Maintain an environment to empower people with disabilities (CHCDIS302A)
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CHCDIS302A Maintain an environment to empower people with disabilities

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Contents

Before you begin v
What you will learn v
Knowledge and skills required v
How this unit is organised and what we expect of you vii
How to work through this unit viii

Introduction: Maintaining an environment to empower people with disabilities xi

Chapter 1: Promoting independence and self-determination 1
  1.1 Supporting a person with a disability to act and think independently 2
  1.2 Identifying options for action on relevant issues 20
  1.3 Listening to and acting upon your client’s decisions 25
  1.4 Assisting with communication needs 31

Chapter 2: Fostering a client’s independence 37
  2.1 Developing strategies to promote independence 38
  2.2 Providing ongoing support to maximise independence 52
  2.3 Encouraging colleagues to promote the client’s independence 57
  2.4 Encouraging the client to participate in forums 60
  2.5 Using compensatory aids and modifying the environment 67

Chapter 3 Contributing to the development and review of policy and legislation 71
  3.1 Encouraging people to express their views about policies and legislation 72
  3.2 Reporting non-compliance with legislation, policy and protocols 78
  3.3 Contributing to the review of legislation and policy 83
  3.4 Gathering feedback from consumers 85
  3.5 Researching and contributing to policies on empowerment 88

Glossary 93
Before you begin

What you will learn

This workbook is based on CHCDIS302A Maintain an environment to empower people with disabilities from the CHC08 Community Services Training Package.

Knowledge and skills required

The following is a list of the knowledge and skills required by the worker to facilitate the empowerment of a person with a disability by fostering self-determination, independence and strengths. After you have completed this workbook you should have the necessary skills and knowledge.

Knowledge

By the end of this unit students should know:

- relevant policies, protocols and practices of the organisation in relation to unit descriptor and work role
- legislative processes related to the rights of people with disability
- strategies for supporting independent action and thinking
- basic principles of person-centred practice
- basic principles of strengths-based practice
- basic principles of active support
- basic principles of lobbying
- strategies for reinforcing the rights of people with disability to contribute and to be heard
- concepts of self-advocacy
- social justice principles
- roles and responsibilities in contributing to the review of legislation and policy frameworks
- principles and practices of public speaking
- mechanisms for providing feedback to consumers.
Skills
At the conclusion of this unit it is critical that students demonstrate the ability to:
› an understanding and adherence to own work role and responsibilities
› their ability to follow organisation policies, protocols and procedures
› their ability to liaise and report appropriately to supervisor
› understanding and application of legislation and policy related to providing services in the disability sector
› self-determination and empowerment of people with disability
› strengths-based practices
› an understanding of impact of personal values and attitudes on providing an effective service.

Refer to the Training website (www.training.gov.au) for full details of the unit of competency.

If you have a question about this unit
If you wish to discuss any questions or need further assistance with understanding concepts in the unit, please contact your trainer/assessor via OpenSpace messaging system. Alternatively, if you have any enquiries regarding your course, please email <studentsupport@opencolleges.edu.au> or call the Student Services team (1300 650 011) for further assistance. You will receive a response to your enquiry within two (2) working days.

Glossary: A glossary of key words used in the learning material can be found at the back of the workbook.
How this unit is organised and what we expect of you

Throughout the learning material you will see the following:

**Practice Task**

A practice task is an activity that allows you to assess your own learning progress. It is an opportunity to determine the levels of your learning and to identify areas for improvement.

PLEASE DON’T SUBMIT YOUR PRACTICE TASKS.

**Discussion**

At the end of each chapter you will find a number of discussion topics. Whether this occurs in an online forum, through online messaging or in a face-to-face environment, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students.

**Print students**

As a print student, you may wish to participate in the discussion forums to liaise with fellow students. Discussion forums constitute an important resource that enhances your learning and can be accessed via OpenSpace. To access OpenSpace, go to [http://www.opencolleges.edu.au/](http://www.opencolleges.edu.au/) The link to Login to OpenSpace is located on the top right hand side of the main Open Colleges web page.

Your theory assessments for this unit are located in the back of this student workbook and your workplace assessments are available in Study Period 4.

**Online students**

If you are an online student, you are expected to participate in the online discussions. Discussion forums constitute an important resource that enhances your learning.

As an online student, you may download a copy of this student workbook from your unit on OpenSpace. Please ensure that you save this workbook to your hard drive.

Your theory assessments for this unit can also be downloaded from your unit in OpenSpace. Your workplace assessments are available in Study Period 4.
If you have a question about this unit

If you have any questions or need further assistance with understanding concepts in the unit, please contact your trainer/assessor via the OpenSpace messaging system. Alternatively, if you have any enquiries regarding your course, please email <studentsupport@opencolleges.edu.au> or call the Student Services team (1300 650 011) for further assistance. You will receive a response to your enquiry within two (2) working days.

**Glossary:** A glossary of key words used in the learning material can be found at the back of the workbook.

How to work through this unit

**Understand the material**

To successfully complete this unit, you need to make sure you read the material presented in each of the chapters. Should you come across material that is confusing or doesn’t make sense to you, please contact your trainer via the OpenSpace messaging system. Most problems that you come across can be easily addressed by seeking clarification, and your trainer is in the best position to offer assistance. As a learner, it is very important that you take on some of the responsibility for the learning that you will undertake.

**Do the practice tasks**

As you read through the unit you will see a number of tasks. These give you an opportunity to:

- use your own experience
- think about what you have learnt
- do some research to enrich your learning
- discuss an issue with someone.

**Minimum essential requirements for students in this unit**

To pass the unit, you must attempt, complete and submit each of the assessment tasks and receive a satisfactory grade for each task.

**Assessment procedures and advice**

Students are expected to refer to the following information, along with “Open Colleges Assessment Policy and Procedures” available via the Open Colleges website at http://www.opencolleges.edu.au/policies.aspx#PoliciesProcedures

Please note that you will also have workplace assessment activities to complete for this unit. These activities will be undertaken either when you commence your work placement with a host organisation or if you are currently working when you decide to undertake your practical workplace assessment tasks. Workplace assessments are available in Study Period 4.
Theory Assessments

Instructions

Once you feel confident that you have covered the learning materials for this unit, you are ready to attempt this assessment.

To complete the assessment, please create a new MS-Word document and type your answers to each question or task in this document, noting the question number from the assessment.

To help Open Colleges manage your assessment, please use the following file-naming convention when you save your MS-Word document. Your file should be named and saved to your computer’s hard drive using your: [student number]_[assessment]_[assessment number].doc For example: 12345678_21850a_01.docx.

Assessment Submission

When you are ready to submit your assessment, upload the file in OpenSpace using the Assessment Upload links in the relevant Study Period of your course. The Student Lounge provides a ‘Quick Guide to Uploading Assessments’ if you need further assistance. Uploading assessments in OpenSpace will enable Open Colleges to provide you with the fastest feedback and grade on your assessment.

Alternatively, you can print and post your assessment to Open Colleges, PO Box 1568, Strawberry Hills, NSW 2012. Please ensure that you use the Open Colleges Assessment Cover Sheet (available in the Student Lounge in OpenSpace). Where assessments are submitted by post, grades will be released in OpenSpace. Please note that assessments submitted by post may take up to 21 days from the date received by Open Colleges to grade and are reliant on the efficiency of the postal service.

It is important that you keep a copy of all electronic and hardcopy assessments submitted to Open Colleges.

Resources

The following resources are suggested to assist you to gain the skills and knowledge required in this unit. They may be available online, at the Gale Library or your local library. You are not expected to read each one. Your trainer may suggest other resources to assist you in your learning.

Websites

Department of Human Services
<www.dhs.vic.gov.au>

Australian Human Rights Commission
<www.hreoc.gov.au>

Independence Australia
<www.independenceaustralia.com>

Independent Living Centres Australia
<www.ilcaustralia.org/home/default.asp>
Information on Disability and Education Awareness Services (IDEAS)
<www.ideas.org.au/services/>

Mental Health Foundation of Australia
<www.mhfa.org.au>

SANE Australia
<www.sane.org>

Scope
<www.scopevic.org.au>

Person Centred Planning Education Site
What is person-centered planning?
<www.ilr.cornell.edu/edi/pcp/>

**Tips to study success**

- Below are some links that may help you to improve your study skills:
  - Webspiration – free online mind mapping tool. Watch a video on how to use Webspiration on YouTube http://www.youtube.com/watch?v=ToEXLbQC_F8&feature=related
  - Example of a mind map at MindMeister – http://www.mindmeister.com/23290325/western-philosophy
  - Bubbl-us – free online mind mapping tool https://bubbl.us/
  - Mind 42.com – free online mind mapping application http://mind42.com/signin
  - Study Stack – Online flash cards: use the ones available or create your own http://www.studystack.com/
  - Basic Study Skills - ALISON Online Training Course – http://alison.com/courses/Study-Skills
  - Math Help and Tutorials by Subject and/or Topic – http://math.about.com/od/mathhelpandtutorials/Math_Help_and_Tutorials_by_Subject_and_or_Topic.htm
  - Khan academy Maths – http://www.khanacademy.org/
  - Computer basics – http://www.gcflearnfree.org/computers
  - Writing essays – http://www.greatsource.com/iwrite/educators/e_forms.html
Introduction: Maintaining an environment to empower people with disabilities

Historically, support for people with disabilities was based on the medical model. People with disabilities were defined by their condition. Their care was about meeting their physical needs; for example, by providing them with food, medication and accommodation.

Little attention was given to providing them with the support they needed to develop socially, emotionally and intellectually.

While supporting the physical needs of people with disabilities is important, these are not their only needs. They also need the opportunity to socialise with others, build their self-esteem and learn and use new skills.

Today, care is focused on the client. This is referred to as the client-centred approach. This means people with disabilities are provided with support and assistance to meet all their needs including their need to socialise and be fulfilled intellectually and emotionally.

Over the last three decades the importance of meeting these needs has been recognised by health and welfare providers, government and private providers.

Self-determination

Part of a support worker’s role is to facilitate the empowerment of people with disabilities by fostering self-determination. Self-determination means people with disabilities have the right and ability to choose and control their own quality of life, their own objectives and goals, and the right to participate in decisions about the services they receive.

People with disabilities must have the right and capacity to direct their lives, wherever possible.
Making choices

People with disabilities want to and should be able to make choices for themselves in the same way others in the community do. These choices relate to how they live their lives and what is important to them. Australian legislation is designed to eliminate discrimination and promote equality, acceptance and recognition of people with disabilities.

As a support worker, you have a key role to play in helping people with disabilities gain the quality of life they deserve by developing good working relationships, giving support and providing opportunities to encourage them to think and act independently.

People with disabilities include, individuals:
› at any stage of the life span
› living in the community, either alone or with family or carers
› living in support community accommodation
› living in funded residential facilities
› prospective individuals to the service or services.

Supporting the rights of people with disabilities

Government policies related to people with disabilities are based on five main principles.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Equity</td>
</tr>
<tr>
<td></td>
<td>Equity means people are given an equal chance to make the most of their social, vocational, educational and physical capabilities.</td>
</tr>
<tr>
<td>2.</td>
<td>Inclusion</td>
</tr>
<tr>
<td></td>
<td>Inclusion means people with disabilities are involved in all aspects of life including work, recreation and the community. True inclusion occurs when the person with the disability is an accepted and valued member of the organisation, group or club.</td>
</tr>
<tr>
<td>3.</td>
<td>Participation</td>
</tr>
<tr>
<td></td>
<td>Participation means people with disabilities are actively encouraged and provided with the resources necessary to participate in all aspects of everyday life. True participation includes self-determination.</td>
</tr>
<tr>
<td>4.</td>
<td>Access and accountability</td>
</tr>
<tr>
<td></td>
<td>Organisations providing disability services should ensure physical, economic, social, communication-related and financial barriers are reduced. Organisations are accountable to their consumers and the wider community for the way in which they operate.</td>
</tr>
</tbody>
</table>

Part of your responsibilities as a support worker is to empower people with disabilities and facilitate their participation in all aspects of life so they can become valued members of the community.
Chapter 1: Promoting independence and self-determination

People with disabilities want to make choices for themselves just like everyone else. They want to make choices about how they live their lives and what is important to them. Australia has developed legislation (laws) to eliminate discrimination and promote equality, acceptance and recognition of people with disabilities.

As a support worker, you have a key role to play in helping people with disabilities gain the quality of life they deserve. You can do this by developing good working relationships, giving support and providing opportunities to encourage them to think and act independently.

In this chapter you will learn about:
1.1 Supporting a person with a disability to act and think independently
1.2 Identifying options for action on relevant issues
1.3 Listening to and acting upon your client’s decisions
1.4 Assisting with communication needs
1.1 Supporting a person with a disability to act and think independently

In the past, people with disabilities were shut away from the rest of the world. They were treated as child-like, a source of shame or of no value. The word 'handicap' comes from Victorian England, where people with a disability begged in the streets with their 'cap in hand'.

You may have read stories of mad women locked away in attics, crippled children living in orphanages, blind or deaf adults confined to workhouses. People with severe physical disabilities were displayed as freaks in sideshows and circuses. Religious painting depicted people with disabilities as people who had sinned and were on their way to hell.

By the twentieth century, society treated people with disabilities as patients, where all decisions were outside of their control. These included basic decisions that most people take for granted; for example, what time they got up, what time they went to bed, what meals were served, who shared their room at night and what times visitors were permitted.

People with disabilities were often referred to as 'retards' or 'spastics'. Even as recently as 1971, the United Nations passed a declaration using the term 'mentally retarded'.

In 1975, a Declaration on the Rights of Disabled Persons was passed, reflecting a more understanding approach. Australia signed in agreement with this declaration and later passed the Disability Discrimination Act 1992 (Cth) to prevent discrimination against people with disabilities. This act covers discrimination in the areas of accommodation, employment, education and services.

Since 1992, every state in Australia has established services that promote the independence of people with disabilities. Support workers work in a range of settings and environments, including:

- people's homes
- shared households or group dwellings
- community houses and centres
- specialist residential facilities
- supported and open employment venues
- community and government agencies
- education facilities
- a variety of work environments
- recreational facilities.

The role of a support worker is to support people with disabilities in personal care, home care, recreation, respite, employment or education. You might assist with showering, dressing, meals assistance, note-taking in the classroom or using a communication device. You work with clients of all ages and all levels of disability. Some people have had their disability from birth while others have an acquired disability through an accident, disease or ageing.
All people with disabilities are entitled to the basic human right of choice. You can play a key role in supporting them to achieve their own personal goals and in educating and changing attitudes in the wider community.

To be an effective support worker, you need to understand the various types of disabilities, myths and stereotypes surrounding people with disabilities and the opportunities available to enhance their independence.

**Practice task 1**

Describe the skills you believe someone needs to help or support people with disabilities. Share these with colleagues or fellow learners.

**Understanding the types of disabilities**

There are many different types of disability. An impairment affects the body, its structure and workings. An impairment may affect the mind (intellectual), the bones (skeletal) or the ability to see or hear.

A disability is the extent to which an impairment affects a person’s ability to function. For example, a person’s behaviour, communication or movement might be affected by the disability. A disability has an impact on the activities a person can do. There are different groups of disability, as outlined in the following table.

<table>
<thead>
<tr>
<th>Disability</th>
<th>What it affects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>The body and how it moves and works</td>
</tr>
<tr>
<td>Intellectual</td>
<td>Thinking, processing information and understanding</td>
</tr>
<tr>
<td>Behavioural</td>
<td>Behaviour and interaction with others</td>
</tr>
<tr>
<td>Sensory</td>
<td>The senses of hearing, vision, taste, smell or touch</td>
</tr>
</tbody>
</table>

A handicap is the effect the impairment or disability has on the types of things a person can perform. For example, the disability or impairment might affect a person’s mobility, independence, ability to work or ability to join in with society.

Some of the people you work with will have been born with their disabilities and grown up adjusting to their own unique abilities as they learn their life skills. Others will have acquired a disability in the course of their lives, and have had to adjust and re-learn how to do things for themselves. Some people may have more than one disability. Each person will have a different set of issues depending on their circumstances.

Remember, each person is unique in how their disability affects them and what abilities and disabilities they possess.
Types of disabilities can be grouped as follows:

<table>
<thead>
<tr>
<th>Disability</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual</td>
<td>Down syndrome, Prader-Willi Syndrome</td>
</tr>
<tr>
<td>Mental/psychological</td>
<td>Depression, anxiety, panic disorder, schizophrenia</td>
</tr>
<tr>
<td>Sensory</td>
<td>Vision impairment, hearing impairment, blindness</td>
</tr>
<tr>
<td>Physical</td>
<td>Cerebral palsy, multiple sclerosis (MS), spina bifida, muscular dystrophy, dysphagia</td>
</tr>
<tr>
<td>Acquired physical</td>
<td>Acquired brain injury (ABI), spinal cord injury (paraplegia, quadriplegia,) HIV, hepatitis, amputation</td>
</tr>
<tr>
<td>Learning disability</td>
<td>Attention deficit hyperactive disorder (ADHD), autism, dyslexia</td>
</tr>
<tr>
<td>A combination of these</td>
<td>People with cerebral palsy may also have a vision impairment or intellectual disability</td>
</tr>
</tbody>
</table>

Practice task 2

1. Re-read the previous table. If you are unsure of any of the disabilities mentioned, research them in the library or on the Internet.
2. Select two different types of disability. For each one, explain:
   - what it means
   - how it affects a person.

Supporting people with disabilities

Your role is to encourage and support your client to achieve the level of independence they want. Always inform your client of their rights. It is not your role to decide what a client should or should not do, or what is good for them. Be careful not to impose your own views, beliefs, values and expectations on your client. Everyone is different and has the right to choose for themselves.

Developing a good relationship based on clear communication and respect is a key aspect of working with your client. This includes:

- listening
- encouraging
- giving factual information
- giving suggestions
- being sensitive to people’s ideas
- helping to solve problems
- arranging an advocate
- providing feedback
- helping celebrate achievements.

You do not have to be an expert on your client’s disability. They know better than anyone does what it is like to live with their disability. A team of health-care professionals, family members and carers also support you.
All workers have a duty of care to their clients. This means you must ensure their safety and wellbeing at all times. However, this does not mean you should make decisions on behalf of your client. If you believe there is some risk to your client, you must inform them so they can make an informed choice. Duty of care must not be used as a justification for restricting the rights of a client. Like everyone, your client has the right to make choices and some choices may involve risk. This is called the dignity of risk. Without taking risks, people cannot learn new things and become more independent.

