you had a general idea of the types of technology you may encounter in the workplace.

There are always new developments in technology. The Australian Government recognises the benefits of these to the health sector. The integration of technology into the workplace greatly improves service quality and efficiency.

The following are some of the digital technologies used in health and community services:



- **Social media** – They can be used to build brand and business relationships, as the communication is immediate and direct.
- **Email** – Healthcare professionals can use this to communicate with each other online.
- **Tablets and applications** – These are used for maintenance and easy access to health, communication, and consultation records. They can also be used as communication aids. For example, there is assistive software for people with hearing and speech impairments.
- **World wide web** – It can be used to view online pages and find information about healthcare and the services offered.

- **Intranet** – It can help workers access communication data within the organisation at their convenience.
- **Digital health technologies** – There is also digital technology specific to healthcare. Digital health technology collects and shares health information and even treats patients. This can include mobile health applications, telehealth, wearable technology, electronic health records, robotics, artificial intelligence, and gene technology.

In Australia, *My Health Record* is Australia's online health record system. There, you can input, view, and share health information. Examples of health information include allergies, medical conditions, treatments, and medical reports.



Further Reading

Learn more about *My Health Record* through their website:

[My Health Record](#)

Multimedia



Below is a video tutorial with key information on *My Health Record*:

[How to find information in My Health Record](#)

Australian healthcare also uses telehealth. This allows the diagnosis and treatment of patients and creates medical and health education opportunities through digital information and communication technologies.

Checkpoint! Let's Review



1. Digital technologies include electronic systems, tools, and devices that generate, store, and process data.
2. Examples of technology in the workplace include social media, email, tablets and applications, the world wide web, intranet, and digital health technologies.
3. Digital health technology collects and shares health information and even treats patients across distances.



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. Work Within a Disability Support Context



In the previous chapter, you learnt how to work within organisational requirements such as codes of conduct and legal and human rights frameworks. You were also taught what kind of teams and technology you will be working with.

Now you will be learning more about the job itself. This is to prepare you to work efficiently and use the best practices in disability support.

In this chapter, you will learn how to:

- Identify tasks in individualised plans
- Use person-centred communication techniques when doing tasks
- Seek consent from the person, carer, family, and others for support activities
- Recognise and report signs of abuse
- Record, maintain, and store workplace information

3.1 Identify Tasks in Individualised Plans



Individualised plans (care plans or support plans) are written documents that contain information relevant to the person's care and support.

The Purpose of Individualised Plans

The purpose is to serve as a guide in providing the appropriate strategies to meet the person's goals and needs.

When engaging in ADLs, you must remember to adopt a person-centred approach. It is essential to review individualised plans to keep in mind the person's needs, strengths, capabilities, and preferences.

Assisting someone with eating and drinking may be helpful for one person. However, you must never assume that it is also the same case for other people. persons with disability, as individuals, have their own needs, strengths, capabilities, and preferences. These are established in individualised support plans.

Person-centred planning meetings involve the person with disability and their family and carers to identify the person's needs and goals.

Individualised plans require regular review in consultation with the person with disability and their family and carers. Constant revision is done because of the person's changing needs and requirements. Therefore, support staff must monitor these changes immediately and report them as per the organisation's policies and procedures.

One factor that can influence the content of individualised plans is the type of disability and functional capacity. A disability hinders the person from performing everyday activities. Meanwhile, *functional capacity* is measured by how well someone can perform everyday activities.

To identify tasks in individualised plans, you must first understand the types of disability that you may come across. Different disabilities have different needs, and what applies to one patient may not be relevant to another.

Types of Disability

- **Neurological impairment**

Neurological impairment occurs when there is damage to the nervous system, which includes the brain and spinal cord. The functional capacity of persons with disability with this impairment varies from person to person. Most of them require assistance in remembering things and performing daily tasks. Symptoms of neurological impairment include the following:

- Physical weakness, paralysis, or loss of sensation
- Poor coordination or confusion
- Seizures
- Pain

Neurological impairment covers a wide range of disabilities, including the following:

Acquired brain injury

Autism spectrum disorder

Learning disability

Intellectual disability

Physical disability

Sensory disability

Speech/language disability

Psychosocial disability

Developmental delay

- **Acquired brain injury**

Acquired brain injury (ABI) is a disorder that causes damage to the brain, changing the way a person acts, thinks, communicates, and behaves. ABI can be caused by a variety of events. These events can include physical trauma to the head, restricted blood or oxygen flow, illnesses such as Parkinson's disease, and infection.

ABI can have several effects on a person. The brain works like the command centre of the body. When the brain gets injured, one experiences difficulty feeling and moving certain body parts. It can also create changes in behaviour and personality. However, the most common effect of ABI is reduced cognitive capacity and thinking ability.

In addition, people with ABI are prone to experiencing the following:

High levels of stress and fatigue

Decreased information processing speed

Decreased capability to remember information and recall events

Sudden changes in temperament

The functional capacity of someone with ABI will depend on the severity of the brain injury they sustained. A person in the early stages of recovery may be unable to make decisions due to still being very confused. However, as their cognitive and communication skills improve, they may later regain the capacity to make some decisions for themselves.

Treatment for ABI varies depending on the nature of the injury and the severity of the symptoms. People with ABI generally must undergo therapy, counselling, and rehabilitation. In many cases, carers and family members of people with ABI have to receive counselling to help them prepare for lifestyle changes.

- **Autism spectrum disorder**

Autism spectrum disorder (ASD) is caused by an irregularity of brain development and is usually detected in early childhood and lasts throughout a person's life. It describes a cluster of disorders such as Rett's Disorder and Childhood Disintegrative Disorder.

The functional capacity of someone with ASD varies and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support.

People with ASD tend to have stereotypical behaviours. These are behaviours that cause the repetition of movements and sounds. Examples of these are rubbing or flapping hands, spinning in place, and uttering a repetition of sounds that do not have any observable purpose. These behaviours become a concern when they become harmful to others (e.g. when a person bangs their hands and arms against other people and objects as they spin in place).

People with ASD tend to have restrictive behaviours or specific routine activities that they will always insist on. These can include lining up kitchenware in a particular manner or having exactly ten pens on their desk. The person would usually become problematic when these preferences are not provided.

People with ASD also have some degree of intellectual disability because of their impaired verbal and social skills. Some will display signs of having specific specialised skills. These can be remembering the position of multiple objects or the ability to recall a long list of actions. However, these children would most likely be unable to use these skills productively.

Treatment of ASD includes behaviour analysis, speech and language therapy, and medication. Symptoms of ASD will generally persist throughout a person's entire life.



- **Learning disability**

Learning disability causes difficulties in learning and processing new information. This type of disability does not affect a person's intelligence quotient (IQ). Rather, it affects how the brain handles and perceives external stimuli.

Some common learning disabilities include the following:

Dyslexia

- A disorder that causes difficulty in reading and writing

Dysgraphia

- A disorder that causes difficulty with spelling and writing

Dyscalculia

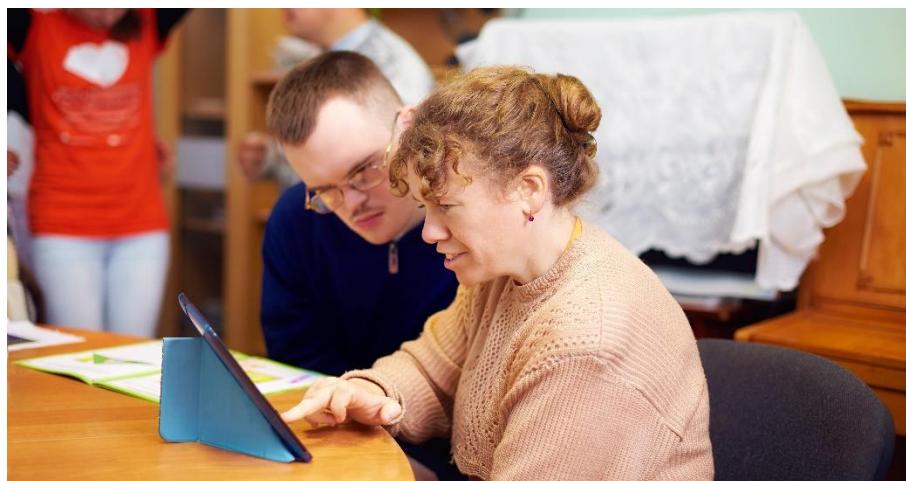
- A disorder that causes difficulty in learning and applying mathematical knowledge

Dysphasia

- A disorder that causes difficulty in engaging in conversations and understanding other people's speech

When it comes to functional capacity, note that a person with a learning disability will struggle more in one or more areas of learning than would be expected for their level of intelligence.

Treatment for learning disabilities can vary depending on the specific disorder that the person has and its severity. Treatment must start at an early age, preferably in elementary school. This is because the effects of a learning disability can cause problems in development.



- **Intellectual disability**

Intellectual disability was more commonly known as *mental retardation*. However, the disorder now has a more appropriate name to combat its oppressive usage and the negative stigma surrounding the old term.

Intellectual disability is a developmental disorder characterised by intelligence limitations and significant difficulty with daily living skills. This can be observed as early as infancy. This disability is evidenced by having a measured IQ of less than 70. This causes the person to experience difficulties in conducting everyday activities.

The functional capacity of the person depends on the severity of their condition and any other underlying genetic or medical conditions they have. Most of them take a longer time to learn and experience delays in development.

People with intellectual disabilities can have varying kinds and levels of impairment. Usually, they could find it challenging to participate in cognitive, practical, and social-emotional activities.



- **Physical disability**

These are disabilities that may affect, either temporarily or permanently, a person's physical capacity and mobility. These disabilities impact their ability to engage in everyday activities. Common physical disabilities include spina bifida and cerebral palsy.



- **Spina bifida**

Spina bifida is a congenital disability where a person's spine and spinal cord do not form properly. Cases of spina bifida can vary in terms of symptoms, severity, and involved complications. Surgery is almost always involved, though there is no guarantee that it will resolve the problem.

People with myelomeningocele, the most severe form of spina bifida, are at significant risk of life-threatening illnesses, organ dysfunction, and paralysis due to the exposed tissues and nerves on their backs.

- **Cerebral palsy**

On the other hand, *cerebral palsy* is a chronic physical condition that affects a person's muscle tone, movement, and motor skills. In severe cases, it might also affect other primary body functions, such as breathing, bladder and bowel control, and the use of the mouth. Currently, there is no cure for cerebral palsy. Still, the person can be supported through surgery, therapy, and the use of special equipment.

When it comes to functional capacity, a person with a physical disability requires physical adjustments to be made to their environment before they can function effectively.

- **Sensory disability**

Sensory disability or *sensory loss* are terms used to refer to conditions that affect a person's ability to see, hear, smell, touch, and taste. When it comes to functional capacity, a person with a sensory disability requires assistive equipment or aid to assist them in performing daily activities.



Ninety-five per cent of the information about the world is gathered through sight and hearing. A child with hearing or visual impairment will experience slower development than other children. An adult with sensory impairment, on the other hand, will need additional support to be productive and communicate effectively with others.

The most common sensory disabilities are visual and hearing disabilities.

- **Visual disability**

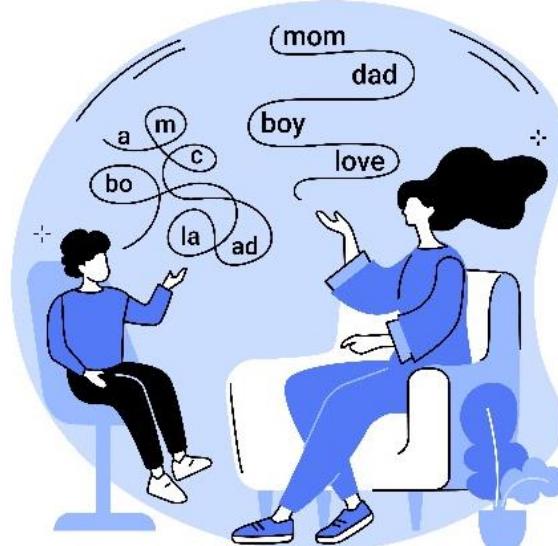
Visual disability is a result of visual impairment. *Visual impairment* refers to any form of vision loss due to damage to parts of the eye or brain. This term is only used for conditions that cannot be corrected through surgery or corrective equipment, such as glasses.

- **Hearing disability**

Hearing disability, on the other hand, is a result of hearing impairment. *Hearing impairment* refers to conditions that cause children to lose their sense of hearing in one or both ears.

- **Speech/language disability**

Speech or language disability includes communication disorders and impairments involving one's hearing, fluency, and ability to articulate words. *Speech disability* refers to the inability to speak verbally. *Language disability* refers to the person's inability to learn a language and use it to communicate.



When it comes to functional capacity, a person with a speech-language delay will take a longer time to articulate words and become fluent in communicating with other people.

Some children are born without the ability to speak. Some experience traumatic events and illnesses that prevent them from learning a language. This may also be developed due to stroke, head trauma, or damage to vocal cords and other relevant body parts.

Speech and language disabilities can severely affect a person's ability to integrate into society. Treatment for speech and language disabilities can include medical treatment and therapy.

- **Developmental delay**

A developmental delay is described as when a child takes longer to reach developmental milestones than other children. It can affect the person's ability to speak, communicate, think, socialise and perform physical tasks. Developmental delays must be addressed in childhood to prevent further problems in the person's adulthood.

When it comes to functional capacity, a person with a developmental delay will take a longer time to develop new skills, and they might learn in slightly different ways from other people.

Developmental delays can affect a person's motor skills, speech, use of language, cognition, social skills, and emotional control. Children with severe developmental disorders are at risk of global developmental delays or conditions where the child suffers from delays in more than one of these developmental areas.

Developmental delays are typically addressed through different forms of therapy.

- **Psychosocial disability**

Psychosocial disability (PSD) refers to a disability that may have been caused by a mental health issue. A person living with a mental health condition may negatively impact how they function. This involves experiencing social barriers which create inequality between the person and others.

Examples of PSD are as follows:

- Anxiety disorders**

- e.g. Obsessive-compulsive disorder (OCD)

- Mood disorders**

- e.g. Depression

- Schizoid disorders**

- e.g. Schizophrenia

PSD may impact the person's ability to do the following:

- **Focus** – A person with PSD may have a hard time ignoring environmental stimuli. Below are some examples of this circumstance:

The person cannot work due to the noise from the electric fan.

The person is distracted by other people walking by during a conversation.