Understanding individual differences

Everyone is different. People have different experiences, backgrounds, needs, preferences and personal qualities. The same is true for people with disabilities. If two people have the same disability, it does not mean they are the same in other ways. People have many characteristics, including:

- age
- gender
- cultural background
- life experiences
- skills
- education
- employment history
- economic status
- social development
- emotional development
- cognitive development
- language
- sexual orientation
- spiritual and other beliefs
- attitudes
- nature of the disability
- how long they have had the disability.

Each person is a complex individual. The challenging and exciting part of working with people is coming to understand and appreciate their differences. You must learn to appreciate each person for who they are and recognise their unique skills and abilities.

Practice task 3

Use the Internet to visit the following Australian government website at: www.australia.gov.au/people/people-with-disabilities. Add this website to your ‘favourites’. It contains many useful resources for those working with people with disabilities.
Understanding what independence means

It is important to understand what is meant by independent action and thinking and self-determination, as different people may have a different understanding of these concepts. Generally, they mean a person makes choices and carries them out with minimal assistance from others. Being independent is crucial in areas such as:

- finance
- access to services and trained carers
- transportation
- living arrangements
- social opportunities.

Independent action and thinking

Acting and thinking independently means a person uses their initiative to decide what they wish to do and how they wish to live. The following are some characteristics of an independent person:

- They are motivated to put their ideas into action and are confident in their ability to succeed.
- They are aware of their limitations but focus on their strengths and are always willing to learn and try out new ways of doing things.
- They set their own goals and have a sense of accomplishment when achieving them.
- They act in accordance with their own preferences.
- They evaluate a situation, consider and develop options and make informed choices and decisions.
- They solve problems.
- They express their individuality in the things they choose to do and the way they do them.

By being as independent as possible, people with disabilities can take control of their lives. Being independent helps people become active members of their community. Independent people generally feel more valued by others and have a sense of dignity and equality. Independence means different things to different people, as shown in the following example.

Example

Gina is a 19-year-old girl with an intellectual disability who lives at home. For Gina, independence means preparing her own sandwiches to take to school. It means deciding what fillings she will use and making them herself.

For Alan, a middle-aged man with cerebral palsy, independence means going away on holiday on his own.

For Christine, a vision-impaired mother of two teenage daughters, independence means doing her own shopping at the supermarket.

For Stephen, a young man with an acquired brain injury, independence means having his girlfriend over to visit in the shared house where he lives.

For Con, a high-level quadriplegic, independence means sitting on his front porch and talking to the neighbours as they go by or waiting to see his grandchildren go off to school.
Self-determination

Self-determination is a person’s capacity to make decisions based on their ability to:

- understand their own preferences
- acknowledge their strengths and weaknesses
- evaluate a situation
- set goals and solve problems.

Your role as a support worker is to encourage and foster a person's ability to determine their life choices. This includes helping them to make decisions, solve problems, decide what they want to achieve and develop control.

Adopting a client-centred approach

To support people to be more independent, it is important to adopt a client-centred approach. In the past, programs were designed and clients were expected to fit into them, such as day centres and recreational activities.

With a client-centred approach, you start with the individual and ask them what they want or need; for example, what services, supports and activities would they choose for themselves? A case manager works with the client, listening to the client’s needs and helping them refine their expectations. The case manager then looks for services that match the person’s needs and preferences. These may be specialised services for people with disabilities or it may be integrating the client into existing mainstream services such as art groups, gyms and clubs. Through this process of consultation, a client gains a greater sense of control and self-determination.

Practice task 4

Read the case study and write down your responses to the following tasks.

Case study

Marcia Lodge was a hospital-style facility that provided accommodation to 28 clients with high-level needs. It was run to a strictly regimented model where staff worked to a set routine. Showers commenced at 5.30 am in the morning. Clients were out of bed at 5.15 am and were wheeled to the communal shower-block to wait their turn.

Breakfast was served for all clients at 8.00 am in the dining room. The menu never varied. Clients were then taken to the recreation room or wheeled outside to sit in the sun. They remained there until midday, when lunch was again served in the dining room.

The day continued in this regimented style. Medication came round on a drugs trolley for everyone to see. Visitors were only allowed between the hours of 2.00 pm and 4.00 pm. Group outings were occasionally organised using a mini-bus.

Eventually Marcia Lodge was closed down and the residents were moved into community houses. Residents were asked to select four other residents with whom they wanted to share a house.

An architect consulted with them about the design of the house and worked with them to approve the designs. They were consulted on the purchase of furniture and fittings. Finally, before they moved into their new homes they interviewed staff to decide which support workers they wanted to work with them in their new group houses.
Once the move had taken place, wherever possible, the residents made decisions on the running of the house. These included planning weekly menus, managing expenses and deciding on their own individual service delivery plans.

1. Discuss the changes that took place in the example of Marcia Lodge that increased the clients’ level of choice. List some of the decisions the residents made for themselves.
2. Discuss how you think you would have felt as a resident in Marcia Lodge and how you would feel after moving into the community houses.

Understanding strengths-based practice

Another important part of promoting independence is the focus on strengths-based practice (SBP). This practice identifies and uses a person’s inherent strengths and interests to assist with growth and empowerment.

Strengths-based principles focus on:
- strengths
- achievements and successes
- rights, dignity, capacities, uniqueness and commonalities
- social, personal, cultural and structural constraints to people’s growth and self-determination.

Strategies to promote SBP include:
- encouraging positive change for clients
- empowering clients
- recognising client’s strengths
- using resources
- promoting growth and self-determination for clients
- facilitating social justice for clients
- identifying and valuing client’s strengths.

Encouraging and supporting independence

You can encourage and support independence for your client by giving them opportunities to make decisions based on choices and options available to them.

Consulting with clients

Most people take for granted the right to make their own decisions; particularly about their activities of daily living. This has not always been true for people with disabilities. Historically, nurses and support staff saw the tasks they needed to do, not the person. Clients were not consulted on how these tasks were performed for them. Staff made all the decisions about a client’s care.
Today, client choice is an important part of the client-centred approach. A team of people consult with the client or their advocate about their preferences and document these preferences in their service delivery plan. This plan details what needs to be done, how it should be done and when it must be done. The people who contribute to a service delivery plan may include:

- the person with the disability
- the supervisor for the service provider
- support workers
- family members
- health professionals such as physiotherapists, nurses
- the case manager
- the advocate.

This team supports the client according to their preferences and needs. The following example is an extract of a service delivery plan.

A service delivery plan outlines the service requirements and when those services are to be carried out. Support workers must follow the service delivery plan to ensure their clients’ choices are met.

The following example is another extract of a service delivery plan that shows the various services assigned to the client.
Once the service delivery plan is in place, it must be continually reviewed to make sure the client’s needs are met.

Support workers can also help support a client’s preferences by consulting them regularly about the tasks they perform. For example, you can ask your client:

› What would you like me to do first?
› How do you like your floors washed?
› Which sheets would you like on the bed?
› Do you like your tea weak or strong?
› Do you like your hair washed under the shower or at the hand-basin?

If there is time left at the end of the shift ask, ‘Is there anything else you would like in the time I have left?’ Questions of this nature help the client know they have choice.

**Helping with time-management skills**

Your client may need to develop time-management skills to plan their day. For example, they may need to get up an hour earlier to go to a doctor’s appointment so they need to notify their service provider that their care needs to start earlier that day.
Chapter 1: Promoting independence and self-determination

Not all of your clients will have time-management skills. You can help your clients develop these skills by:

- assisting your client make a list of their daily tasks; for example:
  > set alarm for 6.30 am
  > do personal care tasks
  > have breakfast
  > order taxi
  > take taxi to doctor’s appointment.
- asking your client to prioritise these tasks in terms of importance
- helping your client put these tasks in order of priority.

You could put times next to each task to work out when it needs to start and when it needs to finish. For example:

<table>
<thead>
<tr>
<th>Order of things for the day</th>
<th>Start time</th>
<th>Finish time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care tasks</td>
<td>0630</td>
<td>0800</td>
</tr>
<tr>
<td>Have breakfast</td>
<td>0815</td>
<td>0835</td>
</tr>
<tr>
<td>Order taxi</td>
<td>0835</td>
<td>0845</td>
</tr>
<tr>
<td>Take taxi to doctor’s appointment</td>
<td>0900</td>
<td>0930</td>
</tr>
</tbody>
</table>

Remember you are there to encourage the person, not make judgments about their choices or decisions.

In the following example, the support workers allow the client flexibility in their choices.

**Example**

Jenny is 14 year old and attends a local school. She has quadriplegia and requires personal care, including bladder and bowel care, each morning before she goes to school. Because this routine can take up to two hours, Jenny’s personal care is scheduled to commence at 5.30 am. During the school holidays, Jenny, like all teenagers, likes to sleep in. To make this possible, her support workers are scheduled two hours later on weekends, public and school holidays. This flexibility allows Jenny to feel like an average teenager.

**Practice task 5**

A new client has very strong opinions about the order they want to do things in the morning. How might you help this person decide on their morning routine?

**Involving your client or their advocate**

For people who have not had the opportunity to make choices for themselves, this can transform their lives. Having the opportunity to make a decision is a basic right that all people with disabilities should enjoy, regardless of the severity of their disability. As part of a client-centred approach, you need to encourage the person to make choices.
To do this, you need to sit down with your client and explore what they think. In some cases, this will involve your client’s advocate. Record what is said without judgment.

The following are some suggested strategies to encourage choice.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>What is involved</th>
<th>Ask</th>
<th>Possible answers</th>
</tr>
</thead>
</table>
| Visioning  | Clients are asked to imagine how things could be. This can be a bit of a wish list. | If you could do anything at all today, anything you want, what would you do? If you were to describe the perfect way to do a task what would it be? | • Stay in bed until 9 am.  
• Go on holiday to see my sister.  
• I would like to sit in the chair and have breakfast before I have a shower.  
• I would like an electric wheelchair so I can go anywhere I want. |
| Research   | Talk to the client then gather more information about the issues.     | What information do you need? How have others handled this?           | • I need to know what time the bus comes before I decide what time to get up.  
• I need to know what sort of houses other people live in. |
| Prioritising | Putting thing in order of importance.                              | Out of the things you want to do today, which should be done first? | • Go to the toilet.  
• Wash my hands.  
• Clean my teeth.  
• Have a shower. |
| Exploring values | Identifying values, preferences and beliefs. | Who or what do you value most in your life? What is important to you personally? | • I like my privacy.  
• I like people being polite to me. |

For a client with an intellectual disability, much of this process can be done using pictures and drawings. It is not necessary to use words if a picture will do. For instance, if your client tells you they want to purchase a television, it would be easiest to just look through a catalogue and pick out the picture of the one they want.

In the following example, a support worker helps a client make a decision.

**Example**

Sheila lives in a shared house with four other clients who have disabilities. Sheila thinks it would feel more like a home if they have a pet dog. One of the support workers encourages Sheila to suggest this to her fellow residents and to research what sort of dog would be suitable and how they could get it. Sheila also talks to the support workers to see what they think about this.

After doing the research and talking with her housemates and the support workers, Sheila arranges to purchase a small dog from the Lost Dog’s Home. The dog now has a better home and Sheila says the residents do too.
Supporting human rights

Everyone has basic human rights as well as legal rights. These rights were established under the Universal Declaration of Human Rights. The declaration states that all humans:

› are born free and equal
› have the right to life, freedom and safety
› should be protected from cruel treatment
› should be prevented by law from discrimination
› have the right to a decent life, including enough food, clothing, housing, medical care and services.

As previously discussed, people with disabilities did not always have these rights recognised by either the legal system or the general community. It was not until the 1970s that the United Nations made declarations to ensure the rights of people with disabilities. Under the United Nations declaration on the rights of disabled persons (1975) and the Disability Discrimination Act 1992 (Cth), people with disabilities have the right to:

› protection from discrimination on the basis of their disability
› be treated with dignity and respect
› have access to education, training and employment
› relationships, a social life and a family life
› assistance to enable them to become as independent as possible in all aspects of their life.

You can assist your clients by helping them know about and exercise their rights. To do this you can:

› find out about the rights of people with disabilities using information from this workbook
› find out about the Disability Discrimination Act 1992 (Cth) and tell your clients
› help your clients research their rights on the Internet
› gather information in an accessible format for your clients
› tell your clients of their rights
› help your clients find an advocate if needed
› help your clients if they want to lodge a complaint.

If a person is seeking to resolve a complaint about their rights, they might lodge a complaint with their local council or their local government.

In the following example, a client is concerned their rights have not been upheld.
Practice task 6

Read the case study and write down your responses to the tasks.

Case study

When Alf, a paraplegic, turns up to vote at the local election in a wheelchair, he discovers the election booth is not accessible and the counters in the booth are too high for him to reach. He also can’t reach the boxes for votes.

One of the officials at the election booth tells Alf not to bother to vote, as it isn’t compulsory for him to vote. Alf wants to vote so he decides to lodge a complaint.

1. What are Alf’s rights under the Disability Discrimination Act 1992 (Cth)? Was Alf correct in thinking he was entitled to vote and that the election booth has to be accessible?

2. Can Alf lodge a complaint? You will need to find out what the Disability Discrimination Act 1992 (Cth) says. Your trainer will help you. Find out how Alf can lodge a complaint.

Understanding sexual and identity needs

A person’s identity and sexuality is very much a part of who they are. For people with disabilities this is very important. For generations, others saw people with disabilities as asexual (genderless) or childlike and ignored their sexual feelings. Today, people with disabilities have a right to have their sexuality recognised. It is part of the United Nations standards that people with disabilities ‘must not be denied the opportunity to experience their sexuality’.

As a support worker, you have a key responsibility to your clients to recognise and accommodate their identity and sexuality. This means supporting your clients to express themselves, respecting differences in people, and understanding the impact of a disability on a person’s sexuality.

Sexuality needs

You need to understand the right to form human relationships and express sexuality is the same for people with disabilities as it is for anyone else. It’s important to understand the specific needs people with disabilities have concerning sexuality and then use this knowledge in caring for the person.

The following table lists a range of human needs. You need to recognise the impact of a person’s disability on meeting those needs.

<table>
<thead>
<tr>
<th>Need</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love and affection</td>
<td>Having a disability does not affect the need for love and affection, but society does not generally recognise this. Disability is assumed to be a health issue.</td>
</tr>
<tr>
<td>Relationships and intimacy</td>
<td>It is more difficult for people with disabilities to go out and socialise and find a partner because of the simple issues of access and having to pre-plan. It is hard to be spontaneous when you have a disability. Intimacy can also be difficult for people who may need physical assistance with basic tasks like undressing, showering and in some cases, toileting. Privacy is also an issue in terms of accommodation.</td>
</tr>
<tr>
<td>Need</td>
<td>Impact</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Touch</td>
<td>We all need to feel touch, even if we cannot touch others. For someone with any form of paralysis, the thing they can miss most is being able to put their arms around the people they love.</td>
</tr>
<tr>
<td>Physical appearance</td>
<td>As a society, people are encouraged to assess people by the external trappings of beauty and not by who they are. Where physical appearance does not conform to the stereotype of beauty, self-esteem and social acceptance suffer. People with disabilities are rarely depicted as sexually attractive and many people find the concept of people with disabilities being naked confronting.</td>
</tr>
<tr>
<td>Need for privacy and discretion</td>
<td>Privacy can be an issue for people living in group houses and for people needing physical assistance with personal care. For people with an intellectual disability, there can be a need for education and information written to their intellectual level. People with intellectual disabilities are sometimes encouraged to create their own masturbation book or storyboard to teach them discretion.</td>
</tr>
<tr>
<td>Access to assistive/protective devices</td>
<td>Adapted sex aids are available that are easier to use. Many of the sex aids available through normal outlets can be easily adapted but clients may need assistance with positioning. For women with physical disabilities the choices in birth control can be restricted. Family planning clinics can advise in individual cases. The option most recommended is condoms as many other devices are prone to causing infection.</td>
</tr>
<tr>
<td>Safety</td>
<td>There can be issues of physical safety when muscular weakness or paralysis is concerned. People with disabilities do not have easy access to information on safe sex in a form that they can understand; for example, Braille or large print.</td>
</tr>
<tr>
<td>Sexual health</td>
<td>People with disabilities need to undertake the same screening as the rest of the community. Often the sexual health of people with disabilities is ignored. Education and information is not always available in alternative print forms.</td>
</tr>
<tr>
<td>Contraception</td>
<td>For people with disabilities, professional advice needs to be tailored to their medical conditions and social and emotional factors. General information is not always available in alternative print form. Information for people with intellectual disabilities is available from Family planning.</td>
</tr>
<tr>
<td>Pregnancy, childbirth and parenting</td>
<td>For most people with disabilities, pregnancy, childbirth and parenting are options that are available to them. Parenting can take some adjustment and short-term case management can assist.</td>
</tr>
</tbody>
</table>

The most important assistance you can give to your client is to help them establish a sense of their self and empower them to understand their sexual identity. They need to know who they are and be able to form trusting relationships with others. They also need to be able to share their interests and feelings with others. You can help them by supporting their need to love and care for someone else, and by providing opportunities for them to express their sexuality and sexual needs.
Accepting responsibility for their own behaviour

Along with independence comes responsibility, and this includes taking responsibility for your own behaviour. When people feel powerless, they often assume it is someone else's responsibility to solve problems for them. Some people use attention-seeking behaviour to gain a voice, while others see themselves as trapped and unable to solve their problem behaviours.

In the past, people in the medical and health professions tried to change people's behaviour. This usually consisted of a plan to condition people to act in a certain way. Today there is an emphasis on making people take responsibility for their own behaviour. You can help your client identify when their behaviour is unacceptable. Masturbating in public places, being violent, causing a disturbance, using inappropriate language are all unacceptable behaviours. In many cases, the behaviour is beyond the control of the person. In extreme cases, the behaviour may be harmful to the person or others, or even illegal. You have a responsibility to help your client understand the possible reactions to their behaviour. For example, hitting someone to gain their attention is not acceptable.

You can support the person to think about their behaviour by looking at the following strategies:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting clients to identify the triggers that cause this behaviour</td>
<td>Ask what happened immediately before the behaviour. In many cases, the best way for the client to avoid the behaviour happening again is for them to avoid the situation that led to it. For example, if they become agitated at the local supermarket when it is noisy, they should avoid the supermarket at busy times.</td>
</tr>
<tr>
<td>Planning how to 'cool off' when clients feel the behaviour coming on</td>
<td>If people are aware of becoming agitated they can take time out, either physically or just in their mind, until they have calmed down. For some people deep breathing can help. Others may want to use meditation or other relaxation techniques. Some people will prefer to leave the situation that they find frustrating.</td>
</tr>
<tr>
<td>Educating the people around them in what is happening</td>
<td>Understanding a person's behaviour often makes it more acceptable. If you can increase understanding, you decrease the perception that certain behaviour is out of the ordinary or strange.</td>
</tr>
<tr>
<td>Placing a series of positive rewards each time the situation is handled appropriately</td>
<td>Rewards are more powerful than punishments in changing behaviours. If your client gets agitated in the supermarket, introduce a reward that each time you go to the supermarket, you have a coffee afterwards at the local coffee shop.</td>
</tr>
</tbody>
</table>

The next example shows the value of sharing information with others.

**Example**

Joan has epilepsy. When she starts a new job, she is not sure whether to reveal her disability to her employer. On the advice of a colleague, she tells her employer and helps them put in place a strategy if she has a seizure at work. Now her work colleagues are confident that they will handle the situation should it arise. This, in turn, makes Joan feel accepted in her new workplace.
Chapter 1: Promoting independence and self-determination

Practice task 7
Think about the processes and strategies that may have been put in place at Joan’s workplace. List some ideas of your own.

Speaking up and being listened to

Many people with disabilities, and their families, experience a feeling of powerlessness. One of the most powerful things you can do for your clients is supporting them to speak up about their needs, aspirations and feelings.

Here are some ways you can empower people with disabilities. Remember, always check your level of authority first with regard to any actions you undertake.

Tips
- Provide new information about options, rights and choices.
- Help clients learn new skills.
- Help clients fill in feedback forms or customer surveys.
- Assist clients to understand their entitlements.
- Suggest peer support from people with similar concerns.
- Help clients find advocates.
- Suggest clients join advocacy groups.
- Encourage clients to speak up at meetings.
- Write letters or make phone calls for your clients to express their concerns.
- Research where to take your clients’ concerns or complaints.
- Encourage clients to feel positive about the prospect of change.
- Help clients to work out their desired options and outcomes.

Speaking up may be difficult for people with disabilities. They may not have the required verbal skills or be able to communicate. Information they need may be hard to obtain or they may have poor social skills. They may have no confidence and feel uncomfortable complaining; for example, they may avoid complaining about the lack of access to a building.

Here are some ways you can encourage your clients to communicate freely.
<table>
<thead>
<tr>
<th>Barrier to speaking up</th>
<th>How to overcome this difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inaccessible information</td>
<td>• Gain information in other formats; for example, audio or Braille.</td>
</tr>
<tr>
<td></td>
<td>• Read information to your client.</td>
</tr>
<tr>
<td></td>
<td>• Make an audio tape of key points.</td>
</tr>
<tr>
<td>Lack of verbal skills</td>
<td>• Encourage clients to practise their skills.</td>
</tr>
<tr>
<td></td>
<td>• Attend a public meeting with your client to hear others expressing their views.</td>
</tr>
<tr>
<td></td>
<td>• Consider using an advocate to speak for the person.</td>
</tr>
<tr>
<td>Lack of cognitive skills</td>
<td>• Assist clients with planning and organising.</td>
</tr>
<tr>
<td></td>
<td>• Provide information in plain English or picture form.</td>
</tr>
<tr>
<td>Lack of confidence</td>
<td>• Encourage clients to start with small wins to build their confidence.</td>
</tr>
<tr>
<td></td>
<td>• Celebrate their successes.</td>
</tr>
<tr>
<td></td>
<td>• Encourage clients to join a group with people who have similar interests and concerns.</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>• Help clients to access information for themselves.</td>
</tr>
</tbody>
</table>

Once people with disabilities can speak up for themselves, they often find others are willing to assist them to be part of the community, as in the following example.

**Example**

Ranmali is five years old and profoundly deaf. At home she communicates with her family using sign language. When she is due to start school, her parents go to the school to discuss their fears that Ranmali will not be able to communicate with her classmates. Her teacher decides that to ensure Ranmali can communicate with her classmates, the class will all learn some sign language as part of their program to promote integration. The children love the idea of learning to sign to communicate. It is fun. It is like a secret language. Soon Ranmali is sought after by the other children to practise their signing.

**Practice task 8**

Interview a person with a disability. Talk with them about any barriers to communication they have experienced.

1. Describe the barriers to communication this person has experienced.
2. Outline the techniques they used to overcome these barriers.

**Financial independence**

One of the biggest barriers for people with disabilities is their lack of financial resources. There are many people with disabilities living below the poverty line. Few are able to work in well-paid full-time jobs. People with acquired disabilities often have to learn new skills to make it possible to change their career.

In addition, having a disability is expensive. Much of the equipment people need has to be custom-made for them. It is also more difficult to shop around for the best price if
they have mobility or communication difficulties.

Some people with acquired disabilities are eligible for compensation. For example, people injured through road trauma may be eligible for compensation (payment) from the Transport Accident Commission but this can be a slow and lengthy process. Most people with disabilities are not covered by insurance and are not eligible for compensation.

For people with intellectual or psychological disabilities, the prospect of finding work is particularly difficult. Many people with disabilities look for part-time work as full-time work may be too physically exhausting. Some find paid work within the disability sector. There is still a general reluctance to employ people with disabilities in the broader community. To become more employable, people with disabilities may need to consider:

- training to learn new skills
- volunteering to learn new skills
- starting their own small business from home
- seeking employment as a case manager or advocate for people with disabilities
- looking at job-share options
- offering advisory services on disability and access issues.

You can help this process by providing information and using networks to identify likely positions.

### Example

Candy has been unable to work for several years due to a psychological condition but after changes to her medication, her doctor suggests she returns to the workforce part-time. However, Candy feels she lacks skills and confidence.

To help build her confidence, Daniel, Candy’s support worker, encourages her to try some volunteer work for a disability support group. After several months of volunteering, Candy feels ready to apply for paid work. She now works four days a week as an administration clerk and is financially independent.

To help your client achieve financial independence, you could:

- assist them to find out about and apply for their entitlements
- draw up a budget for them
- have meetings with family members or fellow residents to discuss budgeting
- keep records so your client knows what their money is being spent on
- talk to a financial advisor
- explore new employment and training options.

### Practice task 9

Gather some information from Centrelink on who is eligible for a disability support pension and what other benefits are available for clients. These may include travel or re-training allowances or programs.
1.2 Identifying options for action on relevant issues

An important part of your work is to help identify any issues a client is having and work out ways to address them. Before you can begin to discuss these issues with your client, you need to develop a trusting relationship with them by behaving honestly, ethically and in their best interests.

Practice task 10
Spend a couple of minutes thinking about what trust means to you. Who do you trust and why? Share your findings with a person you feel comfortable with.

Identifying issues

The first thing you need to do is to identify a problem or an issue exists. It may not always be obvious but you can often tell that something is not right if your client changes the way they behave; for example, if you notice they have become angrier, quieter or refuse to do what you ask. You must learn to observe, listen and trust your feelings if you feel something is wrong.

The following table shows some reasons why it may not be apparent that your client has an issue. The second column suggests strategies for overcoming the barrier.

<table>
<thead>
<tr>
<th>Barrier to an issue being identified</th>
<th>How to overcome the barrier</th>
</tr>
</thead>
</table>
| The client does not want to tell you. | • Establish trust, confidentiality, respect and a safe environment for your client. If they still do not want to tell you, this is their right.  
• Let them know their rights and help build their confidence.  
• Suggest an advocate may help. |
| The client is unaware of the problem. | • Observe the client, monitor what is happening and bring the issue to their attention. |
| The client has learnt to live with the problem. | • Observe the client, monitor what is happening and explain to the client that change is possible. |
| The client blames things other than the real problem or issue. | • Build trust and the client will open up to you.  
• Let the client talk through all the other things they are blaming and then ask the client to reflect on why all these things are worrying them.  
• Work with the client to problem-solve the other issues. |
| The client is covering up the problem through shame or embarrassment. | • Build trust and confirm confidentiality.  
• Listen, observe and be patient. Suggest others who could help. |
| The problem involves other family members. | • Find a safe environment to talk.  
• Explain their rights. |
| The client is scared of losing services if they complain. | • Establish trust, confidentiality and respect.  
• Inform your client of their rights. |
| You are part of the problem. | • Establish trust and listen.  
• Let your client know you will not punish them or take revenge.  
• Let them know their rights and the complaints process of your organisation. |
Whatever the situation, you need to give the person the opportunity to express their feelings and tell you what is bothering them. The more you discuss the situation, the better you will be able to understand and provide options for resolving it.

People may be reluctant to complain because they don’t want to be thought of as a whinger. You must take every complaint seriously. You must listen to your clients because their issues are real for them and must be addressed. Use **active listening** skills to show you are listening and to help clarify what they are saying.

People with disabilities may have issues or problems with:

- accessing buildings; for example, they cannot enter because there is no ramp
- accessing appropriate services; for example, personal care
- understanding their rights; for example, they may not realise they have a right to be accepted into a particular training course
- communicating; for example, the communication devices they have been issued with are inadequate
- accessing information in formats other than print; for example, providing information in Braille
- using the phone
- using public transport
- finding employment
- making friends
- going on holiday
- finding somewhere to live
- maintaining privacy
- maintaining financial independence.

**Practice task 11**

Use the Internet to find some aids that could assist someone whose disability affects their ability to communicate effectively.

Summarise your findings in one paragraph.

The following example shows how easy it is to misinterpret a client’s problem.
Example

Brendan has cerebral palsy and lives in a group house. He has mobility problems and uses an electric wheelchair. As a child, Brendan had delayed development and many people wrongly believe he has an intellectual impairment.

Brendan works in an assisted employment workshop but his dream is to work in a community education and advocacy role. He has enrolled in a life skills program to help him achieve this goal.

Brendan has some speech difficulties. He is shy in class and in group situations because throughout his life people have laughed at him when he speaks. Now he feels quite threatened and self-conscious when he has to speak publicly.

In class one day, Brendan’s tutor, Julianne, says, ‘Listen everyone, I want to talk to you briefly about your individual projects. What you need to do is to find an area of employment that really interests you, do some research and prepare a report on what you have found out about this area of interest. Tomorrow we will discuss everyone’s ideas in class’.

The next day, Brendan says softly to Julianne, ‘I have a friend who wants to work in advocacy. This is what I want to do my project about’.

But Julianne says, ‘Brendan, you need to work on an area that interests you, not your friend. Tomorrow we will be sharing our ideas in class, so you’ve got a bit more time to come up with something’.

Brendan begins to worry. He does not want to share his idea in front of everyone. He is not comfortable doing this.

The next day, Julianne asks Brendan in front of the class about his project. Brendan stammers and looks away. She looks intently at Brendan and says, ‘OK Brendan, take some more time to think about it and you can share your idea with the class on Thursday’.

In this example, Julianne has not identified that Brendan has an issue talking in front of the class.

Discussing the issue

Once you have identified a problem, you need to encourage the client to talk about it. But it is not up to you to take charge and solve the problem for them.

Make sure you discuss your client’s issues in private. Be patient. Encourage them to talk about the issue. This will be easier if you have a trusting and comfortable relationship. Be sure to set aside enough time to discuss the issue so your client doesn’t feel rushed.

Good communication skills are essential. Give them plenty of time to think. Ask them questions if you are not sure about something. Listen carefully to make sure you know what they are saying.

Consider the following questions to help you have a fruitful discussion with your client about their issues.

› Have you established a relationship of trust?
› Is the environment for the discussion right? Is it informal with no distractions?
› Who else can hear what it being said?
› Does it feel ‘safe’?
› Do you have enough time for the discussion?
Have you agreed on whether the conversation is confidential?
Have you agreed how you will record the conversation?
Have you agreed who will take part in the discussion?

When assisting your clients to solve problems, do not impose your own values and beliefs on them. You are there to assist the client with the problem as they see it.

Practice task 12

Using the previous example about Brendan, imagine you are Brendan’s tutor.
1. Explain what you would do to identify his issues more effectively.
2. List three things you could do to encourage Brendan to communicate his feelings more effectively and in accordance with his own needs and preferences.

Identifying options

Once you have identified the problem, it is important not to rush straight in assuming you have the answer. You need to develop a range of options and consider each of them.

It is useful to do brainstorming activities with the person. It is also helpful to get other people involved in these activities such as family members, carers or advocates. They may give you a better understanding of the person’s personal situation.

Use your initiative to identify options for dealing with your client’s issues. Think about these questions.

What has been done before in this situation?
What would others do in the same situation?
How would people without disabilities handle the situation?
What new inventions and new discoveries might help?
What would the ideal world be like for this person?

Making decisions about care for people with disabilities involves consultation and teamwork. Other people will have different perspectives as well as different ideas, as shown in the following example.
Example

Gina is an 18-year-old girl with an intellectual disability. She lives at home. Gina is in the same life skills program as Brendan but she is always late for class.

‘Late again Gina, why are you never on time?’ asks Julianne.

‘I don’t know. I try to get to class on time’, explains Gina.

Later Julianne asks Gina privately if they can get together for a quick chat after class.

‘So Gina, let’s talk about why you’re late so often’, says Julianne.

‘Well I get up early and I’m dressed in time …’, says Gina.

‘What do you do after you get dressed?’ asks Julianne.

‘I make my lunch but this takes ages. I can never decide what to put in my sandwich’, explains Gina.

Julianne writes down some options for Gina. Her options include:

• buying her lunch at school
• making her sandwich the night before
• asking her mother to make her sandwich
• making the same sandwiches every day
• creating a weekly sandwich menu so she does not have to decide on the day.

‘A weekly menu sounds like a very good idea!’; says Gina.

Practice task 13

Lucy is an elderly woman. She has paraplegia and is in a wheelchair. Lucy loves attending a handicraft workshop three times a week at a local activity centre. For the past three months, Lucy’s son has picked her up and dropped her home again. Unfortunately, Lucy’s son now has a new job and can no longer do this. Lucy is very upset. She thinks she won’t be able to go to her craft activities anymore.

1. Use brainstorming to help Lucy resolve this problem. Keep a copy of everything you come up with.

2. Pick the best options from your brainstorming session. Summarise these for Lucy.
1.3 Listening to and acting upon your client’s decisions

Once you and the client have established a range of options, let them evaluate the options and make the decision about what suits them best. They should be in control of decisions that affect them.

To do this, your client needs to think about their personal goals and values. They should be encouraged to consider whether they have the skills or resources to carry out their chosen option. It may be necessary to talk to other family members or an advocate. Being able to choose what to do to solve a problem gives them control over their life.

The next example looks at the process Gina used to decide which option was best for her.

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option</strong></td>
</tr>
<tr>
<td>Buying lunch at school</td>
</tr>
<tr>
<td>Making the sandwiches the night before</td>
</tr>
<tr>
<td>Her mother making the sandwiches for her</td>
</tr>
<tr>
<td>Making the same sandwiches every day</td>
</tr>
<tr>
<td>Drawing up a menu for the week so she does not have to decide on the day</td>
</tr>
</tbody>
</table>

**Practice task 14**

Look at the options you developed for Lucy in practice task 13. Evaluate each option in the way Gina did using the following chart.

<table>
<thead>
<tr>
<th>Option</th>
<th>Evaluate the option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Listening

One of the most important skills you need when discussing a client’s decisions is to listen to them and their advocate or carer. Make sure the environment has as few distractions as possible and you both have time to talk.

The following listening strategies may help, particularly if the client is difficult to understand:

- Face the person you are listening to (unless this is culturally unacceptable), so you can observe their body language.
- Be patient and don’t interrupt.
- Don’t finish their sentences for them.
- Don’t assume you know what they are going to say.
- Repeat things back to them to make it clear you understand.
- Summarise the points they make.
- Ask the person to repeat things if they are not clear.
- Give information based on fact. Don’t give opinions.

As a support worker, you must learn to listen not just with your ears but also with your eyes and with your heart. Remember, people with disabilities have a long history of not being heard. To hear what your clients are saying, you need to put your own opinions aside and see things though your clients’ eyes. They have the right to take risks and make mistakes.

Practice task 15

1. Re-read the list of listening skills/strategies. Pick out the skills you need to improve on.
2. List how you might go about improving these skills.

Helping with a decision

You can help your client make an informed choice but you can’t make it for them. You must consult with your client and ask them what they think. The best option may be different for different people. It will depend on the person, their disability, what skills they have and their values. For this reason, you cannot select the option for your clients. Only they know what is best for them.

While it is not your role to make the decision for your client, you can help them make sure that their decision is SMART. This means the decision is:

- **Specific**: the decision is appropriate to the person’s issue or problem.
- **Measurable**: you can tell if the decision is a good one or not.
- **Achievable**: the person can achieve what they set out to do.
- **Realistic**: it is within the person’s abilities to do it.
- **Timely**: they have the resources to put it in action straightaway.
To double check whether the client’s decision is appropriate, ask yourself these questions.

1. Is the option clear?
2. Does the option have clear time lines and a clear outcome?
3. Does the client have the resources to make it happen?
4. Does the client have the skills, training and knowledge to make it happen?
5. Who else is affected by this decision?
6. Does anyone else need to be consulted?
7. What are the possible risks with this option?

You can use these questions as a checklist for any decisions your clients make. Help them to think about each of these questions in turn. If the answer is ‘no’ to any of the first four questions, review the option. The answers to questions five and six will help your clients think about the impact of their decision on others. Question seven will help them prepare for things that could go wrong. Most people will find it useful to write their options down and evaluate each one.

Don’t be surprised if your client changes their mind after they have a made a decision. Their needs, opinions and choices might change. This is a normal part of life and does not mean the original decision was wrong. It simply means circumstances have changed and the decision has to be reviewed in the light of these new circumstances.

Consultation

As well as discussing options and choices for personal issues, an organisation should have procedures in place to consult on wider issues that affect everyone. For example, surveys, resident groups and complaint forms should be readily available for clients, advocates, carers, family members and volunteers.

This next example shows the value of listening to clients when making a decision that affects them.
Example

Lillian is a new manager at an organisation that provides personal care and respite to people with a particular physical disability. Lillian thinks support workers would all look a lot smarter if they wore uniforms with the name of the organisation written on the front and back. She also thinks it’s a good idea for support workers to have a sticker on their car to say who they work for.

Lillian consults a designer and the uniforms are designed. When she presents the designs to her colleagues, Barry asks if the clients have been consulted. Lillian admits she did not consult the clients.

Lillian organises a focus group of some of their clients to see how they feel about uniforms. The clients voice several objections.

They said they feel uncomfortable with support workers wearing uniforms because it reminds them of being in a hospital setting.

Another client said if he was out in the community with a support worker in uniform, everyone would know he has a paid support person and he wouldn’t like this.

A third person points out stickers on cars are a real problem because nosey neighbours would all know where the visitor was from. This might breach confidentiality, as the name of the organisation includes the name of the particular disability in which it specialises.

Once these concerns are heard, the idea of uniforms and car stickers is scrapped.

Practice task 16

Read the case study and write down your response to the task.