- **Cope with stress** – Slight changes in the environment may be overwhelming for people with PSD. These changes may require them to change their routine and learn new ones. People with PSD also live with symptoms of mental health disorders which make managing stress difficult. Some of these symptoms include the following:

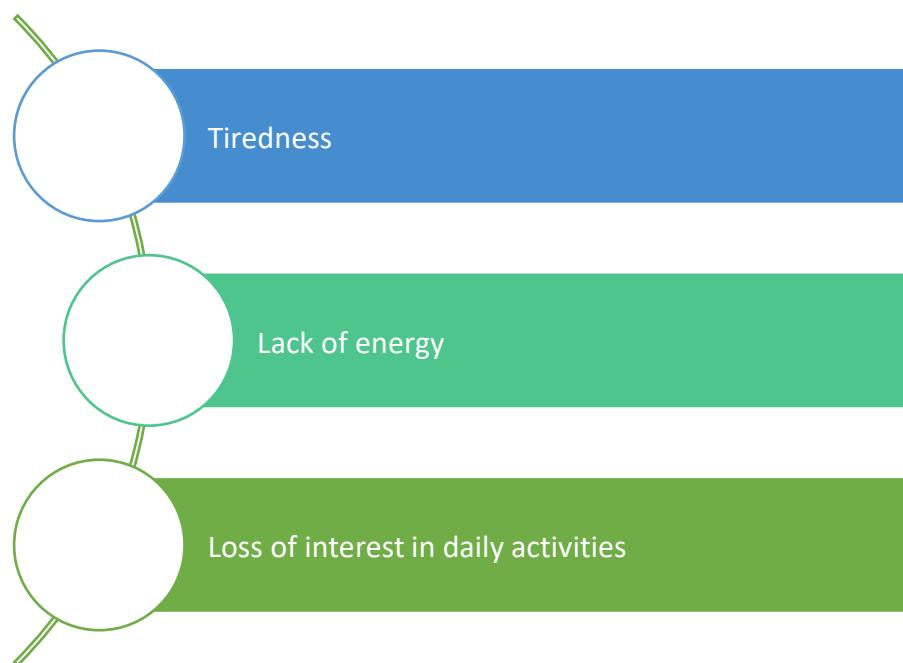
Intrusive thoughts

Constant worrying

Trouble sleeping

- **Manage multiple tasks and cope with time pressure** – A person with PSD may find it challenging to prioritise tasks if they are assigned multiple tasks at once. In effect, they may not meet deadlines.
- **Socialise with other people** – Some people with PSD may have trouble expressing themselves, communicating or reading social cues. As a result, they may avoid social situations. Some may still try to socialise, but they may find it hard to fit in or get along with others.
- **Take feedback constructively** – Some people with PSD may not respond well to feedback. They may get upset or think that they are not good enough. They may not also know what to do to improve based on the feedback given.
- **Function in specific types of environments** – Some environments may be overwhelming for a person with PSD. There may be too many people and distractions. The person may not be able to perform their tasks in this type of environment. Some people with PSD may also not function if the environment is not engaging or interesting for them.

- **Have enough motivation and energy to finish tasks** – Some symptoms of mental health disorders which affect people with PSD include the following:



These symptoms hinder the person from completing their tasks.

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PSD is different from mental health. PSD is not a diagnosis but a term to describe the functional effects, obstacles or barriers to equality experienced by a person with mental health condition as they interact with a social environment. On the other hand, mental health refers to the general state of wellbeing that affects a person's confidence, self-esteem, their ability to cope and contribute to their community.

To emphasise, psychosocial disability and mental health condition are different terms. *Mental health condition* refers to disorders affecting someone's cognition, perception, emotional regulation and behaviour. PSD focuses on the impact (i.e. disability) brought about by the disorder. In essence, a mental health condition is also considered a PSD when it becomes a barrier to the person's equality with other people.

For example, a person has depression (mental health condition). Even though they have depression, they can still function normally. This will become a PSD if the person's depression impacts their ability to do daily tasks such as performing work tasks and taking care of one's self.

Another example is a person with OCD. This will become a PSD if the obsession and compulsive behaviour hinder them from performing day-to-day activities.

Not everyone who has a mental health condition will have a psychosocial disability. Some people with mental health conditions may experience challenges related to their condition, but this will not affect their ability to concentrate, complete tasks, cope with stressful situations, interact with others, manage stress or accept constructive feedback.

PSD is episodic in nature. This means that a person living with PSD may fluctuate between being well and experiencing the disability. The length, degree and triggers may also be unpredictable. This also means that the needed support will vary from person to person.

The common support provided to people living with PSD may include the following:

- Providing guidance in setting goals
- Providing relevant support for everyday activities (e.g. going to places, cleaning the house)
- Developing social skills
- Developing independence
- Providing an opportunity for social interaction

There may be additional or alternative support required by the person depending on the episode. The episode may last longer than usual (e.g. weeks, months). The person may also have an episode in which they experience severe symptoms (e.g. major depression, social isolation). The table below shows examples of support that can be given depending on the episode:

Support	Lengthy Episode of PSD	Severe Episode of PSD
Additional	<ul style="list-style-type: none"> ▪ Removing triggers from the environment ▪ Providing additional resources to cope with daily tasks 	<ul style="list-style-type: none"> ▪ Extended time off from school or work ▪ Taking medication as needed
Alternative	<ul style="list-style-type: none"> ▪ Extended time off from school or work ▪ Helping to access life coach or mentoring services 	<ul style="list-style-type: none"> ▪ Extended time off from school or work ▪ Seeking help from therapists or psychiatrists

The following example is given to better illustrate additional and alternative support better. Bipolar disorder is a mental health condition common to people with disability that is associated with a psychosocial disability. It has two phases: manic episode and depressive episode.

Manic episode is a period of at least one week during which a person has more energy than normal, is extremely elated or agitated most of the time, and exhibits at least three of the behavioural changes listed below:

- Decreased need for sleep (e.g., feeling energetic despite significantly less sleep than usual)
- Increased or faster speech
- Uncontrollable racing thoughts or quickly changing ideas or topics when speaking
- Distractibility
- Increased activity (e.g., restlessness, working on several projects at once)
- Increased risky behaviour (e.g., reckless driving, spending sprees)

Below are examples of support that can be given to the person during this phase:

Additional support

- Introduce relaxation strategies to the person

Alternative support

- Educate the person's carer about the relaxation strategies that they can assist the person in doing when they have manic episodes

Depressive episode is a period of at least two weeks during which a person has at least five of the following symptoms (including at least one of the first two symptoms):

- Intense sadness or despair
- Loss of interest in activities the person once enjoyed
- Feelings of worthlessness or guilt
- Fatigue
- Increased or decreased sleep

- Increased or decreased appetite
- Restlessness (e.g., pacing) or slowed speech or movement
- Difficulty concentrating
- Frequent thoughts of death or suicide

The following are examples of support that can be given to the person during this phase:

Additional support

- Encourage the person to join social activities in their local community

Alternative support

- Provide a list of same-interest groups that the person can participate to make connections with people who have similar or shared experiences

The other types of disability interact with PSD. These types include the following:

- Sensory
- Physical
- Intellectual

It is important to know how these disabilities interact so you will be aware if the person is at risk of having PSD. How the person's life is affected by their disability may lead to PSD. For example, the person has difficulty communicating. They avoid social situations so that they will not be stressed when trying to talk with other people. This may lead to social isolation and loneliness. Eventually, the person may acquire mental health issues and PSD.

As someone supporting a person with disability, you must check on their mental health from time to time. You must pay attention to the signs and symptoms if the person is at risk of PSD. These signs and symptoms may include:

Trouble concentrating

Feeling sad and hopeless

Low energy and always tired

Withdrawal from social gatherings

Once you notice these signs, you must implement appropriate interventions. You may help the person process their emotions and thoughts. You may also refer them to appropriate professionals.

Below are some examples of how other disabilities contribute to PSD. Ways on how you can support the person are also discussed.

- **PSD and sensory disability**

Examples of sensory disability include blindness and deafness. People living with a sensory disability impact their communication and learning skills. Having difficulty with these skills may have the following effects on the person:



This may lead to mental health issues and eventually to psychosocial disability.

To prevent this, you may provide the following support to the person:

Let the person use assistive technology for sensory aids.

Teach them skills that will allow them to be independent.

Encourage the person to attend programmes that will help develop their social skills.

- **PSD and physical disability**

Examples of physical disability include spinal cord injuries and cerebral palsy. People living with physical disability experience a lot of barriers. Examples of these are as follows:

- Physical barriers, such as steps or doorways that are too narrow
- Attitudes towards people with physical disability, such as stereotyping and discrimination

These barriers can be frustrating. There is a possibility that it may lead to mistrust, hopelessness and social isolation, among other things. These may contribute to psychosocial disability.

Below are some of the interventions you can do to support the person:

Let the person use mobility aids.

Help the person process their experience of discrimination and stereotyping.

Foster a safe environment for the person when they try to engage with other people.

- **PSD and intellectual disability**

Intellectual disability is characterised by significantly low cognitive skills compared to what is expected at a certain level. This may affect the person's social, communication and self-care skills. A person who has an intellectual disability and PSD may:

Resort to behaviours and actions to express their stress.

Struggle with communicating their needs and preferences.

Struggle with describing their emotions and experiences.

Here are some of the things you can do to help the person cope:

- Help them to develop communication skills.
- Provide ways on how they can manage their stress.
- Refer them to a relevant professional who can help them regulate their emotions.

How to Read an Individualised Plan

Now that we have covered an individualised plan's purpose and the types of disabilities, you will now learn the contents of the plan in more detail.

You can identify your tasks and determine how to carry them out by familiarising yourself with the individualised plan's contents. Individualised plans across organisations vary greatly, but the essential contents are usually as follows:

The person's basic information (name, history, condition and allergies, if any)

The person's holistic needs (physical, emotional, psychological and spiritual)

The person's wants and preferences

The person's goals in terms of their holistic needs

The person's support schedule (including tasks, frequency of tasks and equipment needed)

The sources of funding for the person's needs and the total budget for these

The strategies for supporting and empowering the person to meet their holistic needs

The person's behaviours of concern, if any

Other information, such as medication and the specialist personnel to contact when the need arises

The case study below shows how to identify a task based on an individualised plan:

Marie's Individualised Plan

Marie is 74 years old and living in a residential care facility. A few years ago, she suffered from a stroke that paralysed the right side of her body and weakened the left side. Her individualised plan includes getting support with the following:

- Feeding
- Grooming
- Physical therapy
- Medication

Claire is a residential support worker assigned to Marie's care team. When looking through Marie's plan, she can see which tasks she will help Marie with. She is assigned to help with feeding and grooming. She knows she is not assigned to do physical therapy or give medication. Those are outside of her job scope.



Under 'feeding', Marie's goal is to eat independently with her left hand. She has expressed that she just wants help with cleaning up in case she spills food. Under 'grooming', Marie has expressed that she can clean the right side of her body with her left arm. However, she needs help cleaning the left side of her body because she cannot move her right arm.

Upon reading these goals, Claire understands that her tasks are as follows:

- Stay with Marie during meals to help her clean up in case of spills.
- Assist Marie in cleaning the left side of her body.



Lotus Compassionate Care

Access and review Lotus Compassionate Care's sample template for a resident care plan.

Resident Care Plan

(username: newusername password: new password)

Understanding Individualised Plans Through Social Role Valorisation

Social role valorisation (SRV) is the idea that the more society perceives someone's role as 'valuable', the more likely that person will experience 'good things in life'. 'Good things' can mean acceptance, respect, education, inclusion, and opportunities to develop one's capacities.

Social role valorisation encourages people to participate in and contribute to their communities in the ways that they desire to through valued social roles.



The goal of SRV is to create socially valuable roles for people in society. SRV is relevant to two types of people:

- People who are socially devalued
- People who are about to be socially devalued

Devalued members have an increased likelihood of being mistreated by:

- Being perceived as someone who does not meet society's standards
- Being rejected by society
- Being cast into a negative role (e.g. a 'burden' on society)
- Being segregated from others
- Having prejudices and stereotypes attached to them
- Being an object of abuse and violence

But what does SRV have to do with someone's individualised plan? The SRV can help shape the way individualised plans are developed and carried out. This is done in the following ways:

- Based on the information gathered from the person, they will name the roles they currently have and the roles they want. A role can be a homemaker, student, sibling, musician, athlete, employee, and the like.
- With the roles in mind, an individualised plan can have a list of suitable goals for the person to reach. Examples of goals include building a skill, strengthening a current role, or moving out of a negative role.
- Specific plans can be made based on the goals indicated.

Knowing about SRV will help you have a better understanding of someone's individualised plan. You will know what roles to safeguard for them and what roles they desire. Additionally, it will make you more aware of whether you are taking a role away from them.

An example of maintaining a role would be as follows:

- A person with disability moved back into their house. Their role as a homeowner is enhanced by learning how to do basic repairs in the home.

An example of developing a new role would be as follows:

- Someone who has always been interested in visual arts could develop a new role as an 'artist' by learning how to paint.



An example of moving out of negative roles would be as follows:

- Someone is learning how to act in an age-appropriate manner instead of taking on the role of a child for too long.



Checkpoint! Let's Review

1. Individualised plans (care plans or support plans) are written documents containing the person's information relevant to the provision of their own care and support.
2. It is essential to review the patient's individualised plans so that you can keep in mind the person's needs, strengths, capabilities, and preferences.
3. Types of disability include neurological impairments, physical disabilities, sensory disabilities, speech/language disabilities, and developmental delays.
4. The social science concept of social role valorisation states that the more society perceives someone's role as 'valuable', the more likely that person will experience 'good things in life'.
5. Knowing about SRV will help you have a better understanding of someone's individualised plan since the plan may indicate what roles they desire based on the goals listed.

3.2 Use Person-Centred Communication Techniques When Doing Tasks



When working in disability support, you need to apply person-centred communication techniques. Using this technique shows respect for the person's rights and dignity. Before learning about these techniques, you must first be familiar with key philosophies and concepts. These concepts will inform you how to conduct yourself and engage with the person. Afterwards, there will be a section dedicated to person-centred approaches before moving on to communication techniques.

3.2.1 Contemporary Views, Philosophies, and Concepts in Disability Support

Before you learn to apply person-centred communication techniques, you must first know the general key philosophies and concepts in disability support. These include person-centred approaches.

This section discusses the contemporary views, models, and ideas reflected in today's best disability support practices.

Contemporary Views on Disability Support

Over the years, views on disability and disability support have changed. As you will learn in ‘Models of Disability’ in this section, previously, disabilities were seen as problems to be fixed. Now, disabilities are seen as caused by the lack of an inclusive society. Service providers had ultimate control over the person’s care. But now, contemporary approaches have begun to emphasise the individual's place at the centre of their care.

These views are reflected in codes of conduct, industry standards, and Australian laws and legislation. These were discussed in Subchapters 2.1 and 2.2. This table on the next page is a summary of what has already been mentioned previously.

Codes of Conduct, Standards, Laws and Legislation	Description
National Standards for Disability Services	These standards aim to promote national consistency and improve the quality of disability services.
NDIS Code of Conduct	The NDIS Code of Conduct is one of many codes that disability support workers can use. This code sets out expectations for safe and ethical service and support.
Convention on the Rights of Person with Disabilities	The convention contains many fundamental human rights found in the UDHR. This has general and specific obligations that aim to protect different types of rights of all persons with disability.
Australian Human Rights Commission Act 1986	This Act establishes the Australian Human Rights Commission. This commission creates human rights and equal opportunity provisions.
Disability Services Act 1986	The Disability Services Act 1986 lists flexible provisions that are responsive to the needs and goals of persons with disability. It assists persons with disability by allocating funds for services that will allow them to participate as members of the community fully.
Disability Discrimination Act 1992	The Disability Discrimination Act 1992 aims to prevent discrimination in all its forms against persons with disability. The Act covers both indirect and direct discrimination.