Case study

Caroline is the occupational health and safety (OHS) officer for a home care provider. Under OHS policy, every worker is entitled to a safe work environment and all hazards and risks must be reported. Caroline introduces a policy where each of the client’s homes must be assessed as a workplace and modified to ensure it is safe.

One of Caroline’s first inspections is at the home of a 90-year-old woman named Phoebe. Phoebe is confined to bed and has her room organised so everything is just within her reach. She has chocolates, books, a radio and several shawls on the bed, in easy reach. The dressing table is right next to her bed with other things she might need piled high on it.

Caroline inspects the room and sits on the bed. She tells Phoebe and the support worker about all the changes they need to make. She tells them everything must be cleared from the bed and the dressing table should be moved and shelves put there instead, so the support worker can get to the bed more easily. Phoebe says very little. She nods occasionally, and reaches for another chocolate.

Caroline leaves quite happy the changes would take place, As soon as she leaves Phoebe turns to the support worker and says, ‘Well, none of that is going to happen’.

Explain how Caroline should have handled the situation to ensure Phoebe is part of the decision-making process.
Acting on the decision

Once you and the client have agreed on a decision, you need to act on it. This may mean arranging access to training, organising a social outing or providing resources. In some cases, your client will have to follow through and action their own decisions.

When working with a client, you need to consider who can help; what they can do for themselves and what they need someone else to do; for example, Gina needed assistance to help make up the action plan. She may also need assistance with other things such as buying the ingredients, etc.

It is useful to prepare a plan of things that need to be done for her lunch to reach the goal and make it happen. To draw up a plan you need to ask:

› What does your client want?
› What needs to be done to achieve this goal?
› Who can help?
› What can your client do for themselves?
› What can’t they do for themselves?

Follow Gina’s example to see how she put her decision into action.
Example

Gina decides the best option for her is to draw up a weekly menu so she does not have to decide each day. She then has to plan how to achieve this. She starts by brainstorming with Julianne what she needs to do, which includes:

- drawing up a list of ingredients
- buying ingredients
- deciding what sandwiches she would like
- drawing up a menu for the week
- making up a weekly chart to show which sandwich she has each day
- ticking off the sandwich each day after she has made it
- making the sandwich
- keeping a list of what ingredients have run out
- getting up in time to make the sandwich.

With Julianne's help, Gina put these steps in order in her action plan.

<table>
<thead>
<tr>
<th>Gina's plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decide what sandwiches she would like</td>
</tr>
<tr>
<td>2. Draw up a menu for the week</td>
</tr>
<tr>
<td>3. Make up a weekly chart to show which sandwich she has each day</td>
</tr>
<tr>
<td>4. Draw up a list of ingredients</td>
</tr>
<tr>
<td>5. Buy ingredients</td>
</tr>
<tr>
<td>6. Get up in time to make the sandwich</td>
</tr>
<tr>
<td>7. Make the sandwich</td>
</tr>
<tr>
<td>8. Tick off the sandwich each day after Gina has made them</td>
</tr>
<tr>
<td>9. Keep a list of what ingredients have run out</td>
</tr>
</tbody>
</table>

Practice task 17

1. Pretend you are Lucy and choose the most appropriate option to resolve her issue (refer to practice tasks 13 and 14).
2. Prepare an action plan for Lucy.

<table>
<thead>
<tr>
<th>Action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>
1.4   **Assisting with communication needs**

An essential role for those working with people with disabilities is to facilitate communication between the client, their advocate, carers and family members.

Being able to communicate is a powerful tool most people take for granted. People who cannot communicate effectively may find it difficult to form relationships, have equal access to information or get their ideas and decisions across to others.

Some of the people you work with may have complex communication needs and be unable to access speech for a variety of reasons such as a cognitive impairment. These people may have limited speech or may need to rely entirely on a non-speech-based system for their communication. This may mean they need to use:

- pictures to represent words or sentences
- a machine that works with symbols
- an electronic device that speaks for them
- unaided systems such as gestures, eye blinks and nods, sign language or key signs.

Some people may use listening aids or need the services of an interpreter if they have poor English skills. These systems are called **augmentative and alternative communication (AAC)** strategies.

If your client uses AAC strategies, you need to know how to use these communication methods to ensure you understand their needs.

**Using communication devices**

Learn as much as you can about AAC strategies. You need to know how you can work with your client to help them communicate their needs, preferences and decisions. Remember the AAC method is the person’s voice. You must respect and respond to this communication in the same way you would respond to spoken communication.

When you are communicating with someone who uses AAC, always ask them if their communication aid has instructions or directions. Ask them directly or ask for training if you do not understand the system. Remember, when people use these devices they often take a while to complete their communication. Respect this and do not interrupt or finish sentences for them.

Communication devices may include:

1. Communication boards
2. Spelling boards
3. Signing
4. Electronic communication devices
1. Communication boards

Some clients with poor verbal skills use a communication board. A communication board allows people with limited speech to communicate their needs and feelings with others in a non-verbal way. The board is a device where pictures and words are displayed in a square. A person with limited speech can communicate by pointing to the squares on the board.

For clients who cannot point to the board, you need to learn to follow their eye movement to see what they are trying to say. This can be done by sitting opposite them and holding the board up between the two of you. Some clients may become frustrated when trying to communicate. Be patient and let them know you have as much time as it will take to communicate.

You might want to make up a communication board for individual clients, especially if you are helping them make decisions about their lifestyle.

2. Spelling boards

Some people use a board with letters on it instead of pictures. They will point to the letters to spell out the words they want to say. This allows for greater flexibility in what they can say but it can only be used by people with good intellectual and cognitive skills.

**Practice task 18**

Describe (or draw) some of the pictures, symbols and words that you might want to add to a client’s communication or spelling board.

3. Signing

Some people with disabilities use signing to communicate. Signing can take several different forms. It is important to understand how your client communicates. You may need another worker or family member to teach you, as some people will make up their own signs and meanings. The following table outlines some different signing methods.

<table>
<thead>
<tr>
<th>Signing method</th>
<th>How it operates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed English</td>
<td>Word-for-word translation from spoken English to signs</td>
</tr>
<tr>
<td>Keyword signing</td>
<td>Keywords only are signed</td>
</tr>
<tr>
<td>Auslan</td>
<td>Auslan is a language of signs, facial expressions and body language used by people with a hearing impairment</td>
</tr>
<tr>
<td>Individual signing</td>
<td>Some families make up their own signing system to communicate</td>
</tr>
<tr>
<td>language</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 1: Promoting independence and self-determination

Practice task 19

1. Make up signs to communicate some simple daily needs such as:
   - I want to eat.
   - I want to go to the toilet.
   - I want to go to bed.
   - I want a drink.
   - I want to go home.
   - This is my friend.

2. Go to the Auslan Signbank website at: www.auslan.org.au. Go to the fingerspelling section and teach yourself how to fingerspell your name. Learn the following signs:
   - Name
   - Want
   - Not want
   - Not know
   - Good
   - Bad

Electronic communication devices

Electronic communication devices have software that enables someone to choose images or words that are then outputted as speech. There is a variety of different electronic communication devices available, including dynamic display or voice output devices. Remember, these devices allow people without natural speech to be heard and, as such, should not be touched without permission.

People who are deaf, hard-of-hearing or have significant speech difficulties use a **TTY telephone** typewriter, which allows them to type instead of talk. If your agency does not have a TTY, you can use the National Relay Service (NRS). The NRS service relays your spoken telephone conversation to text for a person who uses a TTY. For more information, go to the NRS website at www.relayservice.com.au/equipment/.

Unaided communication

Sometimes people with severe physical disabilities simply use a system of eye movements, such as blinks, to communicate their needs. You will find you can talk with them by using closed questions (questions with a yes or no answer). This may take a little longer but it allows the client to communicate with you, even if they have severe restrictions.

Using an interpreter

Some clients have different cultural backgrounds and speak little English. They may have difficulties choosing the correct word and you might easily misinterpret them. You may not be able to understand sign language. In these cases, you may need a qualified language interpreter, cultural interpreter or translator to help the person convey their feelings and decisions. Interpreters ask questions and then convey the meaning to others to ensure the client’s needs are met.
Professional interpreters must follow a code of ethics. The code of ethics prescribes professional guidelines; for example, interpreters must faithfully interpret the message. This means the spirit of the message is retained and conveyed using language that is most readily understood by the receiver. The interpreter must not offer any advice or other information.

While you may need to consult with family members, it is not wise to use them as interpreters. Family members have their own opinions and views and may well be communicating their own views, rather than translating accurately what the client is saying.

**Communicating with carers and others**

You may need to provide assistance to advocates, family members, trusted friends or carers to help them communicate with you.

Here are some tips to help you do this.

**Tips**

- Set sufficient time aside so they can speak with you without feeling hurried.
- Provide a comfortable, non-threatening environment.
- Assure the person that what they say will remain confidential.
- Encourage the person to tell you things about your client that you have been unable to find out through your client because of communication difficulties.
- Explain the organisation’s services and procedures so they understand what can and cannot be done. Provide them with brochures and information pamphlets.
- Listen carefully to what the person is saying. Make notes for easy reference.

**Discussion topics**

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- Many people with disabilities are now living in their own homes rather than special accommodation. What are the advantages for a client living in their own home? What are the disadvantages of living in their own home?
- Discuss the processes you might put in place in a group residential house to ensure that clients have a sense of independence, self-worth and self-determination?
- What processes could an organisation put in place to help support workers improve their listening skills? Why is it important to listen to a client’s decisions?
Chapter 1: Promoting independence and self-determination

Support workers should develop good working relationships, give support and provide opportunities to encourage their clients to think and act independently.

People with disabilities are entitled to the basic human right of choice. You can play a key role in supporting them to achieve their own personal goals and in educating and changing attitudes in the wider community.

Always inform your client of their rights.

As part of a client-centred approach, you need to encourage the person to think and decide for themselves. Your job is to help people understand how to make choices.

Good relationships are built on trust.

Part of your role is to learn as much as you can about augmentative and alternative communication strategies. These aids help some clients communicate their needs, preferences and decisions.

You must respect and respond to this communication in the same way you would respond to spoken communication.

Checklist for Chapter 1

Tick the box when you can do the following.

- Support a person with a disability to act and think independently
- Identify options for action on relevant issues
- Listen to and act upon your client’s decisions
- Assist with communication needs
Chapter 2: Fostering a client’s independence

As a support worker, you are in a key position to help clients develop their skills, increase their motivation and encourage their independence.

You are a major source of information for them about their rights; the services available to them and what is happening in the world in general. Your close working relationship allows you to provide ongoing support and monitor their progress.

A crucial responsibility for support workers is to continue to promote the needs of their clients within the wider community.

In this chapter you will learn about:

2.1 Developing strategies to promote independence
2.2 Providing ongoing support to maximise independence
2.3 Encouraging colleagues to promote the client’s independence
2.4 Encouraging the client to participate in forums
2.5 Using compensatory aids and modifying the environment
2.1 Developing strategies to promote independence

One of the most important and challenging aspects of your work is to create an environment where a client feels comfortable in striving for greater independence and knows their increased independence will be supported.

Historically, people with disabilities were encouraged to rely on others to think for them and were treated as a group, not as individuals. For example, the community assumed that all blind people and all people in wheelchairs had the same needs. Activities were organised in groups; shared accommodation was organised for people with the same disability and sheltered workshops encouraged them to all churn out identical craft works, under the supervision of their teachers.

Now that society recognises people with disabilities as individuals, there is a range of strategies you can use to support them to express their ideas and opinions. The strategy you choose depends on the individual you are supporting and their needs. Everyone is different, with different disabilities, skills, strengths and weaknesses. You need to consider your client’s age, cultural background, social, emotional and cognitive development, employment history and their beliefs and attitudes.

Active support

The active support model is used in the disability sector as a way to provide assistance that focuses on ensuring clients are engaged and willing to participate in their own support.

Active support is opposed to the old idea of doing everything for clients. It is about achieving positive results by promoting client participation and involvement.

This model is used to plan and provide support for people with an intellectual disability, acquired brain injury, physical disability or age related loss of ability and disabilities.

Identifying strengths and weaknesses

To work out what support your client needs, it is useful to talk to them about their strengths and their weaknesses. Your aim is to encourage their strengths and support them to overcome their weaknesses.

The next example shows how a client identifies their strengths and weaknesses.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good writing skills</td>
<td>Needs more information</td>
</tr>
<tr>
<td>Good networking skills</td>
<td>Doesn’t know their rights</td>
</tr>
<tr>
<td>Not afraid to speak up</td>
<td>Has never written a submission before</td>
</tr>
<tr>
<td>Can use a computer</td>
<td>Has never seen a submission done before</td>
</tr>
<tr>
<td>Not afraid to ask for help</td>
<td>Doesn’t know what a submission should look like</td>
</tr>
</tbody>
</table>
Chapter 2: Fostering a client’s independence

Strategies to support independence

Being independent means people have control over their lives and opportunities to express their ideas and opinions. They can make their own decisions based on choices. Strategies you can use to encourage and support independence include:

1. Being a role model
2. Arranging training
3. Providing information to support views
4. Connecting people with lobbyists and experts
5. Assisting people to prepare reports, submissions and speeches

1. Being a role model

A role model is someone who, by their own behaviour, models or shows others how to behave. It is about demonstrating the right way of doing things. You are in an important position to model positive behaviour. By showing a positive, human side in your working relationship you can instil behaviours you would like the person to develop. For example, you should practise behaviour that shows the skills and values you want to model. For example:

- listen to all points of view
- don’t make judgments
- present a positive outlook
- express your individuality
- be prepared to ‘have a go’
- set goals for yourself
- be human; discuss any mistakes you make.

Be prepared to mentor and work with the person to help them learn the behaviours you are modelling. Encourage and praise the person who is looking to you as a model.

Practice task 20

Examine your own behaviour. Are you modelling how you would like others to behave? List three or four positive things you could role model to improve the behaviour or attitude of others.

Sometimes other people with disabilities are the best role models for your clients. They can demonstrate how it is possible to draw on the abilities they have, rather than be concerned about the abilities they do not have. Their experience can be invaluable in helping a person with a similar background and disability. For this reason, role modelling can also take the form of peer support or mentoring.

Peer support is when a group of people with the same issues, get together to support each other. Many disability organisations have support groups for their clients and their clients’ families.
It provides a safe environment for clients to discuss issues with people who understand them, for example:

- spinal injury (www.scia.org.au/What_We_Do/rehabilitation_and-peer_support)
- multiple sclerosis peer support (www.ozms.org)

**Mentoring** involves a person using their experience and expertise to guide and support another person. Mentoring is usually a long-term arrangement. The mentor does not give advice but rather helps the person to make their own decisions by offering ideas, telling them about their own experiences and showing different approaches. You have a mentoring role with your client when you draw on your own life experiences to provide support and advice.

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### Practice task 21

Read the case study and write down your answers to the question.

**Case study**

Lorenzo has high-level quadriplegia because of a diving accident several years ago. Lorenzo decides that since he has been living with a spinal cord injury for several years he wants to take on a role educating children about the risks that can lead to spinal cord injury. He knows schools pay speakers to come and visit and talk as part of their programs.

Although Lorenzo wants to join the school speakers’ program, he is unsure if he has the skills and confidence do so. He talks to Sue, a friend of his who has a spinal injury because of a car accident and is in a wheelchair too. Sue is part of the speakers’ program. Sue suggests Lorenzo sit in on some of her speaking engagements.

Lorenzo accompanies Sue on three occasions to visit schools and talk to the students about spinal cord injury. He watches how she talks to the children and establishes a rapport. He is interested in how she gives out pictures of the spine and gets the children to colour them in as they talk about each vertebra. Sue doesn’t get embarrassed or flustered no matter what questions the students ask. She gives information based on fact about the dangers of road accidents and also about diving and bodysurfing.

After each session, Sue talks to Lorenzo about how the session went and asks his opinion on what he thought about it. By the third session, Lorenzo asks if he can ‘have a go’ at presenting at the next school. He asks if he can present the section on diving accidents, since that was how he has acquired his injury. Sue agrees.

They run the next session together and the response from the students shows that Lorenzo has learnt a lot by observing Sue.

List in bullet points the ways Sue was a role model for Lorenzo.

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2. **Arranging training**

Different people have different views on what it means to be independent. For many people with disabilities, independence is about being able to undertake daily living tasks. For some, it is having a job and being financially independent; for others independence comes when they can integrate into the community.

Health-care professionals may assist clients to identify beneficial training; however, it is up to the person to choose what they want to do. The type of training depends on their disability and their individual needs, as shown in the following example.
Example

<table>
<thead>
<tr>
<th>Disability</th>
<th>Example of a training need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone with an intellectual disability</td>
<td>Coaching them to catch the bus on their own</td>
</tr>
<tr>
<td>Someone with a sensory impairment</td>
<td>Learning Braille or Auslan</td>
</tr>
<tr>
<td>Someone with a psychological disability</td>
<td>Training in emotional and social skills to</td>
</tr>
<tr>
<td></td>
<td>become part of the community</td>
</tr>
<tr>
<td>Someone with a physical disability</td>
<td>Learning the skills or knowledge to gain</td>
</tr>
<tr>
<td></td>
<td>employment</td>
</tr>
<tr>
<td>Someone with an acquired disability</td>
<td>Rehabilitation to learn how to be independent</td>
</tr>
<tr>
<td></td>
<td>once again</td>
</tr>
</tbody>
</table>

It may be part of your job to support a client by arranging appropriate training. You may explain the type of training offered, discuss training issues and even provide some of the training yourself.

You should be aware of the types of training available and what is involved in sourcing and organising it. Training includes formal courses that provide qualifications; short courses that give people new skills and informal learning that takes place as the person goes about their day-to-day living tasks.

It’s also important to be aware of the person’s circumstances. For example, for people with acquired disabilities, the need to be re-trained is thrust upon them. They may have a university degree but after a stroke need to go to a physiotherapist to learn to walk again. For people who have grown up with an intellectual disability, learning may have been delayed or denied to them during their formative years. For some people with disabilities, learning can take a little longer.

Task-based training involves training people to carry out a particular task for themselves. Often task-based training is completed in one to two sessions. Task-based training is useful for teaching people simple activities such as tying shoelaces, making a cup of tea, shaving or cleaning their teeth.

For people with acquired disabilities, such as spinal injury or acquired brain injury, part of their rehabilitation is to learn how to perform simple tasks for themselves. For clients with intellectual disabilities, task-based training teaches them how to do everyday activities for themselves.

Resources are available to help people learn or re-learn basic tasks or you might develop resources yourself such as a ‘how to’ poster.
The following is an example of a training plan for showering.

Example

One Step at a Time
PERSONAL CARE
SHOWERING

1. Undress
2. Place bath mat on floor
3. Turn extractor fan on
4. Turn on taps and adjust to desired temperature
5. Step into shower and close door
6. Wash entire body using soap and face cloth
7. Rinses soap off body
8. Turn taps off
9. Step out and dry body
10. Use deodorant and teeth if desired
11. Hang towel up
12. Turn fan off

(Reproduced with permission of Independent Living Skills.)
Skills-based training is when people are trained in a new skill they may use in different contexts. They learn a specific operation or process, rather than just a separate task. Skills-based training is useful when you want people to transfer their knowledge of how to do something to a range of situations or to perform a number of tasks to a certain standard; for example, learning how to use an electric wheelchair or read Braille. For clients with intellectual disabilities, you might teach them how to count their money and pay for things. For clients with psychological disorders, you might help them with their social skills. Skills-based training is generally conducted over a period of time.

Competency-based training teaches people to be competent in vocational areas. To be competent, you need the knowledge and attitude to support the required skills. This sort of training may take several months or even years of study, depending on the requirements of the industry. Clients wanting to take up a new career or job may enrol in competency-based training to acquire a qualification in that field.

The following example shows the benefits of retraining.

Example

Jana was diagnosed with bipolar disorder seven years ago. In many ways, the diagnosis was a blessing. She had never been sure what was wrong and why she went from feeling so good to feeling so low. It has taken its toll on her family and relationships. She separated from her husband and no longer has custody of her children. The doctor suggested medication that helped Jana. She started to relate better to her family and the people around her.

Jana wants to help others with bipolar disorder gain a greater level of independence; particularly financial independence because this is a problem area for Jana. She decides to become a counsellor. With the help of a case manager, Jana researches to see what training is available. She applies for a course at the local TAFE to gain the qualification she needs.

University or tertiary education, involves undergraduate graduate or postgraduate study to get a degree or similar qualification. It can take years to complete. People undertake this level of education to gain a professional qualification in areas such as psychology, medicine or teaching.

You can promote training to your client by talking to them and finding out their level of need, their goals and the type of training they require. As a support worker, you may be involved in skills- and task-based training; for instance, you may assist a client to learn how to comb their own hair, brush their teeth, use a washing machine, draw up a weekly budget or prepare a meal.

Where possible, sit side by side rather than opposite your client, and make the training fun and relaxed.
Here are some tips for training.

**Tips**

- Keep the training session simple.
- Be well-prepared and plan what you are going to do, how you are going to do it and what resources you will need.
- Understand how the client learns and what support they may need; for example, pictures, communication devices, an interpreter.
- Break the training into steps and practise each step.
- Demonstrate the whole process first.
- Explain things clearly.
- Ask questions to clarify their understanding.
- Get the client to repeat what they have learnt back to you.
- Encourage them to ask questions.
- Let them practise or show you several times.

**Practice task 22**

1. Choose a task such as making a cup of tea, cleaning your teeth or washing your hands.
   a) Plan how to train someone in the task.
   b) Break the task up into steps.
   c) Record the steps they must follow.
2. Now teach someone the task you have selected.
   You have completed this exercise well if the person can successfully perform the task at the end of the training.

3. **Providing information to support views**

People feel powerless if they do not have the information they need to make informed choices. Today, a range of information is available for people with disabilities and their advocates and family members, to help them manage the disability and achieve an appropriate level of independence.

You should provide information when:

- your client does not know enough about a particular topic
- your client needs to know more about their rights
- your client has inaccurate information
- information has changed
- your client’s circumstances have changed
- it would assist your client to see things in a new way or develop new possibilities
- your client asks for specific information.

People with disabilities are often isolated from the community even when they live within the community. They rely on various services to provide them with the means to
become independent. They may need information about:

› their rights and responsibilities
› self-advocacy
› available services including eligibility, costs
› financial information
› referrals
› forums, seminars and public meetings
› educational opportunities.

Gathering information can be difficult for people with disabilities, as they do not have the same kind of access to the community that others do. For example, information may only be available in print format and not in Braille; people may have physical restrictions, such as low mobility skills, preventing them from visiting a library or Centrelink office or telephone systems may be too complex for people with many disabilities.

You have an important role to play in providing information so your client can explore options, read about topics that relate to their specific disability and learn what others have done in similar circumstances. You can assist your client by providing information for them by:

› collecting appropriate brochures from various services
› making phone calls for them
› using the Internet
› visiting a library and sourcing relevant books
› talking to an advocate
› using an interpreter
› writing letters to appropriate agencies
› asking experienced people what to do.

In the following example, a support worker sources information about services for a client.

**Example**

Gus has a physical disability that limits his mobility. He has lived on his own since his parents died. His remaining family lives interstate. Gus wants to move interstate to be closer to them but he is not sure where to start. He needs to find a new house, new support services, pack up his possessions and sell the family home. His support worker talks to her coordinator. She discovers the organisation offers a short-term case manager who can help Gus plan his move interstate.

The information you provide does not have to be in a written form. You can give the information verbally. If you do, it is best to record it in some way. This may include the use of drawings, storyboards or other pictorial forms.

There are services that provide pictorial posters that organisations can purchase to hang in a client’s home, communal area in a shared house or facility.
Example

OUR RIGHTS POSTER

We have the RIGHT to....

- Make our own choices
- Have a Say
- Be listened to
- Feel safe
- Be treated like an adult
- Be respected

We need to be RESPONSIBLE by...

- Working Together
- Not gossiping
- Being Tidy
- Using Manners
- Listening to others
- Respecting privacy

(Reproduced with permission of Victorian Advocacy League for Individuals with Disability.)

Practice task 23

Gather information that may assist people with disabilities from as many sources as possible. File this information under the various categories for easy access; for example, communication devices or sporting activities.
4. Connecting people with lobbyists and experts

It is hard for people to stand up for their rights and represent their views in some situations. When this occurs, you can assist your clients to contact someone like an advocate or lobbyist to act on their behalf.

Lobbyists take up and champion a cause or interest on behalf of an individual or a group of people. They work to have the concern heard by working with government, publicising issues and enlisting support.

Many organisations and individuals specialise in lobbying for people with disabilities. An Internet search nominating your state and keying in the words ‘disability lobbyist’ will locate such organisations. You can also contact the government department in your state that provides disability services.

Your clients may require a lobbyist if they:
- do not have the required communication skills
- are reluctant to lobby themselves
- do not have the skills to lobby
- do not feel confident to lobby in the appropriate forum
- have been unsuccessful lobbying on their own
- have a concern that is shared by a group of people.

Lobbyists specialise in certain areas. They have the necessary contacts, networks and knowledge to make sure concerns in their field of expertise are heard. They know the right language to use and how to create public support for your issue. Lobbyists have experience dealing with government bodies and the media.

Your client needs to choose a lobbyist who has the right connections for their particular issues. In order to achieve this, find out about the lobbyist before you contact them. Talk to people who have used them before and find out what they thought.

Contact your peak disability bodies and ask them which lobbyists they have used and whether they were satisfied. Find out if there were costs involved. Lobbyists can connect you to other people with similar issues so you can take action as a group.

As a support worker, you may need to assist clients to make these connections. To do this, you should:
- talk to your client about their needs
- ask them if they would like you to help
- find out who the lobbyists are in your state
- approach them to see if they are prepared to help
- organise a contact between the lobbyist and your client
- speak for your client if need be
- accompany your client to a meeting
- help them explain their need
- put them in touch with any other people with similar issues.
5. Assisting people to prepare reports, submissions and speeches

People with disabilities can make changes in their community. To do this, they may need to submit complaints, proposals, advice and suggestions to all levels of government. This requires particular verbal and/or written skills.

If you need to assist your clients with a report, proposal or submission, you need to understand what they want to say and to whom. You need to know what they hope to achieve and when they need to submit their proposal or report, etc. If you are unsure, ask your supervisor how to proceed or you might to like to use the following checklist.

<table>
<thead>
<tr>
<th>Have you checked:</th>
<th>Tick when done/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>What agency is responsible for the submission?</td>
<td></td>
</tr>
<tr>
<td>Why is the client lodging the submission?</td>
<td></td>
</tr>
<tr>
<td>How should the submission be lodged?</td>
<td></td>
</tr>
<tr>
<td>What is the purpose of the submission?</td>
<td></td>
</tr>
<tr>
<td>How long should the submission be?</td>
<td></td>
</tr>
<tr>
<td>Who is eligible to put in a submission?</td>
<td></td>
</tr>
<tr>
<td>What is the deadline for the submission?</td>
<td></td>
</tr>
<tr>
<td>What format should the submission be lodged in?</td>
<td></td>
</tr>
<tr>
<td>Who is the submission for?</td>
<td></td>
</tr>
<tr>
<td>Are there any special requirements?</td>
<td></td>
</tr>
</tbody>
</table>

The next example shows the components of a formal submission.
Example

Components of a Submission | Example
--- | ---
1. **Current situation** | Some public toilets in Queensland are not wheelchair accessible. This may be in breach of anti-discrimination legislation.
2. **Aim** | To examine the need for accessible toilets in Queensland.
3. **Background** | Public toilets in Queensland were not always built with accessibility in mind. Many toilets were upstairs, in basements or even underground. The design of these facilities not only prevented access but they were also too narrow for a wheelchair. Most are not equipped with the necessary handrails.
4. **Issues** | People with disabilities are part of the community. Under legislation, facilities should be available to them.
5. **Recommendation** | All public toilets in Queensland need to be wheelchair accessible.

As a support worker, you may:

- help write or record the submission
- proofread the submission
- lodge the submission for your client.

Here is a checklist that can help with this process.

<table>
<thead>
<tr>
<th>Check your client has:</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>* clarified and gathered information</td>
<td>□</td>
</tr>
<tr>
<td>* checked it is correct</td>
<td>□</td>
</tr>
<tr>
<td>* planned and organised the information</td>
<td>□</td>
</tr>
<tr>
<td>* collected and looked at other submissions as a guide</td>
<td>□</td>
</tr>
<tr>
<td>* considered what form of audiovisual equipment is available to assist with the presentation (if necessary).</td>
<td>□</td>
</tr>
</tbody>
</table>
Practice task 25

1. Prepare a short submission on an issue that affects people with disabilities. Choose an issue you are familiar with or select one of the following.
   - The need for integration aids for children with a specific disability.
   - The need for respite for parents of children with disabilities.
   - The need for council information to be available in large print or Braille.
   - The need for more hours to be dedicated to a particular client.
   - The need for all buses to be wheelchair accessible.

Talk to someone with a disability to get their perspective when preparing your submission.

<table>
<thead>
<tr>
<th>Components of a submission</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current situation</td>
<td></td>
</tr>
<tr>
<td>2. Aim</td>
<td></td>
</tr>
<tr>
<td>3. Background</td>
<td></td>
</tr>
<tr>
<td>4. Issues</td>
<td></td>
</tr>
<tr>
<td>5. Recommendation</td>
<td></td>
</tr>
</tbody>
</table>

Some people may wish to present a speech at a forum, a community meeting or within a residential facility. They may need support in preparing the speech and developing public speaking skills. Encourage them to express their own ideas clearly. You may need to write or type the speech for them. Make sure the speech is not too long; it should have a brief introduction, two or three main points and a conclusion.

Listen to them practise the speech. Time how long they take. You may need to offer support if they are using an augmentative or alternative communication device.
Chapter 2: Fostering a client’s independence

Choosing an appropriate strategy

The strategy you choose to help promote a client’s independence will depend on their disability, situation, motivation, abilities, preferences and needs. The following table indicates when each strategy may be appropriate. This is a guide only.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>When to use it</th>
</tr>
</thead>
</table>
| Role-modelling                                | • When the client is low in confidence  
• When the client looks up to you as an example | |
| Training in new skills, new behaviours and new ideas | • When the client does not have the skills to do the job  
• When a certain qualification or skill is required  
• When there are changes requiring new skills and knowledge | |
| Providing information to support or enhance their views | • When the client does not have enough knowledge of the facts or of their rights  
• When the client has inaccurate information  
• When it would assist the client to see things in a new way or to develop new possibilities | |
| Connecting people with lobbyists and people with appropriate expertise | • When the client is reluctant to do their own lobbying  
• When it is a concern shared by a group of people  
• When the client does not have the skills to lobby  
• When the client does not feel comfortable lobbying in the appropriate forum  
• When the client has been unsuccessful lobbying on their own | |
| Assisting with preparation of reports, submissions and speech writing | • When the client has not written a report before  
• When the client lacks appropriate communication skills  
• When the client needs reassurance | |
2.2 Providing ongoing support to maximise independence

Supporting your client in ways that maximise their independence is not a one-off experience; it must be ongoing. As your client grows in self-confidence and skills, their goals change and you need to continue to support these new goals. You can use the same supporting strategies but in slightly different ways and in different circumstances. For instance, your client may need different types of information or they may need new training as their needs change.

Strategies for providing ongoing support

There are various ways to ensure support strategies are ongoing. These strategies vary depending on the environment in which you work and the policies and procedures of your organisation. Strategies include:

1. Maintaining a good working relationship
2. Maintaining an effective communication book
3. Monitoring the service delivery plan
4. Reviewing communication aids such as storyboards and books
5. Promoting self-advocacy
6. Attending house meetings and staff meetings
7. Reviewing policy and procedures to ensure support
8. Thinking of something new
9. Using the services of other people

1. Maintaining a good working relationship

The key to ensuring support is ongoing is to develop a good relationship with your client through effective communication skills. This means making sure communication channels are open and the person feels comfortable talking to you and expressing their needs, preferences and opinions. Continue to build their trust so they know everything they say remains confidential. Always use plain English and avoid specialist terminology the person may not understand. Listen to what they are saying and ask questions if you don’t understand. You may need to assist with special communication needs such as specialised communication devices or interpreters.

Giving prompt, constructive feedback is an essential part of a good working relationship.

Let clients know as soon as possible if:

- they are performing a skill incorrectly
- you cannot give them the information they want
- you don’t have permission to let them do something
- you need to notify your supervisor about an issue
- an issue is still being discussed or negotiated, so they know you are continuing to support them.
Chapter 2: Fostering a client’s independence

You must give positive feedback and ongoing encouragement when a person is working towards independence. They need support to know they are nearing the goals they have set for themselves. They also need to know what additional skills they require to achieve these goals. Constructive feedback, such as ‘You did a really good job on shaving your upper lip; that’s often very difficult for people’, is far more effective than negative feedback such as ‘You need to pay more attention to how you hold your razor. You’re doing it all wrong’.

2. Maintaining an effective communication book

Most clients have a communication or progress book so the people who provide services to that client can communicate with each other. It is an open document for others to see. A communication book is one way you can communicate the client’s goals and the support they have to increase their independence. It provides a record of what has happened in the past, what the client’s goals are in the future and how they are progressing.

3. Monitoring the service delivery plan

All clients should have a service delivery plan. The service delivery plan needs regular reviewing to make sure it meets the client’s changing needs and aspirations. Along with any review of the service delivery plan, it is a good idea to encourage your client to review their goals and aspirations to make sure that services support these aims. You should let your supervisor know of any changes, issues or incidents that arise from this process.

4. Reviewing communication aids such as storyboards and books

Some clients with intellectual or learning disabilities have storyboards or picture books that assist them to do things for themselves. These are a valuable way of giving continuing support, as they show how the client wants things to be done to feel independent. These books need to be updated with additional words as the client’s needs or preferences change.

5. Promoting self-advocacy

Continue to promote self-advocacy. This means providing suggestions and support, and giving people the skills to:

- think for themselves
- have the confidence to say what happens to them
- make their own decisions
- set their own goals
- feel good about themselves.

You can help by celebrating their achievements when they successfully manage any of these skills.
6. Attending house meetings and staff meetings

If you work with clients who live in shared accommodation, they may ask you to attend house meetings. This involves the residents getting together to talk about the running of the house and what they need as part of this. House meetings are a good time to talk to clients about their changing needs as they become more independent. As a support worker, you should encourage your clients to talk about their issues at these house meetings.

You will also be involved in meetings for staff who work with a client or a group of clients. It may be a face-to-face meeting or a phone link-up if it is difficult for everyone to meet. Be sure to talk about things from the client's perspective. You could put ‘Supporting clients to be independent’ as a regular item on the agenda. Record the issues discussed...
Chapter 2: Fostering a client’s independence

at these meetings through either minutes or your own notes.

7. Reviewing policy and procedures to ensure support

When policy is changed, you should ensure the changes do not restrict the rights of your clients. Policies that have a one-size-fits-all approach can restrict client’s independence, as shown in the following example.

Example

A small organisation providing home care introduces a ‘no lifts policy’. The policy states all clients must be lifted using a manual or electric hoist. Some of the clients are perfectly capable of supporting their own weight during a standing transfer and see using a hoist as a statement about their lack of ability and lack of independence. One client said she feels like a piece of beef in a butcher’s shop when she is forced to use an electric hoist.

8. Thinking of something new

For many clients, the key to providing ongoing support is to find new ways to promote their independence. Talk to your clients regularly and find out what they would like to see done differently to increase their independence. Bring new ideas and new information to them. Change their respite activities. Suggest the client changes the look of their room to express their own personality. Choice makes people feel good.

9. Using the services of other people

You are one person in a chain of people who can provide ongoing support. Make sure you are familiar with all the other people who may be supporting your client and ensure there is clear and constant communication. The following table outlines the people you may be working with.

<table>
<thead>
<tr>
<th>Support people</th>
<th>How they help</th>
</tr>
</thead>
</table>
| Other support workers| • Other support workers may be role models in different areas or have different expertise than you.  
                          • Share your knowledge and pool your resources.  
                          • Some clients will have a better rapport with other support workers.  
                          • Other support workers can give you a different perspective of the client’s situation. |
| Volunteers           | • Volunteers can be a buddy or a friend.  
                          • Some clients would rather go out with someone their own age than someone who looks like a paid worker.  
                          • Volunteers are valuable for giving long-term support and forming a strong relationship that encourages independence. |
| Family members       | • Get the family involved with promoting what a client can do.  
                          • Explain to them about the dignity of risk and the client’s right to choose.  
                          • Family members can provide valuable feedback to you as well as positive reinforcement and help to celebrate achievements. |
Support  
people  
<table>
<thead>
<tr>
<th>How they help</th>
</tr>
</thead>
</table>
| **Friends** | · Friends can provide social contact and a change in environment. They make clients feel more connected to the community.  
· Friends can be crucial in providing motivation for the person to achieve independence. |
| **Acquaintances** | · Acquaintances, such as neighbours, shopkeepers, bus drivers and teachers, all provide a continuous level of support and encouragement as they may see the person on a daily basis and are an essential link with the person’s integration into the community. |
| **Advocate** | · Use an advocate to help a client speak up. |
| **Health professionals** | · Health professionals can help with medical, psychological and emotional issues. |

**Practice task 26**

Read the case study and write down your answers to the following questions.