These contemporary views are also reflected in strategies, agendas and agreements, such as the following:

Strategy/Agenda/Agreement	Description
Australia's National Disability Strategy (2010–2020)	<p>This strategy signifies Australia's commitment to a national approach to improving the quality of life for persons with disability.</p> <p>It is meant to establish a policy framework and drive improvement in disability services. This highlights disability issues and aims for a more inclusive society.</p> <p><i>Based on National Disability Strategy, used under CC BY 4.0. © State of New South Wales NSW Ministry of Health. For current information go to www.health.nsw.gov.au.</i></p>
Count Me in (2009)	<p>This strategy aims to guide Western Australia when it comes to responding to persons with disability.</p>



Further Reading

You may read about the National Disability Strategy and Count Me In in greater detail through these links:

[National Disability Strategy 2010-2020](#)

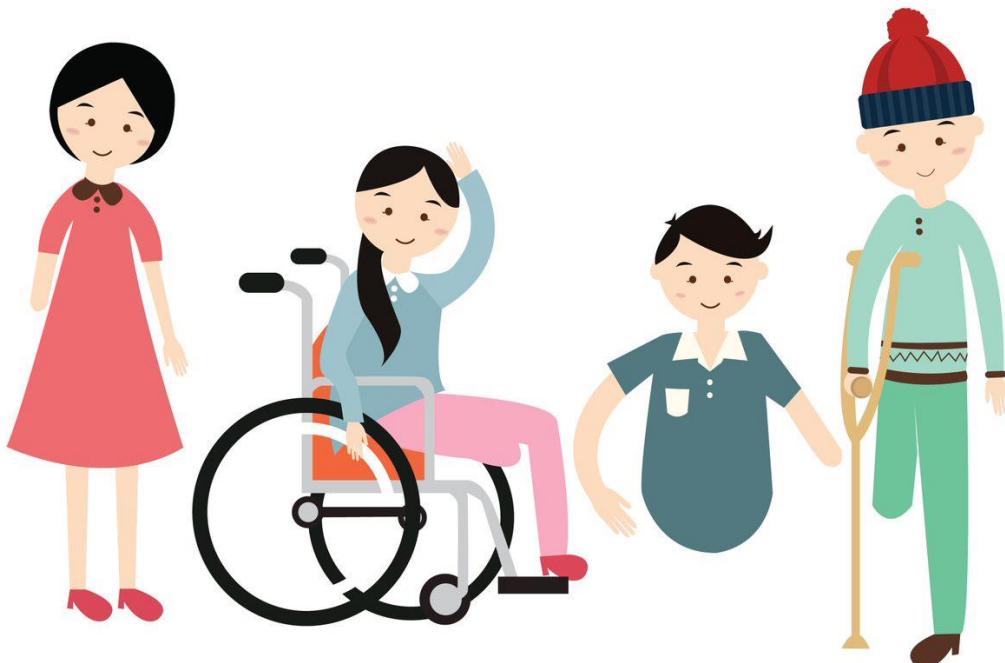
[Disability services](#)

Those laws, codes of conduct, standards, strategies, and agreements all differ in terms of specific purposes. But as you read through them, you will notice that they are similarly underpinned by contemporary views on disability support. These views are that disability support must:

- Safeguard human rights and protect persons with disability from discrimination
- Create opportunities for inclusion in the economic, social and political areas of society
- Recognise individual autonomy
- Adopt a social model of disability
- Take on an empowering approach, i.e. services must value the person's right to exercise choice and right to self-determination
- Take on a person-centred approach, i.e. support must be individualised and adjusted according to the person's strengths, needs, and goals

Let us discuss some of these views in more detail, starting with the models of disability.

Models of Disability



There are two models of disability, the medical model and the social model. These two models view disability differently. Each model provides a framework for how disability support services are designed and delivered.

- **Medical model of disability**

Long ago, disabilities were seen as a person's incapacities or medical problems to be fixed. These views and attitudes fall under the *medical model of disability*. It views disability as a health condition that is considered to be different to what is normal. These impairments must be treated through medical interventions. It focuses on what is 'wrong' with the person instead of what they need.

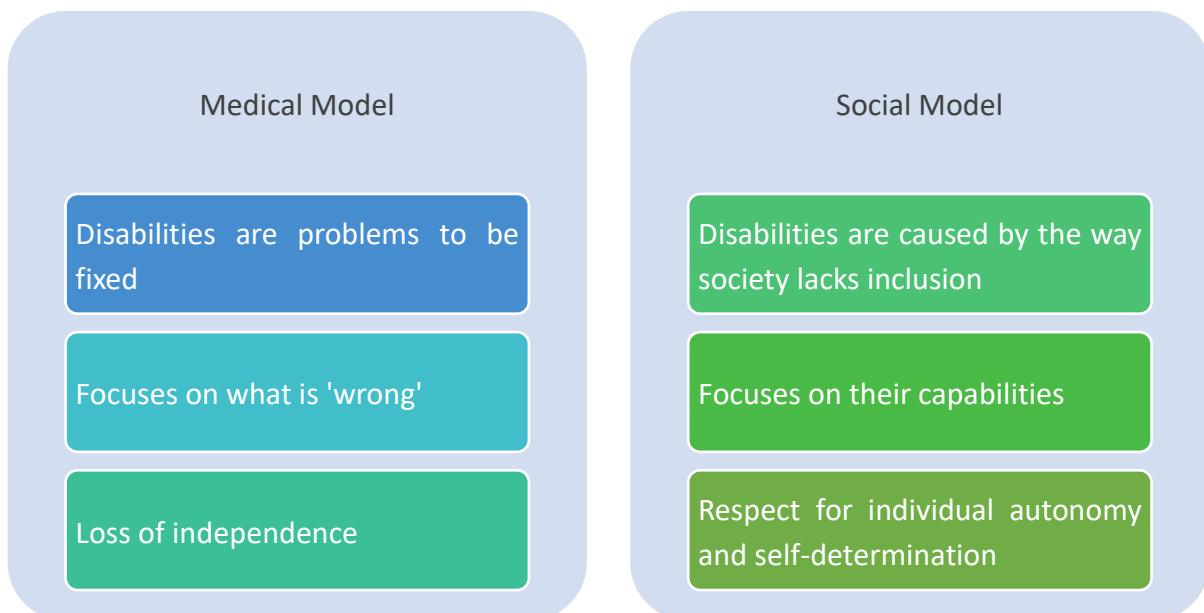
These views and attitudes have created low expectations for persons with disability and have often led to people losing independence. This traditional model of disability does not consider the individual's experience of living with disability. Neither does it help develop more inclusive ways of living. Because of this, the social model of disability has been created.

- **Social model of disability**

As opposed to the medical model of disability, this says that disability is not caused by impairment or difference. Rather, it is caused by the way society is organised. This society contains barriers that restrict persons with disability from thoroughly enjoying their lives. An example of these barriers includes the lack of ramps to the entrance of buildings. The lack of ramps makes it difficult for wheelchair users to get inside these buildings.

The approach of this model is mainly focused on fixing these barriers in society rather than trying to 'fix' the person's disability.

Here is a graphic comparing the medical model with the social model:



This model depicts the contemporary view on disability support. It depicts this view for the following reasons:

- It safeguards human rights and protects persons with disability from discrimination.
- It creates opportunities for inclusion in the economic, social and political areas of society.
- It recognises individual autonomy.
- It takes on an empowering approach. Services must value the person's right to exercise choice and right to self-determination.
- It takes on a person-centred approach. Support must be individualised and adjusted according to the person's strengths, needs and goals.

There are three pieces of legislation relevant to the contemporary view on disability:



Other examples or scenarios applying the social model of disability include the following:

- A person who has an intellectual disability wants to live independently in their own home. Under the social model, the person will be given support and options to do this, while under the medical model, this person might be recommended to live in a communal home.
- A girl who has a visual impairment would love to read a book. A solution using the social model approach would include making a full-text audio recording version of the book. This way, regardless of her impairment, the girl can still enjoy the book she wants to read.



Empowerment of Person Receiving Support



Another concept embedded in various laws and agreements is empowerment. *Empowerment* means promoting and encouraging self-determination by persons with disability. Empowering persons with disability means supporting them to make their own choices and decisions, particularly outcomes that directly affect their lives.

Empowerment involves giving the person with disability the skills, resources, and motivation to meet their needs and goals. It also means that the person is held responsible and accountable for the outcomes of their actions.

An empowering approach allows others to become included in society. It involves giving people the freedom and power to pursue their goals and make decisions.

Disability support workers have varying approaches to facilitating the empowerment of persons with disability. While all approaches allow persons with disability to have more control over their lives, some differences are present due to their varying ages, needs and goals.

The following examples show different empowerment approaches:

- Education support staff in a primary school may use an approach that involves plenty of hands-on care and direct guidance.
- In a community home, you may use an approach that involves communication and assistance with only their most crucial needs.
- At a hospital, you may use an approach that involves educating patients to use techniques and equipment to make everyday life easier.

Your approach must be based on your responsibilities and the needs of the people you will be working with. Your approach will also reflect your values and attitudes.

As you develop your approach, you must ensure that:

- You have the proper personal values and attitudes for assisting persons with disability.
- Your approach will address all your job responsibilities.
- Your approach values the safety of the person with disability.
- Your approach provides the immediate needs of the person with disability and, at the same time, assists them in developing the skills or behaviours they need for the future.
- Your approach allows you to be flexible and capable of adapting to various situations.
- Your approach involves elements of communication that are appropriate to your role.
- You take into consideration the different legal and ethical considerations relevant to your role.



Trauma-Informed Practice

Trauma-informed practice is an approach that aims to understand and respond to the effects of trauma on a person. It recognises that trauma can impact the psychological, social and emotional wellbeing of a person. It intends to foster a safe environment and empower the person in order to overcome or manage the effects of trauma in their lives.

When providing disability support to a person, support workers should be guided by trauma-informed practice. Support workers should be informed that a significant number of people with disability have experienced trauma that may have been impacting their lives, emotions and relationship with other people. Support workers should acknowledge that people with disability experienced abnormal situations and they have managed these situations the best that they could.

Trauma-informed practice is grounded in the following principles:

Safety

- This principle promotes a safe and welcoming environment so that the person can process their traumatic experiences.

Trust

- This principle promotes that services offered should be sensitive to the person's need. It also advocates for transparency when providing services.

Choice

- This principle promotes the opportunity for choice.

Collaboration

- This principle promotes working together with the person and not just commanding them what to do.

Empowerment

- This principle promotes having practices that empower the person.

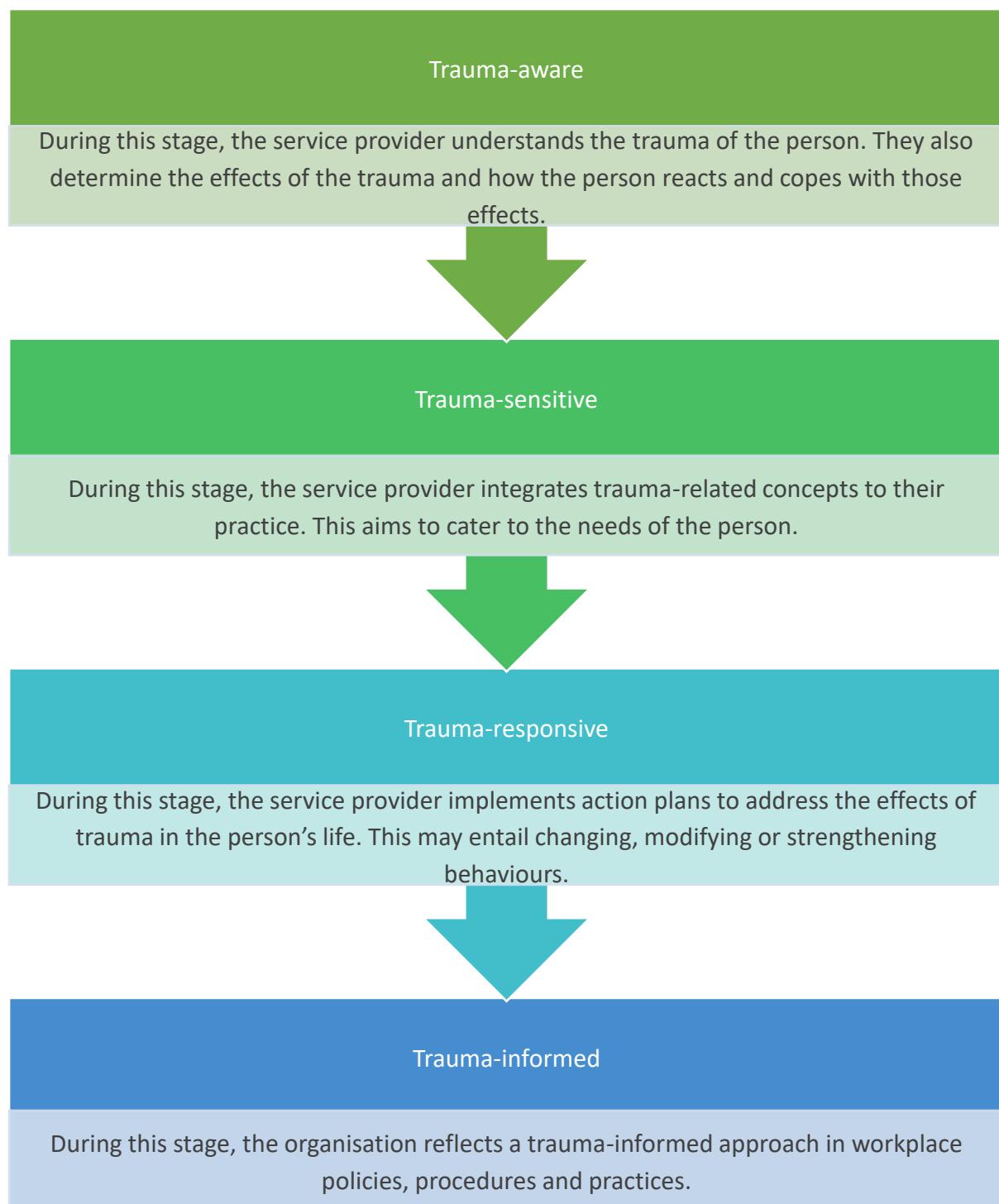
Respect for diversity

- This principle promotes respect towards the person, including their culture, gender and background.

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Trauma-informed practice can be divided into four stages. The following are the stages:



Here are some guidelines for integrating trauma-informed practices in disability support:

- Seek an understanding of the relationship between disability and trauma (e.g. how the person's trauma impacts their disability and vice versa).
- Equip staff with relevant knowledge of trauma.
- Train staff on how to carry out trauma-informed workplace practices.
- Build trust with the person with disability.
- Address the barriers to accessing relevant services.
- Obtain feedback and use that to improve workplace practices.
- Record successful practices and promote their implementation.

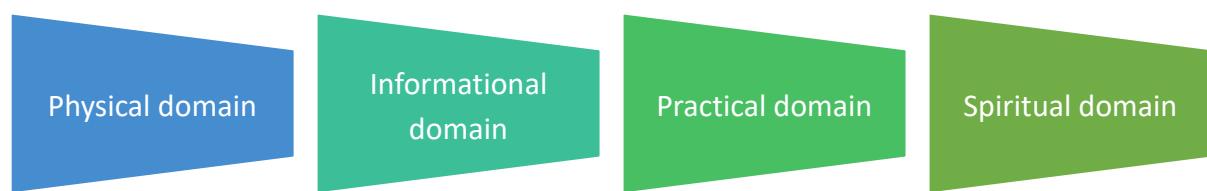
Social and Emotional Wellbeing Frameworks

Social emotions are your emotions that depend upon the thoughts, feelings, or actions of other people, for example, embarrassment, grief, shame, jealousy, envy, empathy and pride. It affects your social and emotional wellbeing or your emotional interconnectedness with others. It includes understanding how your actions affect your family, friends, and communities. It contributes to your ability to develop meaningful and lasting friendships and partnerships. It gives you a sense of authenticity, worth, connection, and belongingness.