**Case study**

Heba has spina bifida and works part time as a receptionist. When she starts going out with her boyfriend, she needs information about relationships and a role model on dating. She talks to her support worker, Cathy, who is also young, and they share stories about boyfriends.

When Heba decides to get married, her needs change and her support needs change too. She talks to a married family member, Sonia, about organising a wedding and being married.

Shortly after the wedding, Heba becomes pregnant. She is very excited but has no knowledge of what it is like to be pregnant and have a child. Heba receives support from Anna, a physiotherapist, who has children. When Heba’s son is born her support needs change again.

1. List Heba’s changing needs.
2. Summarise the peer support and role modelling Heba received.
3. List who else could be involved to ensure continued support for her changing needs.
2.3 Encouraging colleagues to promote the client’s independence

As a support worker, you are part of a team of people providing services to your client. The team may consist of the client, other support workers and health professionals such as physiotherapists, a case manager, family members, carers and volunteers.

Unlike many teams, you will not necessarily get to see each other or work with your client at the same time. But don’t ever think you are working in isolation.

There are many important aspects of working as a team such as:
› sharing a common goal or objective
› communicating well within the team and sharing information
› communicating well with people outside the team and giving the same message.

Sharing a common goal or objective

All teams need to share a common goal and common understanding of how they are going to achieve it. It is impossible to work well together unless you are moving in the same direction.

Some teams have a documented set of goals; others have a service statement. These might be general goals, such as using a client-centred approach, or specific goals such as client can shower and shave without assistance.

Your team goal should state that the team is dedicated to promoting the independence of your client, and you should measure your success against it.

When the team meets, they should talk about their shared goals and collectively develop strategies to support those goals. This ensures the whole team works to promote the same values and outcomes.

All members must encourage the client to express their needs, their likes and dislikes continually. The client’s service delivery plan, service agreement or individual action plan as developed with their service provider should document these needs.

Practice task 27

List five workplace or personal goals you have developed in collaboration with others.

Communication within the team

An effective team shares information freely among its members, formally through meetings and the communication book or informally as you work with other team members. All team members should support each other in helping their clients achieve independence.

The following table shows how to share information with other team members.
<table>
<thead>
<tr>
<th>How to share information</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finding out information</strong></td>
<td>Pass on new information about your clients to colleagues; for example, preferred dress, food and interests. Your regular contact with the client means you are more likely to acquire this knowledge than someone who only sees them once a month.</td>
</tr>
<tr>
<td><strong>Discussions</strong></td>
<td>Report to other team members on a regular basis about any issues affecting the client’s independence and any goals or aspirations expressed; for example, you might report that a client is talking to you more and more about looking for a job and everyone should be encouraging this.</td>
</tr>
<tr>
<td><strong>Communication book</strong></td>
<td>Use the communication book to record ideas, thoughts and observations. If communication book entries lead to a change in the services provided, make sure this is reflected in the client’s service delivery plan.</td>
</tr>
<tr>
<td><strong>Meetings</strong></td>
<td>Regular staff or team meetings help to monitor how you are doing. This is the ideal time to talk about your clients and how to support them as a team. Be positive at all times. Celebrate your client’s achievements.</td>
</tr>
</tbody>
</table>
| **Feedback** | Part of your professional work responsibilities is to provide feedback to others. This might mean:  
  1. telling colleagues whether the support they are giving is appropriate and how it might be improved  
  2. showing colleagues a more effective way of doing something  
  3. observing colleagues as they interact with a client and describing their behaviour to them, giving them an opportunity to improve  
  4. asking colleagues how they feel about the level of support they are providing  
  5. asking colleagues for other ideas about how the team can encourage independence. |
| **Share material** | Share material, such as brochures, handouts, contact information and other material, from seminars and workshops you have attended as part of your professional development. Keep up to date with ways to support the independence of people with disabilities.  
Your supervisor might arrange guest speakers or other staff members to make presentations on topics of common interest. This is a good way of keeping up to date with current information about providing care and encouraging clients’ independence. |
Communication outside of the team

The team should present a consistent view and information when communicating to others. You may have to pass on information or receive information from health professionals, lobbyists, advocates or family members. Everyone must give the same message. Make sure you know what handouts or brochures you should be issuing.

You should promote the importance of people gaining independence at every opportunity you have. You might like to let people know about the services your organisation offers. Explain how people with disabilities can work towards gaining independence with the support and guidance of staff and through your organisation’s various programs. You may be in a position to promote the organisation’s philosophy and goals to members of the community. You might let family members know of programs run to help them support relatives with disabilities.

Practice task 28

Brainstorm ideas about how you can encourage each other to promote the independence of people with disabilities. Make a list of five things you came up with.

Practice task 29

Read the case study and write down your responses to the task.

Case study

Malcolm is a 59-year-old male who had a stroke two months ago. As a result of the stroke, he has limited movement on one side of his body and problems with his balance. He also has some speech difficulties and cannot seem to find the words he wants. When he thinks of the word, he often has trouble making the right sounds to say what he wants to say. This makes him very frustrated. He has bursts of anger at his family members and in particular his wife, Shirley.

Malcolm is keen to receive all the help he can. He has assistance with his speech from a speech therapist and assistance from a physiotherapist to help regain use of his limbs. To take the pressure off his family, he is receiving assistance with showering and general personal care.

Before his stroke, Malcolm was a vice-principal of a secondary school. He wants to get back to work. His doctor is not sure that Malcolm is able to achieve this and suggests Malcolm retire.

You are about to participate in a case meeting to discuss how best to work together to support Malcolm and his independence. Who should be invited and why?

Use this table or one similar to it, to record your findings.

<table>
<thead>
<tr>
<th>Who</th>
<th>What they can contribute</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
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</tbody>
</table>
2.4 Encouraging the client to participate in forums

In Ancient Rome, the citizens came together at a place called the forum to share ideas and debate issues. The forum was an important place for the people to keep the government of the day in touch with what they were thinking. The word ‘forum’ has survived to the present day to mean a meeting where people come together to share and discuss issues.

People with disabilities need to be part of this process. They need to have a voice in forming and implementing public policy that affects the opportunities and support they are given.

Your role is to encourage people with disabilities to gain the necessary skills and information so they can take part in this consultative process. You need to support them when they express their ideas and opinions. To do this you need to keep up to date with policies and legislation, and then share this information with your client. Your supervisor will let you know what information is available and what you need to know.

The following table shows information you need to know to support your client to participate in forums.

<table>
<thead>
<tr>
<th>Information</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be aware of national standards</td>
<td>Obtain a copy of the national disability standards and the home and community care service standards. Read up on standards for residential care, and share this information with your clients.</td>
</tr>
<tr>
<td>Be aware of legislation</td>
<td>Research your client’s rights under the Disability Discrimination Act 1992 (Cth) and equal opportunity legislation. Find out how to lodge a complaint and share this information. Learn about the legal obligations in relation to access and equity. Understand the role of the Equal Employment Opportunity (EEO) Commission and Disability Services Commissioner.</td>
</tr>
<tr>
<td>Be aware of local government policies</td>
<td>Local government often has a disability officer and a disability advisory group. Find out when they meet and if the meetings are open to the public. Find out how to access your local disability officer. Know how to access information on local building codes and standards.</td>
</tr>
<tr>
<td>Be aware of the service provider’s guidelines</td>
<td>Read information available to clients and the guidelines issued for support workers. Become aware of grievance (complaints) procedures and inform your clients of these processes. Be familiar with public health issues and how these issues may impact you and your clients.</td>
</tr>
</tbody>
</table>

Once you are sure you are up to date, encourage your client to keep in touch with this type of information in a number of ways. You might suggest that they:

› subscribe to relevant mailing lists
› join a network
› join a lobby group
› join an advocacy or advisory group.
Ways to participate

The next step is to encourage your client to participate in a range of forums if they are not already doing so. There are many opportunities for them to do this. There may be:

1. Internal and external committees
2. Seminars
3. Conferences
4. Open meetings
5. Political campaign meetings
6. Court, commission and tribunal appearances

1. Internal and external committees

Some service providers arrange for people to be part of committees, reference groups, advisory groups and client focus groups that meet regularly. This gives people the opportunity to express their views and be part of processes to improve the services for people with disabilities. Arrangements may differ between organisations. Sometimes participants are part of a group that makes the decisions and other times their input is gathered to advise decision makers.

These groups are usually made up of clients who are elected to the group or have volunteered. There may be different eligibility criteria for different groups.

Some advisory groups are set up externally through state or local government departments. These groups provide advice across the sector. An example of this is the Victorian Disability Advisory Council, which advises the Victorian State Government on issues affecting people with disabilities. This is usually an advisory role only – the government decides whether to accept the recommendations.

The following example illustrates the range of responsibilities a client may have on an internal committee.

Example

- Speak-Up is an organisation founded 20 years ago by a group of people with disabilities to share information on their particular disability. Originally, the organisation was incorporated as an association, with an elected committee, as set out in its constitution. As an association, it had a president, treasurer and secretary, as well as an elected committee of seven that made all the decisions for the association. As Speak-Up grew, it applied for incorporation as a not-for-profit organisation with a board elected by its members. The board appointed a chief executive officer (CEO) to run the company, which now consisted of salaried staff. The CEO was still answerable to the board and the board is still elected by the members.

- Instant Care is a private company that offers services to people with disabilities. It has established an OHS committee to advise on OHS issues within the company. That committee has one client representative whose role is to give a client’s perspective on OHS. This is an advisory role only and has no decision-making powers.
You can play an important role in encouraging people with disabilities to participate in these types of groups by:

- being informed and making sure you know how your organisation operates
- finding out what types of groups there are that your clients could join
- being familiar with the agencies that provide services to your clients
- talking to your clients to see if they want to be involved.

If a client is interested, explain what their role and responsibilities will be. Tell them how they will be expected to contribute; for example, by making suggestions, brainstorming, explaining why an option may not be appropriate, providing their own perspective.

Make sure you emphasise it is their ideas and thoughts that are important, not their capacity to communicate. You might have to arrange for someone to support them such as an interpreter. You must do everything you can to encourage them to take the opportunity to express their ideas.

2. Seminars

Seminars have a key theme or topic, which people come along to discuss. Usually seminars have a chairperson to control the seminar and have a mixture of prepared presentations and an open forum where anyone can express their views. The audience can ask questions and be involved in some discussion.

Seminars are often organised by peak advisory and industry bodies or specialised lobby or interest groups, and usually last for one day.

The following example shows an information session.

Example

A well-known disability support group has organised a seminar on sexuality and disability. There are three keynote speakers. One is a person with a disability, who has a PhD in psychology, the second is a representative from Family Planning and the third is a speaker from the Prostitute’s Collective. After the three presentations, the chairperson holds a discussion for an hour in which the audience can participate.

A support worker can find out what seminars are planned for the year that might be of interest to their clients. They can find out the date, cost, location, topics and how people can contribute. This can encourage your client, alone or with you assisting, to:

- search the Internet
- contact their peak disability organisation for a list of upcoming seminars.
- read newsletters and industry journals
- ask their employer
- network with other people with similar interests.
Chapter 2: Fostering a client’s independence

3. **Conferences**

Conferences have a set theme or several key areas to be covered. Specialists present papers on issues. A conference is usually more formal than a seminar. A conference can extend over two or three days.

If a client wishes to present their ideas, you may need to help them to prepare an abstract (a summary of what their topic is about) and submit it to conference organisers. They will let you know if the submission is successful.

Each state generally hosts a home and community care support workers’ conference each year. There are also conferences held by the Community Services and Health Industry Skills Council. Other conferences are held by peak advisory and industry bodies or by specialised lobby or interest groups.

To find out what conferences are planned for the rest of the year:

- search the Internet – a useful website is www.disabilitynews.infochange.net.au
- read industry newsletters and journals
- ask your employer
- network and share information with colleagues and clients.

Encourage clients to show an interest in conferences and explain how they might benefit from them.

4. **Open meetings**

Your local council may hold open meetings for the public to attend on issues open for public debate. Open meetings are often held on planning issues. The purpose of an open meeting is for anyone to have their say. You do not have to prepare a paper, an abstract or a presentation for an open meeting. They are a ‘free-for-all’ forum but not everyone will have a chance to speak. Your clients may be interested in open meetings on planning and service issues within their local electorate.
In this next example, an open meeting proved to be worthwhile for two people with disabilities.

**Example**

Two inner city local councils are amalgamated and the new council decides to conduct an open meeting to look at establishing a ten-year urban plan. They want to create a café culture in the main street and encourage high-rise accommodation to increase population density. The open meeting calls for people to express their views about the plan.

Don, a vision-impaired man, and his friend, Pierre, a man with paraplegia, decide they wanted to go to express their views. They arrive at the meeting and sit near the front.

Most people are there to protest against the proposal of high-rise development. The debate between the developers and the residents is lively.

When the council raises the issue of a café culture, everyone seems to be for it. Then Don and Pierre speak against the establishment of a café culture. They are concerned that outside tables and chairs will clutter the footpath and make it difficult for them to negotiate their way along the footpath. People hadn’t thought of this and it is decided that in any plans, the council will ensure there is a clear walkway, as well as a designated area for tables and chairs.

**Practice task 32**

1. Find out if there are any open meetings planned by your local council.
2. Summarise the agenda for discussion.
3. Outline what input a person with a disability may have.

**5. Political campaign meetings**

All the major political parties have campaign meetings as part of their election campaign. Officially, these meetings are to present the party’s policy on certain issues. At these meetings, politicians present and promote policies for the future. There is usually a time for questions to clarify these issues. Members of the public may have the opportunity to speak up and express their views.

Here are some ways to encourage your client to participate:

› If your client has a specific issue they want to find out about, see what opportunities there are to discuss them with a political party.
› Talk to your client and encourage them to contact the political parties they feel support their needs.
› Assist or encourage your client to find out about local branch meetings and consider joining.
› Encourage your client to read newspapers to find out what parties stand for.
› Contact your local member to find out the schedule for meetings.

Sometimes, political meetings can be frustrating, as in the following example.
Example

Lina and Tony’s son Glen was diagnosed with autism. For the last two years, he has attended a special school for children with autism. He has progressed well at the school and started to socialise with other children. Lina hears that one of the major political parties stated they will no longer fund the special school and children will be integrated into a nearby state school. Lina and Tony are concerned this will not provide the same opportunities for Glen.

They attend the campaign meeting on the launch of the party’s policy on education. They wait through all the presentations for the chance to speak. At question time, they are the first to put their hands up to speak. Several other people are selected first to ask questions. When Lina finally asks about the closure of the special school, the Minister avoids commitment by saying ‘all special schools are under review’. Lina and Tony leave dissatisfied.

Practice task 33

1. How might people follow up a meeting if they feel dissatisfied with the outcome?

6. Court, commission and tribunal appearances

If your client wishes to make a complaint under legislation such as the Disability Discrimination Act 1992 (Cth) or Equal Employment Opportunity legislation, and mediation has not worked, the case may go to a court or tribunal for hearing. In various states, the names of these tribunals and the processes vary. Each state has an Equal Opportunity Commissioner who hears complaints. If the person making the complaint is not satisfied and wants to appeal the outcome, they have to go through the court system.

Lodging a complaint under this system is a formal process and your client has to write the initial complaint, including details of the perceived discrimination and the outcome your client is hoping for. Your client is encouraged to seek mediation first and if this is not successful the complaint is investigated and referred for a hearing.

What can you do to assist your client?

› Find out about your client’s rights.
› Find out about the complaint process.
› Contact an advocate or advocacy group.
› Attend a tribunal sitting to watch the proceedings.
› Gather information on the process and what needs to be submitted.
› Network and gather expert advice.

The following case study is about a person with a disability who believes they have been discriminated against.
Practice task 34

Read the case study and write down your answers to the questions.

Case study

Marlene has mobility problems and uses an electric wheelchair. She is a qualified teacher and applies for a part-time teaching position at a private school. Marlene feels she has all the qualifications required for the job, applies and attends a job interview.

At the interview, the panel questions her about her ability to move from classroom to classroom, since the school has many stairs. Marlene explains her preference to teach in a ground-floor classroom. She also asks what arrangements are in place for students with disabilities to move freely around the school. A week later Marlene receives a letter to say her application is not successful.

Marlene contacts the school principal and then the school board to lodge a complaint. Neither is successful. Marlene then lodges a complaint with the Equal Opportunity Commission on the basis that she has been discriminated against because of her disability. She tells them she has been unsuccessful in her attempts to mediate. The Commission investigates the complaint and finds the school may have discriminated against Marlene. The situation is then referred to the Commission for a hearing.

1. In the previous example, do you think there is discrimination against Marlene? Give reasons for your answer.

2. Are you aware of any other cases of discrimination heard by a commission or tribunal? Your trainer might be able to provide examples for you.
2.5 Using compensatory aids and modifying the environment

There are aids and equipment specifically designed to help maintain your client’s independence. With these aids, your clients can continue to do tasks independently and may not need increased or ongoing support.

An occupational therapist or a physiotherapist is the best person to assess the client’s need for equipment and to make sure they get the right piece of equipment to help them. Some aids or equipment need to be fitted to the client by a therapist. The therapist may need to spend time showing the client how to use the equipment. You need to know how to use aids required to assist your clients. If you are unsure, always ask your supervisor.

The aids or equipment your clients need depend on the tasks they are having difficulty with, and why. Information centres, such as the Independent Living Centre, offer advice about aids and equipment to assist with daily tasks. There is an Independent Living Centre in most states and territories of Australia. The centres have a display of equipment to help with all areas of daily living. You can find information on the website or you can request information over phone or via email. The website for finding an Independent Living Centre is: www.ilcaustralia.org.au.

Practice task 35

Find out about a local service that provides specialist equipment to assist people with disabilities with their daily living tasks. Or find an Australian supplier that provides information about specialist equipment on their website. List five types of equipment they sell or hire that could help an older person with their tasks.

Equipment for other tasks

Think about how many times a day you would turn on a tap at home. Imagine what it would be like if you couldn’t do this and had to ask someone else to do it for you each time. A tap turner makes a huge difference to maintaining your independence. Simple equipment for cleaning, laundry and cooking include:

- long-handled dustpan and broom
- non-slip bench mats for mixing bowls
- jar grips to help open jars
- foam handle covers for knives, scissors and other utensils to assist with gripping
- large-print measuring jugs for people with visual impairments
- washing basket trolley to take washing to the line and prevent the need to bend.

There is also complex technology available to assist people with specific disabilities; for example, electronic communication devices that facilitate speech for people with impairments that affect their ability to communicate or electronic hoists to transfer client.

Some equipment must be purchased from a specialist aids and equipment supplier. Other equipment is available through general stores.
Mobility equipment

Often people with disabilities become less independent in their daily tasks because they cannot move around as well or as safely as they used to. They may have difficulty getting up out of a chair. They may have difficulty walking, which may mean they cannot complete their daily tasks. Equipment that can be used to assist clients with their mobility includes:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>How it helps</th>
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<tbody>
<tr>
<td>Walking frame</td>
<td>A walking frame helps with getting up from a chair, walking and balance. Many frames also have a basket that allows the person to carry things from one place to another.</td>
</tr>
<tr>
<td>Wheelchair (manual or electric)</td>
<td>A wheelchair helps a person who cannot walk or has difficulty walking to move around independently.</td>
</tr>
<tr>
<td>Motorised scooter</td>
<td>A motorised scooter helps a person get to shops or to social engagements.</td>
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</tbody>
</table>

Without specialist equipment, some people would not be able to continue to live in their own home or they may need additional help to perform some tasks.

Adapting a client’s environment

You can assist your clients adapt their environment to help maintain their independence. You may refer your client to an occupational therapist. An occupational therapist is an allied health professional who helps people manage the daily activities of living, such as dressing, grooming or cooking, and regaining vocational skills. They may do this through adapting the client’s environment or using adaptive equipment.

Changes to a client’s environment may include:

- installation of ramps and rails
- adjustments to the physical environment such as hallway widths or bench heights
- installation of TTY telephone for a person with a hearing impairment
- installation of security and safety alarms
- other complex environmental changes.

There are many way to change your client’s environment to better meet their needs. As a support worker, you need to be aware of the specialist services available to your clients and provide information as required. Talk to your supervisor if you need to learn more about this.
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› What can you do to foster the independence of a client? What are some of the issues that are too big for clients to tackle alone and so they might need a lobbyist?
› What are the difficulties in sharing information in a team that does not work at the same time?
› What colleagues, other than fellow support workers, do you need to work with, and in what ways?
› What skills should a client have if they want to express their views on a committee or at a meeting or seminar? How can you help a client to develop these skills?
› How can you encourage a client to participate in various forums?

Chapter summary

› Everyone is different, with different disabilities, skills, strengths and weaknesses. You need to consider the person’s age, cultural background, social, emotional and cognitive development, employment history and their beliefs and attitudes.
› As your client grows in self-confidence and skills, their goals will change and you need to be there to continue to support these new goals.
› Support workers are part of a team of people providing services to a client. The team may consist of the client, other support workers and health professionals such as physiotherapists, a case manager, family members, carers and volunteers.
› People with disabilities need to have a voice in forming and implementing public policy that affects the opportunities and support they are given.
› Often an occupational therapist or a physiotherapist is the best person to assess a client’s need for equipment or environment modifications that ensure they can maintain their independence.

Checklist for Chapter 2

Tick the box when you can do the following.

☐ Develop strategies to promote independence
☐ Provide ongoing support to maximise independence
☐ Encourage colleagues to promote the client’s independence
☐ Encourage the client to participate in forums
☐ Use compensatory aids and modify the environment
Chapter 3 Contributing to the development and review of policy and legislation

You should keep up to date with legislation and standards related to people with disabilities and disability services. You must also be aware of and carry out all policies and procedures developed by your employer as you go about your daily work.

Part of your responsibilities as a worker in the disability sector is to contribute to the review of policies and legislation by observing how they are applied, receiving feedback from clients and keeping up to date through research and speaking with co-workers.

In this chapter you will learn about:

3.1 Encouraging people to express their views about policies and legislation
3.2 Reporting non-compliance with legislation, policy and protocols
3.3 Contributing to the review of legislation and policy
3.4 Gathering feedback from consumers
3.5 Researching and contributing to policies on empowerment
### 3.1 Encouraging people to express their views about policies and legislation

In any work environment, you must understand the legislation and standards that apply to the work you are carrying out. You need to be able to talk to people with disabilities about the legislation, standards and procedures that apply to your services.

You also need to assist your clients to express their views about policies, procedures and legislation; for example, they might not understand or agree with some of the policies you have to follow. They might think the strategies used to empower them are not appropriate.

Here are details of some of the legislation and standards that are relevant to work in the disability field. There is also state-based legislation that you need to familiarise yourself with.

<table>
<thead>
<tr>
<th>Legislation and standards that define disability services</th>
<th>Description</th>
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</thead>
</table>
| **Disability Services Act 1986 (Cth)** | The Disability Services Act (DSA) establishes the funding of services to people with disabilities and lays down the initial guidelines for the provision of services. It provides the foundations for the services that are now in place. Part of the state-based DSAs relates to the regulation of restrictive practices. Restrictive practices are:  
  - containing or secluding a person with a disability  
  - using chemical, mechanical or physical restraint on a person with a disability  
  - restricting the access of a person with a disability.  
Restrictive practice may only be used as part of a planned response to an adult’s behaviour that may cause harm. It may only be used if it is the best way to reduce harm. |
| **Disability service standards** | National standards provide a guide to services. The standards cover:  
  - service access  
  - individual needs  
  - decision-making and choice  
  - privacy, dignity and confidentiality  
  - participation and integration  
  - valued status  
  - complaints and disputes  
  - service management  
  - Employment conditions  
  - Service recipient training and support  
  - Staff recruitment, employment and training  
  - freedom from abuse and neglect. |
| **Privacy Act 1988 (Cth)** | Privacy legislation ensures you respect the privacy of your clients. It covers the use and disclosure of the client’s confidential information. |
### Legislation and standards that define disability services

<table>
<thead>
<tr>
<th>Legislation and standards that define disability services</th>
<th>Description</th>
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</thead>
</table>
| Equal employment opportunity legislation                 | This legislation makes it illegal to discriminate against people on the basis of such characteristics as:  
- race  
- colour  
- national origin  
- disability  
- religion  
- sexual orientation  
- gender  
- age.  
It applies to discrimination against your clients and to discrimination in any of these areas against you as an employee. An exemption may be granted to a client who requests a support worker of a particular gender for personal care because of the intimate nature of the work. |
| Disability Discrimination Act 1992 (Cth)                  | This legislation makes it illegal to discriminate, either directly or indirectly, against people with disabilities and their family members in the areas of:  
- education  
- accommodation  
- employment  
- access to premises  
- clubs and associations  
- sport and services.  
The definition of disability covers physical, intellectual, sensory, psychiatric, physical disfigurement, learning disability and the presence of a virus within the person’s body. |
| Guardianship legislation                                  | Guardianship legislation allows a guardian to be appointed to make decisions on a person’s behalf if it is deemed they cannot make decisions for themselves.  
A guardian can be appointed to cover lifestyle choices or in some cases a financial guardian is appointed to manage financial affairs (in some states this is called a financial administrator). Although anyone can be appointed a guardian, they are usually a family member or friend. |
| Occupational Health and Safety Act 1991 (Cth)             | Occupational health and safety legislation ensures a safe working environment and safe work practices to protect the rights of both the workers and their clients. |
| Freedom of Information Act 1982 (Cth)                     | Freedom of information legislation allows people to access information about themselves that is kept by government departments and similar organisations. This means our clients have the right to access all records kept about them. |
### Legislation and standards that define disability services

<table>
<thead>
<tr>
<th>Legislation and standards that define disability services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public health records legislation</strong></td>
<td>The public health records legislation covers the keeping of all medical records and records about someone’s health. It ensures privacy in respect to the records kept and how they may be used for purposes such as research.</td>
</tr>
<tr>
<td><strong>Building codes and standards</strong></td>
<td>Building codes and standards cover the requirements of building and building regulations such as accessibility and provision of access to buildings.</td>
</tr>
<tr>
<td><strong>Criminal law</strong></td>
<td>Criminal law applies to people with disabilities just as it does for those without a disability. Criminal offences include theft of a client’s property and assault against their person.</td>
</tr>
<tr>
<td><strong>Access and equity legislation</strong></td>
<td>Legislation that covers access and equity aims to ensure all people can access services and nobody is discriminated against. It covers areas such as equity in employment and services.</td>
</tr>
</tbody>
</table>
| **Standards in residential care**                         | Standards in residential care establish the rights of people living in residential accommodation. Standards cover:  
  - health care  
  - social independence  
  - freedom of choice  
  - home-like environment  
  - privacy and dignity  
  - variety of experience  
  - safety. |

### Expressing views

Part of your role is to encourage people with disabilities (or their advocate and carer) to express their views about the policies and legislation that concern them directly. This is an essential part of their rights as citizens and consumers. People with disabilities understand their own needs and requirements best. They live with their disability and experience firsthand the outcomes of the legislation and policies designed to ensure their right to an appropriate lifestyle.

To make sure clients can express their views, it is a requirement that all service providers have in place grievance and complaints processes and inform clients of these processes. On introduction to your services, your client should have been given a copy of these processes.

The following example is a customer complaint report.
Chapter 3: Contributing to the development and review of policy and legislation

Example

Report on customer complaint

Date: 3 October 2012

Summary of complaint:
The customer, Mrs Micalizzi, contacted the organisation in a letter dated 20 September 2012 to complain that she has paid a yearly subscription to the weekly New Magazine, and has not received her magazines for the past four weeks. The form and letter are attached.

Procedures taken to solve the problem:
Mrs Micalizzi was contacted by letter on 25 September 2012 and told that she could have a six-month subscription to New Magazine free of charge on top of her current yearly subscription, and that steps would be taken to ensure she received her magazine every week, without fail. The letter is attached.

Who was involved:
Zoe Danos filed the letter and sent the reply letter.

The outcome of the complaint:
Zoe assumed the customer had received the letter. She did not follow up with a telephone call to see if the customer was satisfied. As a result, Mrs Micalizzi did not receive the letter and called again on 30 September to lodge a second complaint. She has since cancelled her subscription and demanded a refund.

Unless people with disabilities speak up, you cannot know whether the policy and legislation is working for the very people it is supposed to protect. Through their input, policy and legislation can be amended and improved to meet their needs. Without their feedback, you will not know if guidelines work or if people are slipping beneath the safety net and are not aware of the services they should be receiving. This process of feedback facilitates changes for the better.

There are many ways you can help your client in this process of expressing their views.

Give them information
▶ Know the legislation and know your clients’ rights.
▶ Explain legislation.
▶ Inform clients of opportunities and processes to express their views.
▶ Provide current information.
▶ Inform them of any processes for client feedback.

Build a good working relationship
▶ Build up a relationship based on trust.
▶ Listen to what they have to say.
▶ Talk to them, and their families, about the concept of empowerment.
Encourage their participation

› Attend meetings with them.
› Assist them to read and access information.
› Provide emotional support.
› Encourage them to join an advocacy group or advisory or reference group.
› Advise them of any open meetings, forums or conferences they can attend.
› Put them in contact with an advocate.

Barriers to expressing their views

There are many reasons why a client may not feel free to express their views about policies and work practices.

The following table lists some of these reasons, along with ways you can help your clients overcome these barriers and express their views freely.

<table>
<thead>
<tr>
<th>Fear</th>
<th>What you can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear that service will be withdrawn</td>
<td>• Encourage them to express their concerns and feelings.</td>
</tr>
<tr>
<td></td>
<td>• Assure them of their rights.</td>
</tr>
<tr>
<td></td>
<td>• Inform or supply them with policies regarding their rights.</td>
</tr>
<tr>
<td>Fear of some punishment or payback if they complain</td>
<td>• Assure them of their rights. Listen to their concerns.</td>
</tr>
<tr>
<td></td>
<td>• Let them express their emotions.</td>
</tr>
<tr>
<td>Fear the support worker will be punished</td>
<td>• Talk it through. The support worker may require additional training or support. Let them suggest options of what would be appropriate. What do they want as an outcome?</td>
</tr>
<tr>
<td>Not knowing they have the right to expect anything better</td>
<td>• Explain their rights.</td>
</tr>
<tr>
<td>Lack of confidence</td>
<td>• Build trust and rapport. Allow time. Encourage small steps at a time.</td>
</tr>
<tr>
<td>Lack of communication skills</td>
<td>• Be patient.</td>
</tr>
<tr>
<td></td>
<td>• Help them find a means to communicate.</td>
</tr>
<tr>
<td>Lack of language skills</td>
<td>• Suggest an interpreter or advocate.</td>
</tr>
<tr>
<td>It has always been like that</td>
<td>• Talk about what is possible, not what has always been.</td>
</tr>
<tr>
<td></td>
<td>• Gather information on other options.</td>
</tr>
<tr>
<td>Fear they will upset or offend you</td>
<td>• Ask them for their thoughts.</td>
</tr>
<tr>
<td></td>
<td>• Assure them you will not take offence. Do not become emotional yourself.</td>
</tr>
<tr>
<td></td>
<td>• Talk about the issue not the person. Concentrate on what needs to change.</td>
</tr>
<tr>
<td>Not wanting to upset other members of the family</td>
<td>• Allow them to talk about the impact on their family and ways to handle it.</td>
</tr>
<tr>
<td>Lack of physical energy to go through the process</td>
<td>• Suggest an advocate.</td>
</tr>
<tr>
<td>Lack of faith in their cognitive ability to explain their concerns</td>
<td>• Help them think it through. Suggest an advocate.</td>
</tr>
</tbody>
</table>
Chapter 3: Contributing to the development and review of policy and legislation

<table>
<thead>
<tr>
<th>Fear</th>
<th>What you can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of loss of independence</td>
<td>· Listen to the fear and help them explore it.</td>
</tr>
<tr>
<td>Fear of government and officials</td>
<td>· Talk about it.</td>
</tr>
<tr>
<td></td>
<td>· Suggest an advocate or peer support.</td>
</tr>
<tr>
<td>Fear of physical or verbal abuse</td>
<td>· Assure them this is illegal.</td>
</tr>
<tr>
<td>Culturally inappropriate to complain or criticise</td>
<td>· Explore their concerns and let them decide what is right for them.</td>
</tr>
</tbody>
</table>

**Practice task 36**

Read the case study and write down your responses to the following tasks.

**Case study**

Rick lives in a group home with four other residents. He has always got on well with the support workers who work there including Jeff, who only works weekends. Rick is usually shy at the group house meetings and lets other residents do all the talking.

When two of the support workers leave to work elsewhere, two new people join the staff. Rick doesn’t like either of them. He finds them scary and thinks they speak down to him. One day he confides to Jeff that he doesn’t like either of the new staff. He then asks, ‘Who chose them?’.

Jeff talks to Rick about how the staff are chosen. Rick announces that he could do better at choosing staff himself. Jeff suggests this is a good idea and Rick should bring this up at the group meeting. Maria the house manager listens and finds all the residents agree with Rick. They suggest they would all like to take it in turns to be involved in the recruitment process. The house manager says it would be a change in policy but they could have a resident representative on all interviews for new staff. Rick is very pleased with himself. The house manager makes sure the recruitment policy is changed to include resident involvement.

1. Explain what Jeff and the house manager did to empower Rick to speak up.
2. List the legislation and guidelines that may be relevant to this situation.
3.2 Reporting non-compliance with legislation, policy and protocols

Your organisation should comply with the relevant legislation and standards. It is a requirement of government funding for service providers to meet the stated criteria.

In order to comply with these requirements, most organisations have in place a quality system that documents the policies and practices you must follow. This ensures that what you do in the workplace is of a consistent standard and meets all legal and policy requirements. It is essential you and your team members follow these procedures at all times.

Your employer has in place a system of internal and external audits to ensure that:
» policies, procedures and work instructions comply with legal and contractual requirements
» the policies and procedures are being followed.

If the organisation finds it is not meeting these requirements, they will need to put systems into place to address the area of non-compliance. For example, under occupational health and safety legislation, an employer is obliged to provide a safe workplace. Consequently, if you are supplied with unsafe chemical products for cleaning, that would be non-compliance and the organisation should take steps to supply the appropriate cleaning products.

In your work, you must comply with the disability service standards and legislation regarding privacy, OHS and access and equity. Any time you or your co-workers are not doing what is required by these standards and legislation, you are being non-compliant.

The following table lists the standards you must meet to comply with your legislative obligations. It is your job to notify your supervisor, manager or appropriate personnel if you notice any instances of non-compliance. You should also encourage your clients to report anything they believe is not being done correctly.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Example of non-compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service access</td>
<td>A client with a severe disability is refused service because they live in a remote region.</td>
</tr>
<tr>
<td>Individual needs</td>
<td>Your client wishes to change the time of their home care as they have a doctor’s appointment. Your coordinator tells them they cannot change.</td>
</tr>
<tr>
<td>Decision-making and choice</td>
<td>The residents in a group house are told the house manager will work out a roster and tell them what time they must be ready for their shower.</td>
</tr>
<tr>
<td>Privacy, dignity and confidentiality</td>
<td>A support worker enters a client’s room without knocking.</td>
</tr>
<tr>
<td>Participation and integration</td>
<td>A client tells you they want to join the Lions Club but they are told they cannot go, as it is unsafe to go out at night.</td>
</tr>
<tr>
<td>Valued status</td>
<td>A person with a severe disability is told they don’t have to vote because they wouldn’t understand about elections.</td>
</tr>
<tr>
<td>Complaints and disputes</td>
<td>A client complains to a support worker and is told not to be a whinger.</td>
</tr>
</tbody>
</table>
Chapter 3: Contributing to the development and review of policy and legislation

<table>
<thead>
<tr>
<th>Standard</th>
<th>Example of non-compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service management</td>
<td>Your employer does not keep proper financial records to account for office costs.</td>
</tr>
<tr>
<td>Freedom from abuse and neglect</td>
<td>Your client is locked in a room so he cannot get out.</td>
</tr>
<tr>
<td>OHS legislation</td>
<td>A support worker notices the rails on the front ramp are broken but does not report it.</td>
</tr>
</tbody>
</table>

The following example shows the importance of complying with workplace policies and procedures.

**Example**

**People Care**, a provider of home and personal care for people with disabilities, has a quality system in place. The recruitment policy statement states, 'All staff will be adequately trained prior to commencing work'. The policy defines adequate training as, 'all staff must attend an induction training, OHS training and training in communicating with people with a disability'.

Gail, a long-term client of the organisation, has difficulties with a new support worker. The worker seems very unsure of what she should be doing. She arrives late and refers to Gail as 'dear', something Gail hates.

Gail questions the new worker about her training. The support worker says she is going to training next week.

Gail rings her coordinator and asks why an untrained support worker has been sent to her. The coordinator explains they were too busy and couldn’t find anyone else. Gail points out that the company’s brochure said all support staff were trained workers.

**Reporting non-compliance**

Every organisation should have a documented procedure of what to do when non-compliance occurs. You must read your manual or work instructions on what to do. Procedures vary depending on whether you are working alone or in a group situation. Where a more senior person is also on duty, it is wise to report it to them immediately.