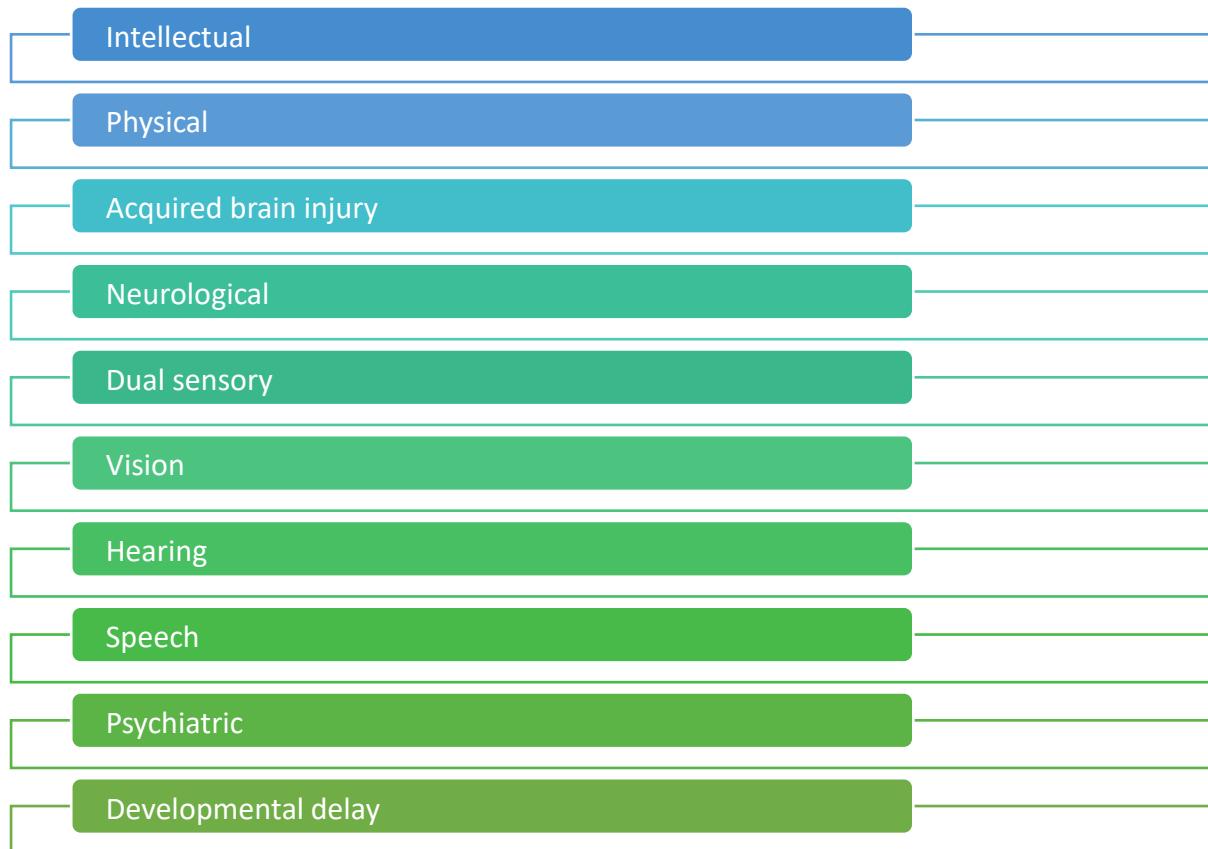
According to the World Health Organization (WHO), social and emotional wellbeing are closely related to the concept of mental health. A person with stable mental health has the capacity to do the following:

- Can realise own abilities
- Can cope with the everyday stresses of life
- Can work productively
- Can contribute to the community

A person with disability achieves good mental, social and emotional wellbeing when their needs relevant to building relationships and emotional fulfilment are met and when distress arising from unmet needs in other domains are minimised. The other domains include the following:



These domains may be affected by different types of disability, which may include the following:



- **Intellectual** – These are conditions that appear during the developmental period. When compared to others of the same age, people with these disabilities have decreased mental functions. They also have difficulties learning and performing certain daily life skills and have limitations in adaptive skills in community environments.
- **Physical** – These are conditions that affect the ability to perform physical activities. Physical disability often includes impairments of the neuromusculoskeletal systems, including the effects of muscular dystrophy, neuromuscular disorders, paraplegia, quadriplegia, absence or deformities of limbs, arthritis, and back disorders.
- **Acquired brain injury** – These are different disabilities brought on by brain damage acquired after birth. The result is diminished cognitive, physical, emotional, and independent functioning. It may be a result of stroke, brain tumours, infection, poisoning, or degenerative neurological disorder.
- **Neurological** – These are the impairments of the nervous system that occur after birth, for example, epilepsy, Alzheimer's disease and Parkinson's disease.

- **Dual sensory** –This is a dual sensory impairment that results in difficulty in communication and participation in community life. An example is being deafblind.
- **Vision** – These are vision impairments and blindness that can cause severe restrictions in mobility, communication, and the ability to participate in community life.
- **Hearing** – These are hearing impairment and deafness.
- **Speech** – These are speech impairment or speech loss.
- **Psychiatric** – This includes recognisable symptoms and behaviour patterns frequently associated with distress, which may impair personal functioning in normal social activity.
- **Developmental delay** – This applies to children aged 0 to 5 where conditions have appeared in the early developmental period, but no specific diagnosis has been made, and the specific disability is not yet known.

These categorisations of disabilities are influenced by the following factors:

Underlying health conditions

Impairments

Activity limitations

Restrictions on participation

- **Underlying health conditions** – Also known as chronic diseases, these are medical conditions that interfere with your daily life. It requires long-term and continuous medical attention. When you have an underlying health condition, you may feel constant worries, frustrations and stress when dealing with pain and treatments.
- **Impairments** – These are disabilities that affect your physical and cognitive functions. It includes loss of vision, speech, limb or memory. When you have an impairment, you may feel that you do not belong to the community and may see yourself as less of a person.

- **Activity limitations** – When you have a disability, there are things that you will not be able to do. Due to the limitations that your disability will bring, you may experience difficulty doing daily activities, which can later lead to dependency. You may even think that you are causing a burden to other people.
- **Restrictions on participation** – Persons with disability may have participation restrictions. When you are a person with disability, engaging in the following may be more challenging for you:



When you are denied with the opportunity to participate, you may feel that you are not included, which can lead to developing low self-esteem.

Your client's social and emotional wellbeing is essential. It promotes the social and emotional relationships between them, their families and their community. The ability to develop skills that will help persons with disability cope with stressors can be dependent on these connections. When these connections are disrupted, it can lead to difficulties in developing skills because their self-perception of their abilities is affected.

When your client develops a sense of belonging to the community and the ability to handle their own emotions, they can build confidence and higher self-esteem. When this happens, they can set specific goals and engage in more activities to develop their skills.

Aside from empowering your client by upholding their rights, you can also promote the quality of their life by presenting them with social and emotional wellbeing frameworks. These frameworks include policies or strategies that aim to create an inclusive community. Here are some examples of these frameworks:

Australia's Disability Strategy 2021–2031

Disability Gateway

Psychosocial Recovery-Oriented Framework

Australia's Disability Strategy 2021–2031

This provides policies for the overall wellbeing of a person with disability. These policies aim to promote the different aspects of their life. It includes the following:

- Employment and financial security
- Inclusive homes and communities
- Safety, rights and justice
- Personal and community support
- Education and learning
- Health and wellbeing
- Community attitudes

This discussion will focus on relevant policies that can help promote your client's social and emotional wellbeing, which are the following:

Personal and community support

Health and wellbeing

- **Personal and community support**

The policies under personal and community support aim to enable people with disability to have access to a range of support to assist them in living independently and engaging in their communities. Here are the policies:

- **People with disability are able to access support that meets their needs.**
Like all Australians, people with disability need access to personal and community support. This includes both disability services and mainstream services. *Mainstream services* include relationship or financial counselling, parenting support and crisis services. They all need to be universally available and accessible to all people in the community, including people with disability.
- **The NDIS provides eligible people with permanent and significant disabilities with access to reasonable and necessary disability support.**

As a world-first approach to providing disability support, the NDIS enables people with disability to receive the reasonable and necessary package of flexible support that help people pursue their goals and aspirations. In putting people at the centre of NDIS decision-making, people with disability can exercise choice and control as they seek to live an ordinary life like any other member of the Australian community.

- **The role of informal support is acknowledged and supported.**

The informal support provided by parents, siblings, kinship guardians, other family members and friends is vitally important to people with disability. In addition to providing practical and emotional support, they can also represent the interests and rights of the person they support. The informal support provided by voluntary organisations is also essential to enriching the lives of people with disability. Acknowledging and supporting individuals and organisations that provide informal care and support can increase the participation of people with disability in community life.

- **People with disability are supported to access assistive technology.**

Assistive technology is any device or system people use to make tasks easier. Most people use assistive technology in their daily lives, such as smartphones or remote controls. Assistive technology also includes grab rails, hoists, wheelchairs, hearing aids, text captioning services, home modifications, digital assistive technologies, prosthetics and devices to support memory. For people with disability, assistive technology supports inclusion, participation, communication and engagement in family, community and all areas of society, including political, economic and social spheres.



- **Health and wellbeing**



The policies under health and wellbeing aim to enable people with disability to attain the highest possible health and wellbeing outcomes throughout their lives. The policies include the following:

- **All health service providers have the capabilities to meet the needs of people with disability.**

People with disability experience poorer health and wellbeing than those without disabilities. It can result from inadequate access to health care or substandard care provided by health care workers. It can be prevented by promoting access to health services, the appropriateness of equipment, training or facilities, the operation of health systems and processes, and personnel and provider attitudes.

- **Prevention and early intervention health services are timely, comprehensive, appropriate and effective in supporting better overall health and wellbeing.**

Prevention and early intervention health services are important to lifelong health and wellbeing. People with disability continue to experience preventable health conditions and comorbidities at higher rates than people without disabilities. This places people with disability at a significantly higher risk of adverse health outcomes. Better outcomes are achieved for people with disability when health providers understand their individual situation and circumstances, communicate well, do not allow disability to overshadow health issues, and provide services, premises and facilities that are accessible and appropriate.

- **Mental health support and services are appropriate, effective and accessible for people with disability.**



Mental health is a major factor in the ability to live a productive and fulfilling life. Persons with disability who have adequate mental health support can develop skills with the self-awareness to their own strengths.

An inclusive society and improving all outcomes for people with disability will help improve person with disability's mental health and general wellbeing.

- **Disaster preparedness, risk management plans and public emergency responses are inclusive of people with disability and support their physical and mental health and wellbeing.**

The needs of people with disability should be catered for in disaster risk management plans and public emergency responses in order to protect their mental and physical health and wellbeing.

Before, during and after emergencies, people with disability may require targeted and accessible information and communication. They may also require additional assistance to plan and prepare for an emergency, additional assistance and appropriate support in the event of an evacuation or physical isolation, and support through the recovery process.

Organisations responsible for emergency management should also work with those responsible for urban planning and design to understand where people with disability are at greater risk of harm during disasters and how these risks can be reduced.

Australia's Disability Strategy 2021–2031 sets out a plan to change the lives of people with disability over ten years. Here are the following documents that you can access to understand better how the NDIA is planning to achieve their goals and principles:

Document	Description
Employment Targeted Action Plan	This action plan sets out key actions to improve paid employment outcomes for people with disability.
Community attitudes Targeted Action Plan	The Community attitudes Targeted Action Plan sets out key actions to improve community attitudes towards people with disability to influence behaviour.
Early childhood Targeted Action Plan	This action plan focuses on children from infancy to school age with disability or developmental concerns, their families and carers. It sets out key actions to strengthen early identification, information, supports and pathways, as well as collaboration between programmes and services, all of which contribute to the development and wellbeing of children to help them thrive across and between life stages.
Safety Targeted Action Plan	This action plan sets out the key actions to strengthen system design and supports to enable people with disability to receive high-quality and safe services.
Emergency management Targeted Action Plan	This action plan sets out key actions to make real progress on improving the outcomes of people with disability affected by national emergencies.

Document	Description
Reporting on Australia's Disability Strategy 2021–2031	These high-level reports will show how the Targeted Action Plans are working, including what actions have occurred, what successes there have been, and the overall status. These reports are made after each financial year and will be published by October.
Roadmap – Australia's Disability Strategy 2021–2031	The roadmap gives an overview of the key work being done under the Strategy and shows when these will happen. It shows the timeline for the whole strategy.
The Strategy and supporting documents	This is a key part of the Strategy as it tracks, reports and measures the outcomes for people with disability across all seven Outcome Areas of the Strategy. This will drive change and improvement for people with disability. It will also help us to see if the lives of people with disability are improving over time.
Engagement plan	This outlines the ways people with disability will be involved in the implementation of Australia's Disability Strategy. The features of the Engagement Plan will give people with disability ways to influence the future direction of the policies and services that impact their lives.

Based on Australia's Disability Strategy 2021-2031, used under CC BY-NC 3.0.

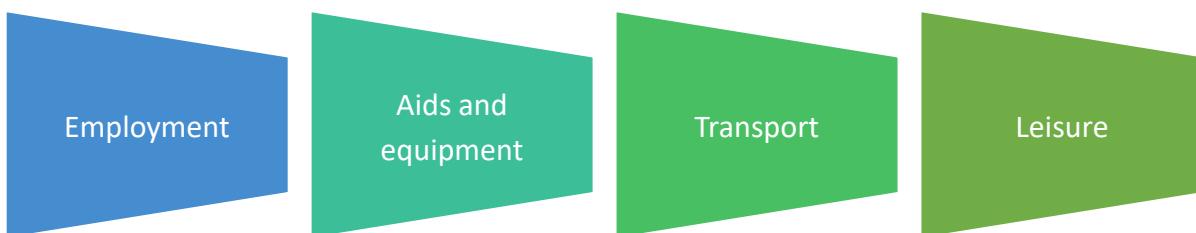
© National Disability Insurance Scheme Agency 2013

Disability Gateway

This assists all people with disability, their families and carers to locate and access service providers across Australia. Their services include providing information, support and access to the following:

- Income and finance
- Employment
- Aids and equipment
- Housing
- Transport
- Health and wellbeing
- Everyday living
- Education
- Leisure
- Rights and legal

This discussion will focus on the strategies that can help promote your client's social wellbeing, which are the following:



- **Employment** – This is your source of income. It enables you to enjoy hobbies and activities that will help improve your social wellbeing. Aside from that, you can also connect with your co-workers since you can relate to each other's hardships and fulfilment from your careers. To help you develop the abilities and confidence necessary to find and keep a job, there are supports and services available. It can assist you in doing meaningful work that suits your strengths and abilities. Here are the employment services that you can access through the disability gateway:
 - Employment training
 - Finding and keeping a job
 - Your employment rights

- **Aids and equipment** – Aids and equipment can help you with daily living. Wheelchairs, scooters, hearing or vision aids, healthcare equipment, service animals and items to help you communicate better are all examples. The disability gateway provides links and information on the following:
 - General equipment schemes and services
 - Communication aids and services
 - Assistance animals
 - Using technology to stay connected
- **Transport** – This is important in having a social life. Healthy social wellbeing may require activities that warrant travelling to a different place. It can be tough getting around if your mobility is limited in any way. There are several options for you to help you get to where you need to go. The Australian and state and territory governments subsidise some transport options. It includes the following:
 - Public transport discounts
 - Taxis and rideshare services
 - Community transport
 - Driver's licence and disability parking permit
- **Leisure** – These are activities that can help you improve your health and wellbeing while also allowing you to meet new people. Sports, arts and culture, community activities, and travel can all be considered leisure activities. These activities improve your experience of positive relationships and connectedness to others. The disability gateway offers links and information to the following:
 - Competitive and recreational sports
 - Holidays and going out
 - Community programmes
 - Social life





Further Reading

The disability gateway provides information and access to services that will promote the wellbeing of persons with disability.