You may be working outside of normal work hours and in isolation. If this is the case, you need to report non-compliance as soon as possible.
The following process is a guide only and may vary between organisations.

- Speak to the person concerned about the practice.
- Make sure you have all the facts; be accurate.
- Fill out the appropriate documentation.
- Describe only what you have seen.
- Recommend corrective action if possible.
- Report non-compliance to the person designated in your procedure manual as soon as possible.

Usually you would be encouraged to report any non-compliance in writing; however, sometimes you may wish to report the incident quickly to initiate immediate action.

**Verbal reporting**

**Face-to-face**

If there is an appropriate person on duty, you may wish to report the incident to them immediately.

- Report to your supervisor or coordinator.
- Ask if you can speak to them in private.
- Express your concern.
- Describe only what you have seen.
- State why you think it is non-compliance.
- Suggest corrective action if you can.
- Ask what follow up is needed, including written documentation.

**Telephone**

If you are working in isolation and you need to report non-compliance immediately, you can do this by telephone as soon as practical.

- Make sure you are in a suitable environment to be able to talk.
- Phone your supervisor or coordinator.
- Tell them your name and location.
- Ask if it is a convenient time for them to be able to hear your concern.
- Express your concern.
- Describe only what you have seen.
- State why you think it is non-compliance.
- Suggest corrective action if you can.
- Ask what follow up is needed, including written documentation.
Chapter 3: Contributing to the development and review of policy and legislation

Written reports

Incident report
The more usual form of reporting is in writing and involves completing an incident report, similar to the following example.

Example

Incident report

Name: Brian Taylor
Contact details: 0420 877605
Date of incident: 12 June 2012
Nature of incident: incident/near miss/non-compliance/other
Describe what happened:
On arrival at the client’s house, I noticed that the rail on the front ramp was wobbly when I touched it.
Describe any corrective action taken:
Tied it up with rope, but it needs urgent repair.
Was anyone injured and if so how?
No injury
What assistance was provided to the injured persons?
N/A
What corrective action would you suggest?
Maintenance person needs to assess and repair the rail.
Signed: B Taylor
Dated: 12/6/12
Supervisor’s comments:

Signed:
Dated:
Details of corrective action (to be completed by supervisor):

Signed:
Dated:

Communication book
You may also need to fill in the communication book to report an incident. You will not need to give full details in the communication book but you may wish to communicate to the rest of your team what took place and what action you took in reporting it. Remember the communication book is an open document for the client and family to access, as well as the support team.
Practice task 37

Read the case study and write down your answers to the questions.

Case study

You are working in a day centre with a number of clients with multiple disabilities. One of the male clients, Joshua, has a reputation for exhibiting challenging behaviour. Joshua was born with cerebral palsy and has been assessed as having an intellectual disability. He is non-verbal and his mobility is restricted to using an electric wheelchair.

When Joshua becomes distressed, he hits out at staff to get their attention. Several of the staff members have labelled this as challenging behaviour.

One day, when you arrive at work, one of the other workers tells you that Joshua has been difficult again so they have shut him in the spare room and disconnected the battery on his wheelchair so he has to stay there.

1. Do you think non-compliance has occurred? Why?
2. What standards, legislation or rights are concerned?
3. How would you go about reporting it?
3.3 Contributing to the review of legislation and policy

An organisation’s policies, standards, guidelines and procedures need to be regularly reviewed to make sure legislative requirements are being complied with. These frameworks form the basis of service delivery plans and work practices. You know regulations are being complied with if:

- the changing needs of people with disabilities are identified and are being met
- the rights of people with disabilities are acknowledged and met; this includes the right to complain and the right to privacy
- all work is carried out in a non-discriminatory way
- people with disabilities are encouraged to make their own decisions and act as independently as possible.

If any of these areas are not being addressed properly, government funding may be withdrawn. Management may have to change their policies or procedures in order to meet their obligations.

How to review

Management, support workers, clients, advocates and family members can all participate in reviewing an organisation’s policies, standards, guidelines and procedures. Management need to review their policies and procedures from the broad perspective of compliance with legislation, funding arrangements, staffing and the programs they offer. They take into account results from audits, financial reports, annual reports and complaints.

Support workers can review practices from their own perspective as well as that of their clients. As a support worker, you should:

- keep up to date with current legislation
- read all policy documents that come from your employer and listen to announcements of changes at staff meetings or in newsletters
- attend professional development sessions about changes that are happening
- visit the relevant government website in your state and look at the ‘what’s new’ section, read about any changes and think about what it means for services
- talk to colleagues about any changes and discuss what further information you might need
- ensure any changes to legislation are included in the agenda at staff meetings
- listen to clients as they may know more about these changes than you do
- make suggestions to improve work practices; for example, if you identify instances of non-compliance, see what you can do to improve the situation such as explaining how a person might make a complaint
- discuss issues with co-workers and your supervisor; contribute to staff meetings if you think a policy is not meeting a client’s needs; make sure you all know any policy changes that have taken place and what it means for you as a worker
make sure all instructions you are given, in regard to the service you provide a client, take into account legislative requirements such as individual choice, culture, language, lifestyle, privacy, grievances and complaints, participation and integration

review your client’s service delivery plan to see whether it is still meeting your client’s needs.

ask your clients how satisfied they are with the current provision of services

observe how other workers are working with your clients and whether policies and procedures are being correctly followed.

People with disabilities should be encouraged to review the service they receive and pass on their feedback. They can:

provide feedback to their support worker, case manager, carer, advocate, family member or health professional if they believe they are not being treated in accordance with legislative requirements

raise issues at house meetings

make a formal complaint

describe their experiences at a case conference meeting.

Carers, advocates and family members can also provide feedback to staff. For example, they are in a good position to notice if a new policy is adversely affecting your client. They might notice that a policy that says respite cannot be offered on the weekend, has prevented the client from attending their favourite sporting event. Similarly, a policy that says a client must give 48-hours notice to change roster times means the client cannot make plans at short notice.
3.4 Gathering feedback from consumers

One of the most important aspects of a person-centred approach to supporting people with disabilities is to value the feedback they give about their individual needs and the systems that provide services to meet those needs.

Client feedback tells an organisation if it is meeting their requirements and what new services they may need. It might reveal new issues to the organisation. Without feedback, an organisation cannot evaluate if it is doing a good job or find ways of improving.

When you receive feedback on your work for people with disabilities, it will help you:
> to be more aware of the importance of the work you do
> understand the way your work impacts on the client
> to work out ways you can improve.

There are many ways, both formal and informal, you and an organisation can gain feedback from clients.

Feedback methods

Questionnaires

A questionnaire is a form that management prepares and gives to clients, advocates and family members to gather information about their perception of the services provided and the organisation’s strengths and weaknesses. The questions can be general or can target a specific area. A questionnaire is a good way to gain feedback using closed questions (questions requiring only ‘yes’ or ‘no’ for an answer) and open questions (questions requiring comments). Most questionnaires are optional; if people complete them they are not obliged to include their name. It may be your job to gather and read questionnaires and prepare a summary report to pass on to your supervisor or manager.

Surveys

Many organisations survey clients, advocates and family members to seek their opinions. Sometimes this involves asking as many people as possible to complete a survey; sometimes it means surveying only a sample of people. People are not obliged to include their name.

Some surveys are paper-based; some are electronic. Sometimes, an interviewer asks the questions and records the responses. You might have to help a person complete their survey. This means writing in their answers and placing the completed survey in an envelope and returning it. It does not mean making suggestions about their answers or telling them what to write. It may be your job to collect the surveys and analyse them. From the results, management may be able to see where there is a failure to comply with legislation and policies, highlight the successful services, identify things that are not working, see where improvements need to be made and identify trends.

Surveys will differ depending on the organisation and the type of information they are seeking. Here are some points about surveys.
To make the results easy to collate, surveys usually consist of one of four types of questions. These may include clients having to:

- answer ‘closed’ questions with a ‘yes’ or ‘no’ answer
- identify statements as true or false
- rate statements on a scale, such as from one to five answer ‘What do you find to be the best thing about the services provided?’.

The first three questions allow management to summarise the feedback and present the results as percentages such as ‘80 per cent of people agreed the services were meeting their needs’ or ‘75 per cent of respondents assessed the service as good to very good’. If an organisation uses the same questions each year, it will allow them to compare the results and see if they have improved from year to year.

The fourth question, which asks clients for open-ended comments, leads to a broad range of responses.

**Formal interview**

A formal interview can provide a range of information. A time and place is set aside, the interview is conducted according to set questions and the results recorded. Assessment sessions or structured customer feedback are formal interview situations.

Before you start, you need to advise your client of the purpose of the interview; how you will use the results and seek their permission to use the results. You may need to get them to sign an agreement to take part in the interview and to allow you to use the results as part of a formal process.

If you can use the results, prepare a summary or pass the information on to your supervisor or manager, depending on your level of authority.

**Observation**

You can also obtain feedback by observing clients and family members. Observation means simply seeing what happens. People’s expressions give away information about whether they are happy with you and your services. Document what you see and pass this feedback on to others who are working with your client. For example, someone squeezing your hand after you have assisted them tells you more than most questionnaires. For a person who is non-verbal, it can be their way of saying the service was good and they are happy with the outcome.

**Informal chat**

You can learn a lot about a person’s satisfaction with a service by chatting to them informally. This is often when they tell you what they really think. Unlike questionnaires or forms, informal chats are not structured. You just have a conversation and listen to what they say. Remember, if you are going to pass on information from an informal chat, you will have to ask the person’s permission.
Chapter 3: Contributing to the development and review of policy and legislation

Formal reports/evaluation of service

Sometimes a service provider conducts a formal appraisal (assessment) of their services and writes up an official report. Usually, in this process they interview a number of the clients in depth and report on their findings. They structure questions to ensure they ask everyone the same things. They then write up the results in a report that is given to the organisation.

The following example shows how feedback received from clients can be very effective.

Practice task 38

Read the case study and write down your responses to the tasks.

Case study

When Caring Australia take over a residential house, the clients seem to have a low level of involvement in the running of the house. The clients have little idea of their own rights and there are no individual development plans.

Caring Australia wants to introduce a more empowering approach to running the house and develop individual plans for the clients. They also want to measure the result of such changes. To do this, they develop a questionnaire that measures the clients’ satisfaction in the four areas of:

* customer satisfaction
* involvement in the decision-making process
* staff performance
* empowerment.

Caring Australia surveys all clients and then sets out on a program of developing personal plans for each client, and setting up a consultative approach to involve each client in running the house.

After 12 months, they conduct the same survey and compare the results to measure the increased level of client satisfaction. Many of the clients say that by running the survey and asking for their feedback, they feel happier and listened to.

1. Use the example above and work out four questions you could ask the clients. Your questions should be in a format where clients have to rate an aspect of your service on a scale of one to five.

2. What other method of accessing client feedback might the organisation use?
3.5  Researching and contributing to policies on empowerment

All workers have a role in contributing to policy review by drawing on their own experience and observations, and identifying ways they can continue to help empower their clients. Sharing information and communicating effectively are essential. For example, you can pass on information you have gained from seminars or workshops; explain how you have encouraged a person's independence or ask experienced practitioners for their tips.

Ways to increase your knowledge

You can use a number of opportunities to increase your level of knowledge about helping people be more independent. These include:

1. Observation
2. Sharing with others
3. Workshops and training
4. Staff meetings
5. Brainstorming
6. Committee meetings
7. Community groups
8. Conferences and seminars

1. Observation

When you are working as a member of a team, watch what your fellow support workers do and think how their actions contribute to empowering your clients. If you see them doing something innovative, ask them why they do it that way. Ask the client how they feel about it.

2. Sharing with others

Talk to your fellow workers about what you do and about what they do. Share your good ideas. This can be an informal process. It is not a breach of confidentiality to share information on improvements you have made to the way you do things. For example, a client may always ask you to hand-wash some of their clothes. You might see this as something they could do themselves and an opportunity to increase their independence. You might discuss this with other carers and your client’s supervisor or case manager to work out ways you can all support your client in this task, and adjust their service delivery plan to meet this change.

Talk to your client and share their ideas too. Clients will have ideas about what is best for them, including any changes. Try new things out and see if they work, as in the following example.
3. Workshops and training

Attend workshops and training and find out what is new. Learn new techniques and new ideas and find out about new equipment and new policies on how to best empower your clients. Workshops are good places to talk to people you don’t work with and find out what new policies they are trying out. When you come back from a workshop, share your ideas with your fellow workers.

4. Staff meetings

Staff meetings are a more formal place to share ideas. If you have attended training, put it on the agenda and share your findings. If you have heard of any new and better ways of empowering your client, talk about it and let others know. This is a good forum to see whether current policies are meeting everyone’s needs.

5. Brainstorming

It is useful to brainstorm a range of possibilities without analysing them. Either individually or in a group, record all your ideas and then discuss with others how they could work. Remember to use your initiative and be prepared to revise a policy or procedure if it is not working.

6. Committee meetings

Join relevant committees that have a specialised function and make sure empowerment is on the agenda. As a committee member, you will find out new information and may be able to recommend changes to existing policy.

7. Community groups

Join community groups in your local area and make sure discussions are inclusive of people with disabilities. Encourage your client to join them too. Community groups have a common interest and are a good way of promoting community integration. Remember the broader community also has policies on access and equity and some of these may help inform your clients.
8. Conferences and seminars

Attend seminars and conferences on disability and find out what others are thinking. There are many international and national conferences and it is useful to look beyond what is happening locally. If you cannot afford to go to a conference, contact the organiser and find out if the papers people present are available. They may be available after the conference on the Internet or in hard copy. However, it is ideal to attend the conference as it enables you to network with others and bring back information and materials, as in this next example.

Example

Brian attends the Pacific Rim Conference on Disability held in Hawaii. At the conference, Brian goes to a workshop run by an advocacy organisation in California that has developed a code of 70 pictures to use with clients to help those with low literacy skills to develop their own plans. Brian is able to bring back an example of these pictures and explain to his colleagues how to use them for planning. He tries them out with a client to establish a picture vocabulary to communicate.

Practice task 39

Read the case study and write down your response to the task.

Case study

Caring Australia has decided to open a new share house for a group of young people with mild intellectual disabilities. The house is for 18 to 26 year olds. It is a new house and has still to establish some of its policies and house rules. Jenny, one of the residents, has asked if she can have a visitor over. This has made you aware that there should be a visitors’ policy for the house.

Brainstorm what would need to be covered by the policy on visitors to the house. Include ideas you might receive from both residents and support workers. Brainstorm the issues and then develop a list of what the policy would need to cover.
Chapter 3: Contributing to the development and review of policy and legislation

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› What do you think are the most common barriers for people with disabilities to expressing their views on policy?
› What can you do to encourage people with disabilities to express their views about policies and legislation?
› How can you find out about new ideas and policies on empowerment?
› Can you think of examples where you would like to change policy on empowerment?

Chapter summary

› You must understand the legislation and standards that apply to the work you are carrying out. You need to be able to talk to people with disabilities about the legislation, standards and procedures that apply to your services.
› Most organisations have in place a quality system that documents the policies and practices you must follow. This ensures that what you do in the workplace is of a consistent standard and meets all legal and policy requirements.
› Client feedback tells an organisation if it is meeting their requirements and what new services they may need. It might reveal new issues to the organisation. Without feedback, an organisation cannot evaluate if it is doing a good job.
› Support workers should contribute to policy review by drawing on their own experience and observations, and identify ways they can continue to help empower their clients. Sharing information and effective communication are essential.

Checklist for Chapter 3

Tick the box when you can do the following.

- Encourage people to express their views about policies and legislation
- Report non-compliance with legislation, policy and protocols
- Contribute to the review of legislation and policy
- Gather feedback from consumers
- Research and contribute to policies on empowerment
Glossary

**Active listening**: Active listening means giving full attention to a speaker to completely understand their point of view.

**Advocate**: An advocate helps their client make decisions about their care. An advocate may attend discussions about their client’s support and care. They make sure their client receives the service they want and need.

**Augmentative and alternative communication (AAC)**: Augmentative and alternative communication supports people with severe communication disabilities with their communicative interactions.

**Auslan**: Auslan stands for Australian Sign Language. It is a language of signs, body movements and facial expressions used by deaf people or by an interpreter between a hearing and a deaf person. It is only used in Australia.

**Autism**: Autism is a developmental disability that affects the way a person communicates and relates to people around them.

**Body language**: Body language is a way of communicating by using body movements, gestures or facial expressions to give more meaning to verbal communication. People can communicate how they feel using body language and without saying a word.

**Braille**: Braille is a writing system for blind people. It uses raised dots on a page to represent letters, so blind people can run their finger over them and feel the words, instead of see them.

**Brainstorming**: Brainstorming is a technique used in a group session to encourage creative thinking, innovation and to develop new ideas.

**Care plan**: A care plan describes the care needs of a client. It explains what care is needed and how and when the care should be provided. See also service delivery plan.

**Client-centred approach**: A client-centred approach views people as capable and autonomous. This means that, where possible, the client has the opportunity to fulfil their own potential for growth.

**Cognitive**: Cognitive ability relates to thinking, understanding and processing information.

**Communication book**: A communication book is used to by workers and family members to write information for each other about what is happening with a client. This includes information about the client’s health, what work has been done with them during the day and any changes that have taken place.

**Disability**: A disability is the lack of ability to perform an activity within the range considered average for a human being.

**Dignity of risk**: Dignity of risk means a person has the right to make their own choices and to take risks. It is the role of the community worker to ensure the individual understands the risks they are taking and therefore is making an informed choice.
**Discrimination:** Discrimination occurs when an individual is treated less favourably than others because they belong or identify with a particular group or are perceived to have certain traits or attitudes.

**Ethically:** To behave ethically means abiding by moral values or principles. To be ethical is to act in accordance with these principles.

**Mentoring:** A mentor acts as a sounding board for ideas or plans that may affect your career. Mentoring fosters the development of relationships that benefit both parties. The mentor provides insight and guidance to another and contributes to their goals and aspirations.

**Myth:** A myth is something that is not true but is widely believed.

**Rights:** Rights are legal or moral entitlements that a society creates, which determine what is required, allowed or not allowed.

**Self-determination:** Self-determination means having freedom and independence. It means being able to do things of your own free will.

**Service delivery plan:** A service-delivery plan describes the service needs of a client. It explains what services is needed and how and when the services should be provided. See also care plan.

**Stereotype:** A stereotype is a belief or idea about a person or a group of people.

**TTY telephone:** A TTY telephone is a phone that can be used by a person with a hearing impairment. Messages are typed into a keyboard and a regular phone conversation happens using text rather than spoken words.