You can learn more about this through the link below:

[Welcome to the Disability Gateway](#)

Psychosocial Recovery-Oriented Framework

A disability caused by a mental health problem is referred to as a psychosocial disability. Not everyone with a mental health condition will have a psychosocial disability, but for those who do, it can be severe, long-lasting, and interfere with their recovery. That is why the psychosocial recovery-oriented framework was created to ensure that the National Disability Insurance Scheme (NDIS) is more responsive to participants with psychosocial disabilities, their families, and caregivers. Its goal is to assist participants who have a psychosocial disability in their personal recovery and living a meaningful life. Its principles include the following:

Supporting personal recovery

Valuing lived experiences

NDIS and mental health services working together

Supporting informed decision-making

Being responsive to the episodic and fluctuating nature of psychosocial disability

A stronger NDIS recovery-oriented and trauma-informed workforce

Aside from the principles mentioned in the previous page, the psychosocial recovery-oriented framework also aims to do the following:

- Promote personal recovery by implementing service improvements.
- Update the existing psychosocial recovery coach support item.
- Develop and implement agreed-upon protocols and improved practices for better collaboration between NDIS and mental health services.
- Re-evaluate processes for adapting to new situations so they can better reflect the episodic and fluctuating nature of the psychosocial disability.
- Create decision-making resources and guides, as well as evidence-based supports, for participants with psychosocial disabilities, their families, and carers.



Further Reading

The listed principles can be seen in the National Disability Insurance (NDIS) Agency's Psychosocial Recovery-Oriented Framework. You can read more about this through the link below:

[Mental health and the NDIS](#)

3.2.2 Identifying Person-Centred Approaches and Effective Risk Assessment Strategies

Person-Centred Approaches

Person-centred approaches follow the social model of disability. *Person-centredness* means putting the person at the centre of care delivery. This means that all actions and decisions about their care will be based on what they need and want. In a care setting, a person-centred approach means treating a person with compassion, dignity, and respect. This can be done by using appropriate care strategies and having policies and procedures that support the person's choice.



The following are person-centred approaches you can apply:

- **Upholding autonomy**

This means that the person is seen as an expert on their interests. This is person-centred since it enables the person to take charge of their own life. You can apply this approach by informing the patient of their right to refuse service, right to consent, and right to get a second opinion from other doctors.

- **Supporting the person to exercise choice**

This refers to providing support that suits the person's wishes and priorities. This is person-centred since it enables the person to make reasonable life choices. You can apply this approach by involving the person in planning and making decisions about their care.

- **Supporting the person's right to self-determination**

This refers in supporting the person's right to self-determination or to choose their way of living. This is person-centred since it allows the person to set their own goals. You can apply this approach by letting the person give their insights and ideas on the kind of assistance they need.

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

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For current information go to www.health.nsw.gov.au.

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

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



Further Reading

Person-centred approaches and services can follow different principles, depending on the nature of your work. The principles of person-centred healthcare are provided through the link below:

[Person centred practice](#)

It is critical to provide person-centred services because they allow a carer or support worker to uphold the rights of persons with disability. Applying person-centred approaches assists in making the person happier. In addition, a person-centred approach has the following benefits:

Persons with disability will generally have an easier time trusting those who apply person-centred approaches.

Persons with disability will be more engaged with routines, activities, and programmes designed based on their needs and wants.

You will not have difficulty creating support strategies or complicated care procedures.

You will not need to spend a lot of time and effort managing the person's behaviour and convincing them to take part in certain activities.

For you to deliver person-centred services, you must do the following:

- **Ensure the rights of the person are upheld by:**
 - Letting the person make choices on how they should be cared for and what activities they should participate in
 - Completing risk assessments as per the organisation's processes and including the person in the process and outcome
 - Following organisational procedures on privacy and confidentiality when filling out forms and updating records
 - Encouraging persons to speak up on any concerns that they might have

- **Ensure the needs of the person are upheld by:**
 - Encouraging the person to ask questions about their care and treatment plans
 - Having the person involved in planning and making decisions about their care
 - Using strategies that make full use of the person's capability
 - Having persons provide feedback on the level and quality of service being provided
 - Delivering appropriate care that balances person-centredness and proper support—this should be based on the person's condition by seeking help from more experienced and qualified staff, if necessary



For example, when helping a student with disability learn about conversational techniques, they must be allowed to do the following:

- Attempt to speak with others despite the risk of discrimination or misunderstanding.
- Have their name and personal information left out from observation forms and other documents.
- Develop their communication skills using appropriate techniques and strategies—these strategies can be based on their capability and as indicated in their education plan.
- Give their insights and ideas on what they need to help with.

As another example, a support worker caring for a person with disability at a hospital must deliver person-centred services by:

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



Risk Assessment Framework



Disability support workers are obliged to apply person-centred approaches when working with persons with disability. For example, when carrying out tasks from the individualised plan, one must prioritise their needs and goals.

Another specific instance is when a disability support worker works with a risk assessment framework. In the context of disability support, *risk assessment* evaluates potential risks that may affect the person you are supporting. It helps you plan ways to minimise the harm it can bring to them.

When evaluating risks, recall the discussion on the dignity of risk in Section 2.2.1. The dignity of risk refers to a person's right to participate in activities that may come with risks. This is an expression of respect for the person's independence and autonomy.

Effective risk management means considering risks and hazards while upholding certain values. These are values of autonomy, choice, self-determination, and other person-centred approaches.

The following are criteria you can consider when conducting an effective risk assessment:



- **Involvement of the person and their family or carers**

In traditional approaches, the person and their carers were not allowed to make their own decisions. Person-centred practices demand their involvement, especially since it is the person who will be affected by the risk. Understanding the person under your care will help you further understand how to keep them safe.

As you assess risk, you must:

- Know about their personalities, goals, and their history of making choices
- Understand how they view the potential risks that may affect them

- **Positive and informed risk-taking**

Positive and informed risk-taking involves:

- Learning the strengths, skills, and capacity of the person for decision-making
- Finding out what would keep the person safe as they take the risk

This adheres to a person-centred approach since it views risk from the perspective of the person, family, and carers. Differences in power can influence decisions about risk, which is why it is crucial to view risk holistically. An example of this is when leaders encourage their subordinates to share solutions instead of simply giving an order.

- **Proportionality**

Proportionality means that the more serious the risk, the more one should exert time and effort in managing that risk. It also involves considering the consequences of not taking the risk, such as the impact on the person, family and their carers (e.g. Will this mean loss of autonomy?). When possible, it is always best to assist in managing the risk rather than fully barring the person from taking it.

- **Contextualisation of behaviour**

Gather information about the person and their social environment. Get to know their opinions of the risk, what has worked in previous situations, and their behaviour in various contexts. This information will help you visualise the best support practice for the person.

- **Defensible decision-making**

Whatever the outcome of the person's decision-making process, there must be justifiable reasons for each decision made. Make sure to record the discussions, perspectives, issues, and solutions you considered. In case any incident occurs, you may refer to this document.

- **Tolerable risks**

You must evaluate risk on a case-by-case basis. What would not work for one person may work for a different person under your care.

- **Learning culture**

In the practice of risk assessment, you must have the mindset of someone who can commit to ongoing learning. Use your experience to recognise what works and what does not. Risk assessment requires regular monitoring and review. Your findings should be recorded and managed according to your organisational policies and procedures. It will give you a better idea of what it takes to address specific risks.



Keep these criteria in mind as you go through the three different phases of risk assessment. The graphic below details these phases:



Information Gathering and Assessment

It was mentioned that you must contextualise risk assessment. There was also an emphasis on understanding the person before engaging in the risk assessment proper. The following questions cover what you should investigate before planning:

- **What is the problem?**
 - How do the person, family, carer, and others view the risk?
 - How do differences in power with the persons involved influence the decision?
 - What are the decisions the person has made in the past?
 - Do others easily influence this person?
 - What are the disagreements about the best interests of the person, if any?
- **Who is the person?**
 - What are their capabilities, gifts, skills, needs, lifestyle choices, and priorities?
 - Who else needs to be involved in managing risk?
 - Can the person make decisions?
 - What information does the person need so they can participate in decision-making?
 - What communication aids does the person or others need to participate?

▪ What is the desired outcome?

- What is everyone trying to achieve in terms of the person's goals?
- What does success look like for the person, family, carer, and others?
- Will this risk mean that the person will have the same opportunities as their peers?
- What do the relevant laws say?
- What opportunities will be missed if the person does not take the risk?



▪ What have you tried and learnt already?

- What have you tried?
- What have you learnt?
- What about this information pleases you?
- What about this information concerns you?

- **What do the person, carer, family, and others say about the ways to address the identified risks?**
- **How will you justify the decisions made?**
- **How will you review progress?**
- **What can be done if things do not work out or if there is a crisis?**
- **Does your organisation have any policies and procedures relevant to risk assessment?**

Based on Safeguarding Framework:

*A Person Centred Approach to Risk Management for Clients of Community Support Teams,
used under CC BY 4.0. © State of New South Wales (Department of Communities and Justice)*

Planning

After gathering the necessary data, you can now plan how to manage the risk. Risk assessment frameworks may already be put in place in the person's individualised plan, which you just must note while doing tasks. But there could be instances when you would have to carry out risk assessment yourself.

The following are possible occasions on when you may perform risk assessment:

- **Personal worker care role**

You need to use the risk assessment framework to evaluate the risks involved with your role as a support worker. Common risks and hazards may involve the following:

- Environmental conditions (e.g. ensuring accessibility for those with wheelchairs or who have difficulty getting off the bus)
- Incorrect use of equipment or aids
- Slips, trips, and falls
- Choking hazards
- Hazardous substances, such as poison and chemical burns
- Infectious diseases



- **Working in a person's home**

Using the risk assessment framework can help you plan ways to minimise harm from certain features of your home. It is best to know your workplace setting well to anticipate any hazards. Risks in a person's home may involve the following:

- Cords and power points
- Fires
- Food allergies
- Water hazards (e.g. pools can pose a risk of drowning)
- Cuts from kitchen knives and other sharp tools
- Bites and scratches from pets

- **Assisting a person to engage outside of their regular setting**

Using the risk assessment framework can help you minimise harm from environments outside their usual location. There are times when you will have to support someone outside of their usual location. This may be part of their individualised plan. Perhaps they want to go to a specific place or are obliged to travel somewhere because of work, school, or family. The same principles of risk assessment apply—risks and hazards can arise from the following:

- Physical environment
- Substances and equipment being used
- Tasks and actions that you or the person will do

- **Planning an activity**

A person's individualised plan may involve having physical, social, neurological, and recreational activities. Using the risk assessment framework can help you minimise potential harm from these activities. Here are examples of activities the person may engage in:

Physical activities

- Aquatic therapy
- Brisk walking
- Wheeling themselves in a wheelchair
- Wheelchair basketball/tennis/football/softball

Social activities

- Meeting with friends
- Shopping
- Meeting new people

Neurological activities

- Puzzles
- Model building

Other recreational activities

- Art classes
- Playing a musical instrument
- Gardening

- **Medication**

Another aspect of disability support is knowing what medication they require. Make sure to get clear instructions from the doctor about administering medicine if you are legally allowed to administer it. Using the risk assessment framework can help reduce risks that may arise from medications. The following are possible hazards and risks that may arise, such as:

- Side effects of the medicine, such as allergies
- Particular food and drink that should not be combined with the medicine
- The expiration date of the medicine
- Whether or not the medication is stored correctly

You can now plan the necessary procedures for mitigating hazards by asking yourself the following:

What is the procedure's purpose?

How should I conduct a task in a safe manner?

Who is responsible for the outcomes?

When should activities be done?

Monitoring and Review



As you take measures to minimise risk, make sure to record what has taken place. The record includes which risks and hazards were involved, what action was taken, and the result.

While monitoring and recording in risk assessment, abide by your organisation's policies and procedures and privacy and confidentiality requirements.

You will need this data to do the following:

Record what actions worked or created a new hazard.

Have a document trail detailing the justifications for the actions that took place.

Prepare for the next instance risk that needs to be assessed.

Based on Safeguarding Framework:

A Person Centred Approach to Risk Management for Clients of Community Support Teams, used under CC BY 4.0. © State of New South Wales (Department of Communities and Justice)

3.2.3 Applying Person-Centred Communication Techniques

Person-centred communication techniques are methods where you use person-centred approaches for effective communication. In this section, you will learn about three techniques. These are as follows:

Collaboration

Confrontation

Motivational interview

Collaboration

This is an approach that is concerned with both parties in a conversation. The goal of this approach is to have a win-win solution. This means that both parties' thoughts and opinions must be considered and settled, satisfying both ends.

Collaboration helps in resolving constraints in communication. This is by considering the ideas and opinions of both ends. This allows the people involved to settle their disagreements and come up with the best solution.



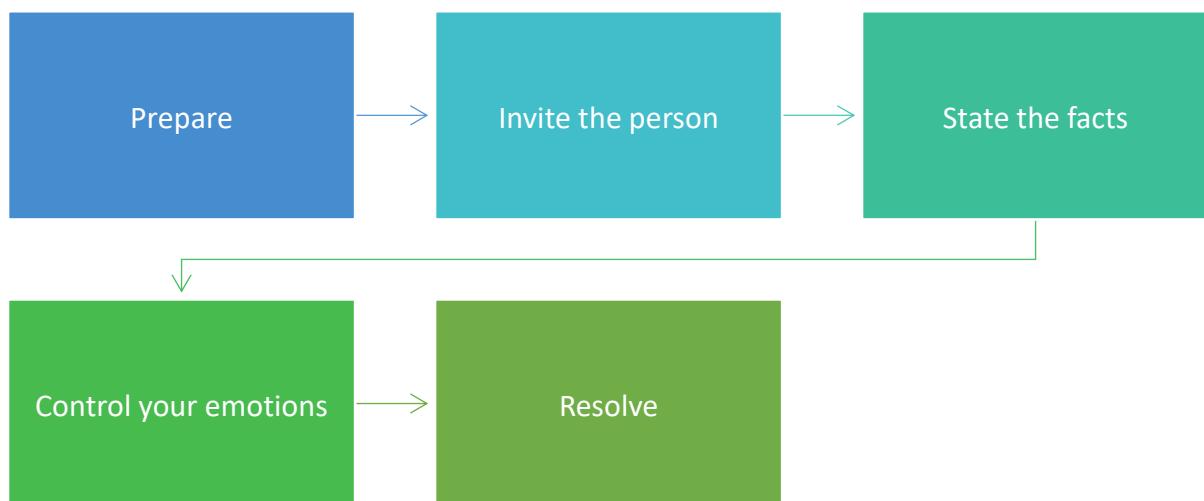
For example:

The person wants to try a new sport, which is a risky activity. You apply what you learnt about risk assessment from the previous section and involve the person and other relevant parties. Together, you assess risks and plan ways to minimise risk.

Confrontation

This refers to an approach wherein you directly tell a person your feelings and emotions and what you want to happen. This happens when there is a face-to-face encounter with another person to inform them of what they do not want to hear. This approach is challenging because there is a high chance for that person to feel upset or disappointed.

Below are example steps on how confrontation can be done:



1. **Prepare** yourself for the confrontation. This includes rethinking the situation and reflecting on it. In preparing, you must consider your attitude on how you will approach the person. Although confrontation may deliver a negative message, you must be able to provide it constructively.
2. Make sure that you are in the right mind before confronting the person. Respectfully **invite the person** if they can have some time with you and talk about the issue. You may say, 'Something has been bothering me for the past few days. Would it be okay if I sit and share it with you?'.
3. **State the facts** by telling the person what you want to say. Make sure that the way you convey the message is constructive and not in a blaming manner. Listen attentively when they have something to explain. There must be a give-and-take method for you to understand each other.
4. There is a high chance that one of you will feel upset, disappointed or even angry. When this happens, you must **control your emotions**. You may consider putting an end to the confrontation for both of your emotions to settle down. You may also apologise to the person if they felt that way. This may help in draining off the intensity of the emotion.
5. Think of solutions to **resolve** the issue. Negotiation must occur, and this can be done by considering both your ideas and thoughts to come up with the best solution.

Confrontation helps in resolving constraints to effective communication. Issues and concerns are brought up directly to the respective people. They become aware of the actions and behaviours that they must avoid doing for the welfare of others. To prevent conflict, the collaboration will be a better approach. This way, situations will be controlled. No confrontations will happen if all ideas and thoughts are considered collaboratively.

For example:

The person is upset that you did not accept their Christmas gift. As a disability support worker, you know it is against the code of conduct to receive presents or tokens of appreciation. To remedy this, you invite the person to talk to you and explain why you cannot accept gifts from people under your care.

Motivational Interviewing

A popular technique used in disability support is known as motivational interviewing. *Motivational interviewing* is a person-centred communication technique where one can:

- Make clarifications about statements
- Build confidence in the person
- Motivate the person to keep positive habits and make positive changes



It is person-centred as it encourages the person to be motivated on their own. The following principles are being applied during motivational interviews:

- Empathising with a person helps you understand their behaviours and the reasons behind their actions. You must put yourself in their shoes to understand them. This helps in letting them know that they are heard, which will encourage them to share their experiences.
- You must support the person and make them believe that they can change for the better. Encourage them to share their experiences and successes. This helps others in the same situation to resolve communication constraints.
- Instead of challenging resistance, go along with it. Respect the person's way of managing themselves and their freedom of choice, including their way of communication. When they are accepted for who they are, they are encouraged to think of solutions to challenges they encounter.
- Make them understand that their behaviours must align with their goals and objectives. When they observe that their way of communication is not effective, they must be able to realise this. This will help them apply the necessary change.

Motivational interviewing will help in resolving constraints to communication. They will be given the autonomy to learn from their own mistakes. This will encourage them to realise what they need to do to solve their difficulties.

In contrast to motivational interviewing, there is a method known as the *coercive approach*. This approach would involve forcing someone to make a change, often a behavioural one. It gives little importance to the person and their thoughts, needs, and goals. This is less effective in resolving constraints in communication. The people will not be given the free will to learn from their own mistakes. They will be forced to follow communication norms that may not align with their strategies as well as their beliefs.

Below is a chart comparing two examples, one from each communication technique:

Motivational Interviewing	Coercive Approach
<ul style="list-style-type: none"> ▪ Noting needs and goals ▪ Understanding their statements ▪ Encouraging them to express themselves ▪ Listening to their thoughts and suggestions 	<ul style="list-style-type: none"> ▪ Disregarding needs and goals ▪ Assuming what they mean ▪ Taking complete control of the conversation ▪ Imposing an alternative that you think is best

In disability support, the coercive approach often does more harm than good. Furthermore, it goes against the key philosophies and concepts you learnt in Section 3.2.1.

How does one do motivational interviews? The following are tools involved in this technique:



- **Open-ended questions**

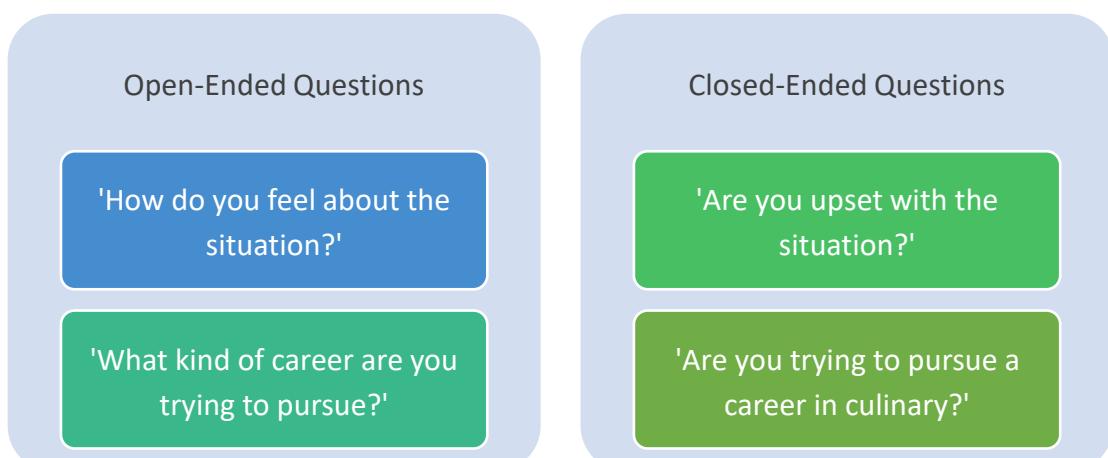
You can get detailed information beyond ‘yes’ or ‘no’ with this type of question. This method upholds a person-centred approach since it allows the person to lead the conversation. With this technique, the person will feel safe and heard while expressing themselves.

For example, when you first start caring for a person with disability, you will have to go over their individualised plan. It is best to ask open-ended questions to get to know them and their needs and goals. This will allow them to elaborate on their goals and help them be more comfortable in expressing themselves.

The following chart illustrates the difference between open-ended and closed-ended questions.

Person-centred communication means respecting the person’s agency. It is better to give them the freedom to express themselves instead of controlling the conversation.

Below are examples of open-ended and close-ended questions:



- **Affirmations**

These are gestures and statements about the person’s strengths and skills. This will help improve the person’s self-esteem and confidence as you aid them in making a positive change or maintaining a good habit. Make sure that your affirmations are genuine and compassionate.

Examples:

- I appreciate that you are following your treatment plan.
- You have been working hard to learn a new skill.
- You have good suggestions for keeping up with healthy daily habits.

▪ Reflections

This involves showing that you are interested in what the person is saying. Typically, reflections are used when you need clarification about what the person is saying. It is often better to say reflective statements instead of asking questions to avoid interrupting the person's train of thought.

These are phrases often used for reflections:

- You seem to be saying that...
- It sounds like...
- If I understand correctly...

Like with open-ended questions, you give the person control of the conversation rather than dominating it. You put their needs and goals first by ensuring that you understand what they are saying instead of assuming what they mean.

▪ Summaries

Summaries are like reflections. It differs from reflections in terms of how long the statement is and when it is used. It is best used when transitioning to a different topic or at the end of a conversation.

Summarise effectively by:

Signalling that you are about to summarise

Being concise and covering the major points

Asking for confirmation whether your understanding was correct or not

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Checkpoint! Let's Review



1. Current Australian legislation, agendas, strategies, and agreements related to the disability sector reflect contemporary views on disability.
2. In the medical model of disability (the older model), disabilities were seen as problems to be fixed. In the social model of disability, disabilities are seen as caused by the lack of an inclusive society.
3. Person-centred approaches follow the social model of disability. Person-centredness means putting the person at the centre of care delivery.
4. Effective risk management means considering risks and hazards while remaining person-centred.
5. Person-centred communication techniques are modes of communication where you use person-centred language to improve the effectiveness of every interaction. This includes collaboration, confrontation, and motivational interviewing.



3.3 Seek Consent From the Person, Carer, Family, and Others for Support Activities



In Section 2.2.2, you learnt about legal and ethical considerations in disability support, including consent. As said before, consent is when someone agrees or gives permission for someone to perform a particular action. Valid consent is voluntary, informed, specific, and current. And consent can be either expressed or implied.

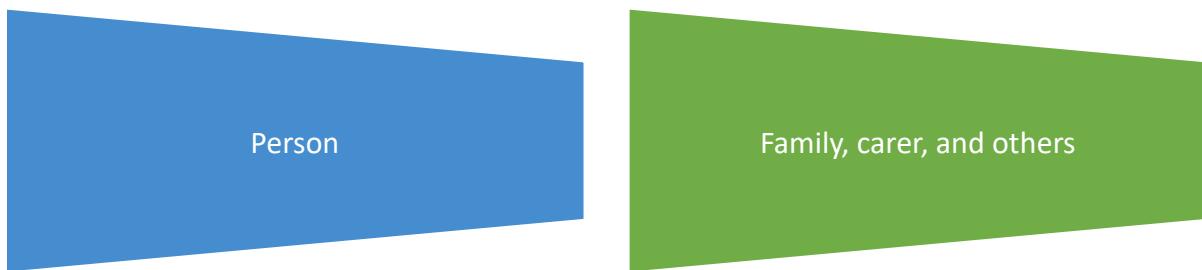
Thus far, you have learnt about the concept of consent. Now you will learn how to seek consent from the person, their carer, their family, and others involved in support activities. *Support activities* are activities wherein the disability support worker assists the person in their daily life.

Examples of support activities include the following:

- Personal care
- Domestic duties
- Social support
- Recreational activities
- Communication
- Mobility
- Property maintenance

The person 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 person 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 the individual's rights and apply a person-centred approach to their care.

Who Can Give Consent



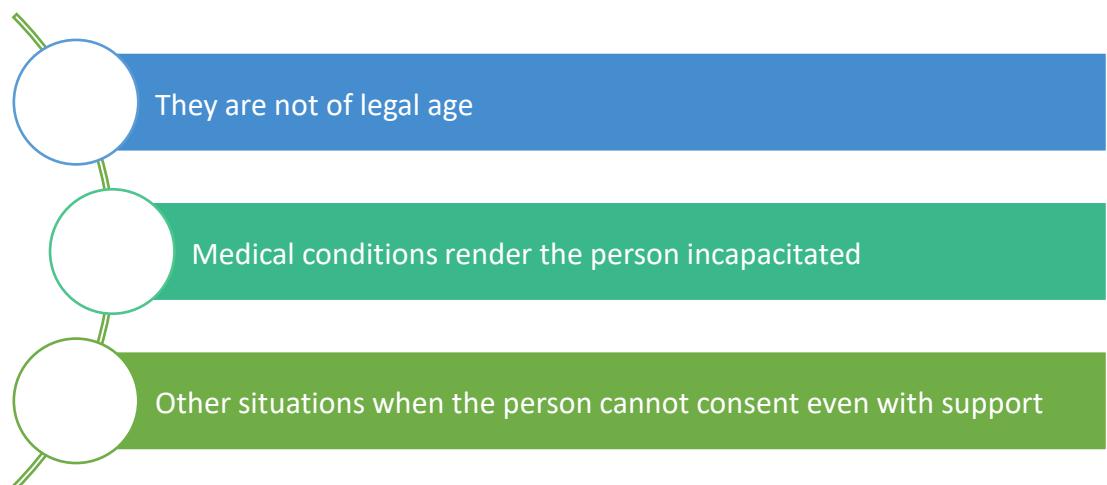
- **Person**

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 person has the right to autonomy, choice, self-determination, and independence. These rights should always be respected whether or not you agree with the person's decisions.

- **Family, carer, and others**

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 person if the person is unable to give consent.

The following are the possible instances when a person may be unable to consent:



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	Laws on Guardianship
Australian Capital Territory	Guardianship and Management of Property Act 1991
Northern Territory	Guardianship of Adults Act 2016
New South Wales	Guardianship Act 1987 No 257
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 or tribunal or by the person. This depends on the state law. Usually, if the person is unable to appoint someone, and if they do not have family, friends or a carer, the guardian will be appointed by the court. In these cases, you must learn to seek consent from the carer, family, or others who may be legally appointed to give consent.

How to Seek Consent

When seeking consent from the person, carer, family, or others, 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. Make sure that the person 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 person consented to the activity.

The following are possible written forms of consent:

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

Encourage open communication with the person, carer, family and others. 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.

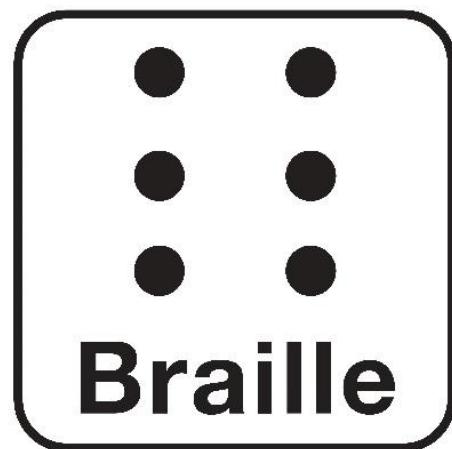
Refer to Section 2.2.2 for more information about the elements and forms of consent.

Aside from fulfilling all aspects of consent, you must also do the following:

- Inform them of their right to consent or withdraw consent.
- Consider the level of understanding of the person. Avoid jargon and make sure to clarify anything confusing or unclear.
- Give the person time to process information and decide.
- Consider culture and language barriers. You may seek a cultural liaison or interpreter if necessary.

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

- Use sign language and 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 person to make drawings to illustrate what they think or want.



Multimedia



Persons with intellectual disabilities must be provided with support to give informed consent. Find out more through the video below:

[Supporting informed consent for patients with intellectual disabilities](#)



Further Reading

Persons who find it difficult to hear, speak, or communicate because of their disability may be assisted using assistive technology. You can use phones and reading or writing aids to assist your persons in communicating their choices. You can click on the following link to view a list of such technology:

[Browse Products: Communication, Phones, Reading and Writing Aids](#)



Checkpoint! Let's Review

1. Some persons with disability may not be able to provide informed consent using conventional means. Examples of how to assist them with communication include sign language, Braille, drawings, asking questions, etc.
2. When it comes to seeking consent from the person and supporting them, it is essential also to familiarise yourself with the person's support network.
3. A support network is a group of individuals whose role is to assist the person in making decisions.

3.4 Recognise and Report Signs of Abuse

Abuse refers to all acts that cause physical, sexual, or mental injuries to a person. On the other hand, *neglect* refers to inactions that also cause the same injuries. Abuse and neglect are serious offences that affect people of all ages, with and without disabilities.

This subchapter will tackle the concept of abuse, systemic issues, risk areas of abuse, and how to recognise and report abuse.

Risk Areas of Abuse

Several risk factors lead to increased abuse of persons with disability. These factors make persons with disability more likely to be the victims of abuse. These risk factors include the following:



- **Lack of knowledge of individual rights as a person with disability**
 - If persons with disability are not aware of their rights, they may allow others to mistreat them.
 - To address this, you can explain to them their rights by giving examples and applicable situations.
 - Provide written resources, such as books, magazines, and posters, to persons with disability that talk about their rights.
- **Lack of training of staff in recognising and reporting abuse**
 - The staff may be unfamiliar with the indicators of abuse and the reporting processes. They may not be able to intervene quickly enough to protect older people or prevent abuse from occurring.
 - To address this, you should participate in training relevant to recognising and reporting signs of abuse in older people.

Systemic Issues

A *systemic issue* is a problem that results from a system in place. This means it is not a result of an individual factor. These are issues caused by multiple factors that are not as easy to address. In most cases, systemic issues are consequences of government programmes and society.

In disability support, systemic issues can result from the following:

Poor funding of care services

Inadequate protection for persons with disability

- **Poor funding of care services**

- Public care services tend to be poorly funded. This results in a lack of facilities or a lack of staff. Not having enough facilities or staff can neglect some persons with disability.
- Some persons with disability may not have their physical or medical needs met. Some may receive inadequate care because there are not enough people to care for them.
- To address this, you may search for cost-effective options for disability support services if resources are limited.

- **Inadequate protection for persons with disability**

- Some laws protect the wellbeing of persons with disability in aged care. However, sometimes these laws are not enforced as well as they should be. Some may file complaints about abuse, but it may take a long time before someone acts.
- To address this, you must encourage persons with disability to speak up about their concerns regarding access to their rights.

Recognising Signs of Abuse

As a disability support worker, you can look out for the indicators of abuse in the following table. Take note that the following indicators are non-exhaustive. To be sure of your findings, coordinate with others and encourage your person to inform you of their experiences.

The table on the next page contains information on types of abuse, descriptions, and support practices you can implement. These descriptions will help you recognise abuse. And these support practices will help you provide solutions for persons who experienced abuse.

Types of Abuse	Description	Support Practices
Physical Abuse	<p>These are actions that involve the inappropriate use of physical contact or force against a person. Examples of physical abuse are excessive use of physical force or restraint by a staff member and threats of physical abuse made to a person with disability by another person.</p>	<ul style="list-style-type: none"> ▪ Ask for the person's consent before providing disability support services that involve physical touch. ▪ Monitor the person's sleep habits and work with health professionals to help the person maintain good sleep hygiene. ▪ Get them immediate help for any physical injuries they sustained. ▪ Inform them about any self-management they can perform for injuries that take longer to heal.
Emotional Abuse	<p>These are actions or behaviours that reject, isolate, intimidate or frighten by threats, or the witnessing of family violence, to the extent that the person's behaviour is disturbed or their emotional/psychological wellbeing has been or is at risk of being seriously impaired. Examples of emotional abuse are rejecting, isolating, terrorising and ignoring behaviours.</p>	<ul style="list-style-type: none"> ▪ Use encouraging words to boost a person's self-esteem in accomplishing daily tasks. ▪ Listen and let them express how they feel.

Types of Abuse	Description	Support Practices
Financial Abuse	<p>This involves the misuse of a person's assets, property, possessions and finances without their consent. Examples of financial abuse are theft, fraud, exploitation and pressure in relation to assets, property, possessions and finances.</p>	<ul style="list-style-type: none"> ▪ Ask the person to keep a daily log of every item they purchase and any bills they pay. ▪ Inform them about the early signs of exploitation so that they can prevent this.
Sexual Abuse	<p>This involves actual or attempted unwanted sexual actions that are otherwise forced on a person with disability against their will or without their consent through the use of physical force, intimidation or coercion. Examples of sexual abuse are unwanted sexual acts and indecent assault.</p>	<ul style="list-style-type: none"> ▪ Encourage the person to participate in support groups for sexual abuse survivors. ▪ Acknowledge that it can take a long time to recover from abuse. ▪ Similar to cases of physical abuse, ask for the person's consent before providing disability support services that involve physical touch.

Reporting Signs of Abuse

Your organisation will follow state or territory procedures for reporting cases of abuse and neglect. The following information, for example, is relevant to people in Queensland:

Types of Abuse Cases	Procedure for Reporting
Domestic and Family Abuse	<p>Phone Triple Zero (000) if domestic and family violence (DFV) is happening or if a life is threatened. If there is no immediate emergency, you can report to the police by phoning Policelink on 13 14 44. You can also make a non-urgent report of DFV by submitting an online form.</p> <p>Phone DVConnect on 1800 811 811 if you are escaping DFV and need a place of safety.</p> <p>Find information and support for DFV on the Domestic and Family Violence Portal.</p>
Child Abuse and Neglect	<p>Phone Triple Zero (000) if you believe a child is in immediate danger or a life-threatening situation. If you have reason to suspect a child is experiencing or is at risk of abuse or neglect, contact the following:</p> <ul style="list-style-type: none"> ▪ Regional Intake Service (Monday to Friday, 9:00 am to 5:00 pm) ▪ Child Safety After Hours Service Centre on 1800 177 135 outside business hours

Type of Abuse	Procedure for Reporting
Child Sexual Abuse	<p>If you have reason to suspect a child is experiencing or is at risk of sexual abuse, contact the following:</p> <ul style="list-style-type: none"> ▪ Child Safety Services on 13 QGOV (13 74 68) ▪ Child Safety After Hours Service Centre on 1800 177 135 outside business hours ▪ Your local police station about criminal matters related to child sexual abuse ▪ ChildWise National Child Abuse Prevention Helpline on 1800 991 099 <p>The Sexual Assault Disclosure Scheme provides survivors of child sexual assault with a non-threatening and anonymous way to register their experience with authorities officially.</p>
Sexual Violence	<p>If you have just been sexually assaulted or are in immediate danger, get to a safe place and phone Triple Zero (000).</p> <p>Once you are out of immediate danger, you can contact the Sexual Assault Helpline on 1800 010 120 for counselling and referral.</p> <p>If you do not want to make a formal report to the police but you want to tell them about your assault, you can use the Alternative Reporting Option (ARO). This will not result in an investigation, but the information may be used to help identify repeat offenders. Doing so will prevent them from assaulting others in the future.</p>
Elder Abuse	<p>Call the Elder Abuse Helpline (9:00 am to 5:00 pm, Monday to Friday) for free and confidential advice. Phone 1300 651 192 (Queensland only) or (07) 3867 2525 (rest of Australia).</p> <p>Seniors experiencing DFV can also seek help from a local DFV support service.</p> <p>Legal support and other support services are available for seniors experiencing elder abuse.</p>

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

The following table includes links to your state's or territory's policies and procedures for reporting cases of abuse or neglect:

State or Territory	Information for Reporting Cases of Abuse or Neglect
Australian Capital Territory	<ul style="list-style-type: none"> ▪ I think my neighbour needs help: Abuse or neglect of a person with disability ▪ Do you need to report abuse or neglect of people with disability
New South Wales	Resource guide for disability services - Initial and early response to abuse or neglect in disability services
Northern Territory	Crime and the law
South Australia	Disability-related complaints and feedback
Tasmania	Children, Youth and Families
Victoria	National Disability Abuse and Neglect Hotline
Western Australia	<ul style="list-style-type: none"> ▪ Disability services ▪ People with Disability

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

For additional information, check your organisation's policies and procedures for reporting cases of abuse or neglect.

As mentioned in Section 2.2.2, the concept of mandatory reporting obliges you to report the case to the proper authorities as a mandatory reporter. Mandatory reporters do not have to discuss their observations with the child's parents. Instead, they are expected to contact the authorities immediately if they suspect abuse or neglect.

Checkpoint! Let's Review



1. Abuse refers to all acts that cause physical, sexual, or mental injuries to a person.
2. Persons with disability often endure greater abuse and neglect than people without disabilities.
3. Areas of risk in abuse can be found from an individual to a systemic level.
4. As a disability support worker, part of your job is to look out for the indicators of abuse and report these instances to the proper authorities.



3.5 Record, Maintain, and Store Workplace Information

As a disability support worker, you will encounter documents often. This subchapter will cover all aspects of handling workplace information. There are three aspects, including recording, maintaining, and storing information.

3.5.1 Record-Keeping Workplace Information

Workplace Information and Documents

Workplace documents are an essential part of the organisation. These are used to communicate information, implement policies and procedures, record information and more.

Care and support service providers also have protocols and procedures for completing workplace documentation. They include, but are not limited to, the following:



Disability support workers complete tasks with the guidance of workplace documents. These include position descriptions and individualised care plans or support plans. Most likely, record-keeping and management may be part of your day-to-day tasks, depending on the specific tasks assigned to you.

As mentioned in Section 1.1.2, position descriptions have general information on the job. Also, as mentioned in Subchapter 3.1, individualised plans are documents with information about a person's care and support.

Individualised plans across organisations vary greatly, but they usually contain the following:

- The person's basic information (name, history, condition and allergies, if any)
- The person's holistic needs (physical, emotional, psychological and spiritual)
- The person's goals in terms of their holistic needs
- Strategies for supporting and empowering the person to meet their holistic needs
- The person's behaviours of concern, if any
- Other information, such as medication and the specialist personnel to contact when the need arises

Other workplace documents relevant to the disability support worker's role include, but are not limited to, the following:

Staff handbook containing the policies and procedures that all staff must follow

Person notes and progress notes

Communication plan

Health support plan

Behaviour support plan

Behaviour chart

Meeting minutes

Record-Keeping Workplace Information

Record-keeping involves accurately tracking the activities occurring within an organisation. Efficient record-keeping and management benefit medical practices since they improve your daily operations. Other benefits include securing confidential files and ensuring consistency across the organisation. You would also need records when the organisation undergoes taxation or audits.

As a disability support worker, record-keeping is important because it will help you keep track of the progress of your client. You can check if there are services or interventions you need to change or adjust based on your record. If you also need to refer your client to another professional, you can use your record to relay relevant information about the client.



Here are some general principles to guide you in record-keeping:

Know your organisation's record-keeping procedures.

Familiarise yourself with the format of the documents you will be using.

Record information as promptly and as accurately as you can. If you are using a hard copy, make sure to write legibly.

Be concise with your word choices. You do not want to use jargon or any unnecessary phrases.

Be factual and objective. Do not use derogatory and prejudicial language in your records.

Organise files according to the organisation's filing system for hard and electronic copies.

Make sure to keep backup files, just in case.

Make sure that the information is updated.

Keep files secure by complying with privacy and confidentiality requirements.

As a disability support worker, you need to make sure that you keep records reliably. You can follow this process to do that:

- Record any information about the support services provided as soon as they are collected.
- Review records to identify information that should be clarified, expanded or explained.
- Clarify, expand or explain information about the support services provided as necessary.
- Ensure that everyone who will access and use the records can answer them.

Other than these principles, record-keeping should be done in compliance with the National Disability Insurance Scheme Act 2013, NDIS Rules and Terms of Business. You must keep records of all the support you have given. You should always keep these in your records:

- The support services that were delivered and not delivered
- The date and time when and the place where the support services are delivered
- The manner of receiving the services as intended by the person
- The comments or concerns raised by the person, their family, carer or other person nominated by the person about the services provided
- The recording of the status of achieving the goals of the services
- The changes in how the person receive the services
- The general health, wellbeing and mood of the person
- The difficulties experienced by the worker in delivering the support services
- The situations that expose the person or other people to risks in the provision of services

When record-keeping, you may find yourself filling out either reports or checklists. This is explained in more detail on the next page.



Writing a Workplace Report

When completing any workplace report, make sure you include all essential details. As much as possible, include the following:



You should also include your name and your position. Along with that, indicate when you are submitting the report. Here are other tips for when you need to complete a report:

Keep important details only. Avoid including irrelevant information.

Keep the language formal. Avoid using slang or figurative language.

Keep the report objective. Focus on facts and not opinions.

Read this example of an incident report below:

Incident Report

Max and Greta got into a fight and really 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 being 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 incident report for the following reasons:

- It contains irrelevant information about what the two people involved were eating.**
- It contains opinions, such as 'Max was being annoying'.**
- It contains informal language, such as 'really 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 incident report for 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.

Completing 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. 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**

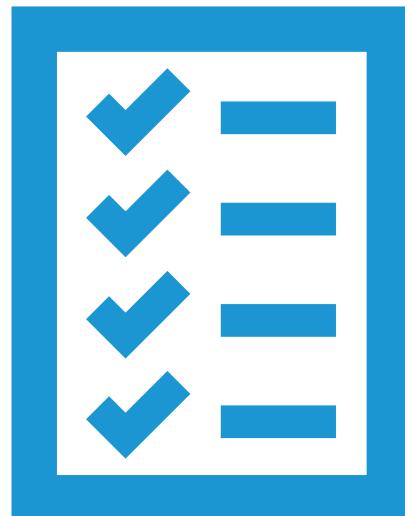
- Temperature and blood pressure check
- Breakfast and lunch
- Hygiene activities (washing face and brushing teeth)
- Morning medication

- **Evening activities**

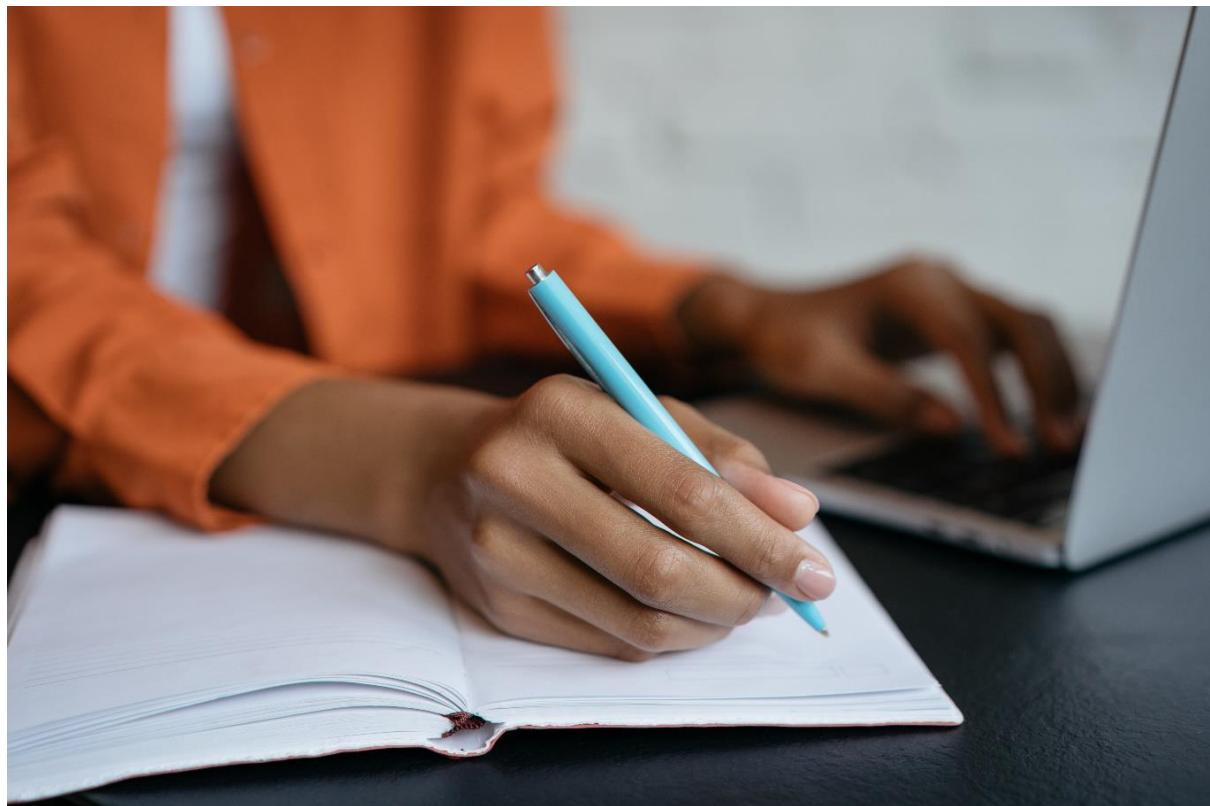
- Temperature and blood pressure check
- Snacks and dinner
- Hygiene activities (bathing and brushing teeth)
- Evening medication

- **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 need to prove that you have provided a particular service on a certain day.



Maintaining Workplace Information



You must help keep workplace records updated. This means recording any changes to yourself or persons with disability in your care and adding them to the record. These updates must be added as soon as possible to keep records accurate. To maintain workplace information, you can do the following depending on your organisation's policies and procedures:

Updating your information

- Add new vaccination records or submit them to relevant personnel.

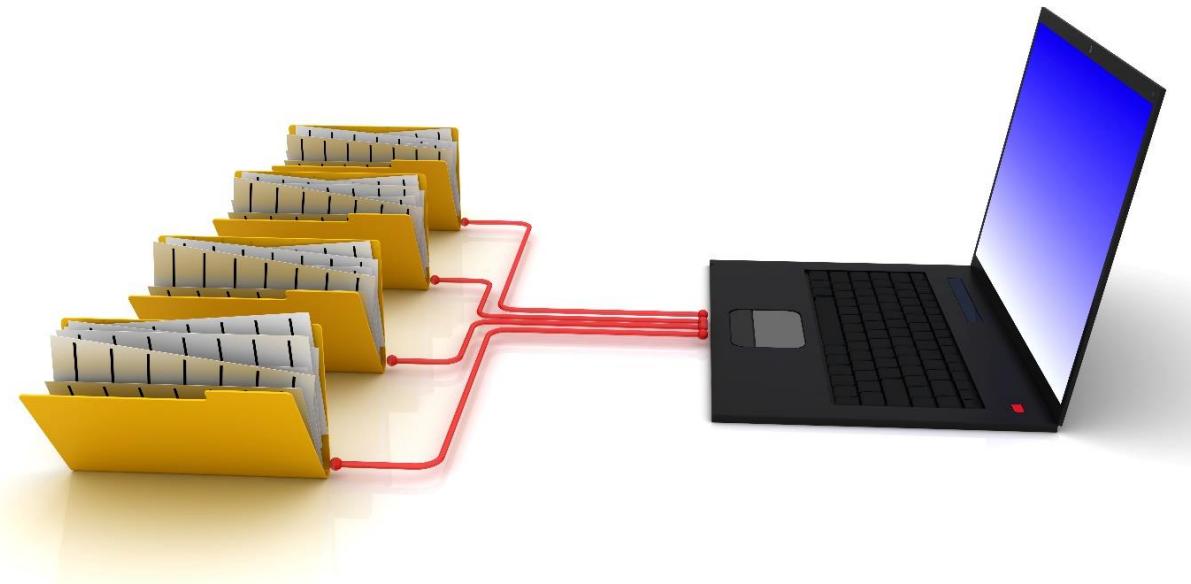
Updating information of older people

- Add any records of reports of abuse or suspected abuse.
- Add any changes in their medication or schedules as soon as they apply.
- Replace contact information of family members or representatives once they change.

Checking if information is updated

- Occasionally check records of the person to ensure that they are up-to-date.
- Confirm with other members of the care team if they have recorded any updates.

Storing Workplace Information



Proper storage of workplace information ensures that the records are safe and secure. This means they are safe from damage, loss or access by unauthorised personnel. To safely store information, you can do the following:

- Store physical files where you can protect them from physical damage.
- Store digital files in the correct folders based on your organisation's system.
- Make sure you will remember where you put your files.
- Make sure you keep your files where they will remain confidential. Keep them password-protected when necessary. This depends on your organisation's policy.

The person's records can be kept for as long as required by your state or territory legislation. In general, these should be stored until a patient is 25 years old or for at least seven years since the most recent contact with the patient. Choose whichever is longer. When the time comes, dispose of files and records in compliance with the privacy and confidentiality requirements.

Aside from this Learner Guide, refer to your organisational policies and procedures since requirements may vary depending on your employer.

3.5.2 Privacy and Confidentiality Requirements for Workplace Information

The concepts of privacy and confidentiality have been discussed in Section 2.2.2. To help you recall, below are their definitions.

Privacy is a human right that protects a person from unwanted occurrences and 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 limitations to how others can affect their lives. Confidentiality involves ensuring that documents are free of information that can be used to identify someone. Confidentiality and privacy are directly linked.

As mentioned in Section 2.2.2, here are the types of personal and sensitive information you will encounter in workplace documents:

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 origins ▪ Political opinions or associations ▪ Religious or philosophical beliefs ▪ Trade union membership or associations ▪ Sexual orientation or practices ▪ Criminal records ▪ Health or genetic information ▪ Some aspects of biometric information <p>Generally, sensitive information has a higher level of privacy protection than other personal information.</p>

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

The organisation's responsibility is to prevent the loss and unauthorised use of workplace information. For a paper filing system, make sure that hard copies are stored in an area away from public access. Keep and reorganise files that are not currently in use. Regularly back up electronic files using hard drives or a remote data storage facility for an electronic filing system. Do not disclose passwords to any unauthorised personnel, and make sure to change passwords regularly.

Aside from your organisation's policies and procedures, Australian laws cover privacy and confidentiality on a national and state level. The following table contains their links and descriptions.

Legislation	Further Information
Privacy Act 1988	The Privacy Act 1988 details what kind of information organisations can collect and how to handle that information. These prohibitions are based on the Australian Privacy Principles.
Australian Privacy Principles	<p>The Australian Privacy Principles are as follows:</p> <ul style="list-style-type: none"> ▪ 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

Legislation	Further Information
	<ul style="list-style-type: none"> ▪ 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 <p><i>Based on content from the Federal Register of Legislation at 29 December 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. NSW Ombudsman</i></p>
Health Records and Information Privacy Act 2002	<p>You may access the legislation through the link below:</p> <p>Health Records and Information Privacy Act 2002 No 71</p>
Health Records Act 2001 (Vic)	<p>You may access the legislation through the link below:</p> <p>Health Records Act</p>
Health Records (Privacy and Access) Act 1997 (ACT)	<p>You may access the legislation through the link below:</p> <p>Health Records (Privacy and Access) Act 1997</p>

Service providers and disability support workers must familiarise themselves with the laws and legislation applicable to their state/territory. This is to respect the person's autonomy, where one can choose who has access to their information. People may refuse to seek medical attention if they fear that their data will be shared with unauthorised people.

Checkpoint! Let's Review



1. Workplace documents are an essential part of the organisation. They are used to communicate, implement policies and procedures, record personal information (individualised plans), and many more.
2. Record-keeping involves accurately tracking the activities occurring within an organisation.
3. Record data accurately, familiarise yourself with the filing system, stay organised, keep backup files, and comply with privacy and confidentiality requirements.
4. Make sure to comply with Australia's legislation on privacy and be familiar with the Australian Privacy Principles.

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. Implement Self-Care Strategies



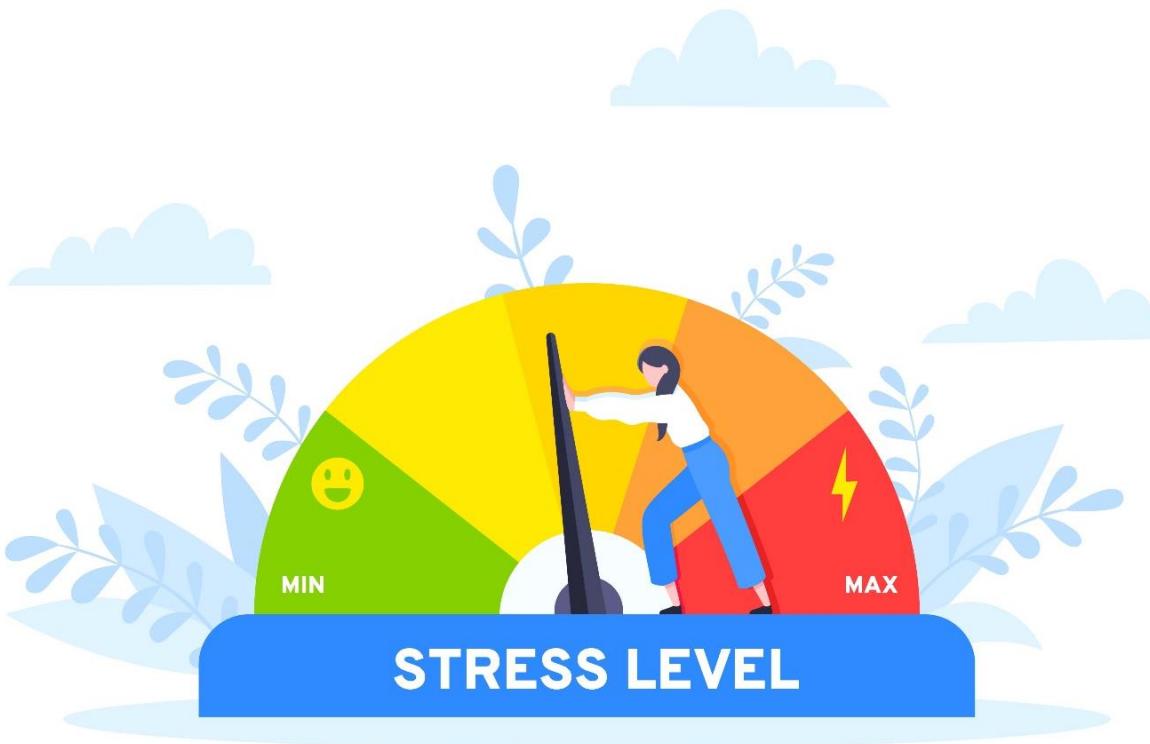
Working with people with disability can be very rewarding. While you work with the client, you witness their progress towards their goals.

While it may be rewarding, providing support to people with disability can also be exhausting. It is definitely not an easy task. It requires a lot of patience and understanding towards the person. To avoid exhaustion, you must also take care of your wellbeing.

In this chapter, you will learn about the following:

- Monitor own stress level
- Use self-care strategies and seek support

4.1 Monitor Own Stress Level



Disability support workers are at high risk of burnout. Some of the reasons behind this include the following:

- Being underpaid
- Limited authority to make decisions
- Client behaviour (e.g. self-harm, aggression)
- More negative work experiences compared to positive ones
- Negative attitude towards client behaviour (e.g. being hostile or emotionally involved)

To avoid burnout, it is important that you also take care of your own health. The first thing you need to do is evaluate your wellbeing. This involves reflecting on your current health status. You need to observe yourself for signs and symptoms of stress. You also need to ask yourself about your mental and emotional being.

The following are some signs of stress and how you can monitor them:

▪ **Physical signs**

- Rapid breathing
- Tensed muscles
- Rapid heartbeat
- Nausea or vomiting
- Pain in certain body parts (e.g. chest, head, stomach)



To monitor these signs, you must pay attention to your body. If you are experiencing pain in any body parts, try to remember if it is a recurring pain. You can also pay attention to the situations that produce these physical signs. For example, you may notice that you start to feel your heart beating faster whenever you have to handle a certain client.

▪ **Emotional signs**

- Anger
- Irritability
- Restlessness
- Unmotivated
- Feeling overwhelmed

▪ **Mental signs**

- Poor memory
- Concentration difficulties
- Poor decision-making skills
- Constant negative thoughts
- Sleeping problems (e.g. sleeping too much, having trouble sleeping)

You may need to pause and reflect on your mental and emotional wellbeing. To check your mental and emotional wellbeing, you may also ask the following questions:

- **Do I easily get tired?**

Your body releases a hormone so you can respond to stress. The hormone will cause an increased heart rate, a rush of energy and rapid breathing. These activities in your body make you feel tired. If you constantly experience workplace stress, you may often find yourself tired and restless.



- **How often do I feel unmotivated?**

Stress can be a cause of demotivation. For example, you may be worried about your client not making any progress. You may also be stressed because you often get negative feedback from the family of one of your clients. These may make you feel not good enough and may lead to demotivation.

- **Do I have negative thought patterns?**

It is normal to have negative thoughts from time to time. However, constantly having these kinds of thoughts may lead to anxiety and stress. For example, your supervisor may have given you criticism once. After that incident, you always think that your supervisor will scold you. Whenever you do your work tasks, you are in a constant state of worry. This may take a toll on your mental health.

- **What triggers my negative thoughts or feelings?**

Think of the situations that may cause your workplace stress. Reflect on why these situations stress you out.

- **Can I still handle workplace stress? Or is it too overwhelming?**

Stress is inevitable in the workplace. However, there is stress that you can tolerate. For example, having a heavy workload may be stressful for you, but you know that you can easily manage it by prioritising tasks. The heavy workload may become too overwhelming if your clients have challenging behaviours and your colleagues are difficult to work with.

4.2 Use Self-Care Strategies and Seek Support

Self-care refers to the practice of doing things to maintain one's physical, emotional and mental wellbeing. As a disability support worker, implementing self-care strategies will help you to cope with work-related stress. These strategies may alleviate symptoms of stress. These may also help you recharge when you are demotivated about your work. Take time for yourself. If your needs are taken care of, you can also better take care of your clients.

Some examples of self-care strategies are the following:

Exercising

Doing a hobby

Eating healthy food

Expressing gratitude

Yoga and meditation

Getting enough sleep

Having work-life balance

Asking for help when you need it

Spending time with family and friends

Affirming the positive things about yourself

Aside from using self-care strategies, you can also seek support from other people. Being a disability support worker is not an easy task. As mentioned in the previous subchapter, it is a type of work with a high risk for burnout. Seeking support is an opportunity for you to share your struggles with other people. These people may listen to you to lighten up the burden. They may also give you advice. For example, you are struggling to manage a client with challenging behaviour. Your colleague may have experienced handling the same challenging behaviour. They may give you some tips on how you can respond effectively to that certain behaviour.

You can seek support by doing the following:

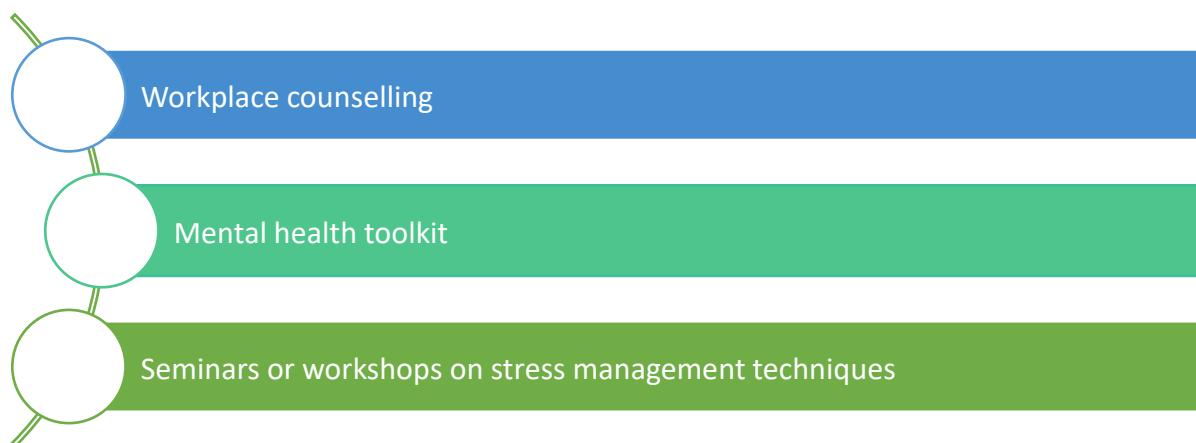
- **Talk to your family and friends** – Talk to those who are likely the ones you trust the most. They will give unconditional support to help you cope with the mental and psychological difficulties you are facing. Talking about your work-related stress experiences with them may lighten up the burden.
- **Ask advice from your colleagues** – They are the ones who can most likely relate to your experiences, thoughts and feelings. You can feel strong support from them.
- **Consult a professional** – Particularly a mental health professional is best consulted in instances of mental health difficulties. They can diagnose, counsel you and treat psychological disorders.

You may also check your workplace for organisational policies and procedures relevant to managing work-related stress.

The Work Health and Safety Act requires organisations to have workplace standards for hazards. It includes psychological risks. The legislation prescribes that a person conducting a business undertaking have policies and procedures that help protect the health and safety of their employees. This includes mental health and safety. The legislation also states that an employer has the responsibility to provide relevant resources to protect their employees' mental health.

Each state/territory has its WHS law that imposes duties on employers and employees. These duties include the minimisation of stress in the workplace. As such, it is the responsibility of your employer to provide relevant resources to manage work-related stress.

There are organisational policies for stress prevention in the workplace. The policies may include the hazards that need to be managed. They also state how workplaces should prevent these hazards. Make sure to read up on relevant workplace policies so that you can maximise the help they can give you. Your workplace may have the following resources and support:





Further Reading

You can access a mental health toolkit using the link below:

[myCompass](#)

Multimedia



The video below shows a breathing exercise that can help you manage stress and anxiety:

[Mindfulness breathing exercises for managing stress and anxiety | Your Mental Health | ABC Australia](#)



Checkpoint! Let's Review

1. To monitor your stress level, you need to observe yourself for signs and symptoms of stress. You also need to ask yourself about your mental and emotional wellbeing.
2. Self-care refers to the practice of doing things to maintain one's physical, emotional and mental wellbeing.
3. You can seek support from your family, friends, colleagues and mental health professionals.





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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