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Spiritual differences

‘Religion’ and ‘spirituality’ do not have the same meaning. ‘Spirituality’ refers to a person’s sense of wellbeing and contentment. Some people develop their sense of wellbeing and contentment through organised religion and activities such as praying. Others use less formal acts such as walking on the beach, taking time out to listen to calming music or practising yoga and meditation.

Whether it is through religion or spirituality, a sense of peace can support a person’s health and wellbeing and help develop the ability to respond to life’s challenges. This quality can help a person deal with changes that may occur as a result of disability or impairment or as part of the normal ageing process.

Spiritual and religious considerations

People should be able to carry out their religious or spiritual beliefs wherever they are living. Privacy can be important for religious or spiritual events. People may want to pray, read religious texts, join in a religious studies class, meditate, receive a blessing or give thanks for a meal. For religious or spiritual events, people may like to be alone or in a quiet place. To help with privacy, understand and agree on a way to recognise when a person needs freedom from interruption.

There may be a special place where people go to meet their spiritual needs – perhaps a church, temple, synagogue or mosque; a quiet, secluded part of a garden; or a multipurpose room. A person may need help with transport to a religious centre, or you may be responsible for arranging a room for a religious event by bringing in special objects or leaving space on the floor for prayer mats.

Example

Respect cultural differences

Mrs Kana has recently moved into a residential organisation. Sarah notices that Mrs Kana does not always eat her prepared meals. Sarah also notices that Mrs Kana asks the time regularly throughout the day and at times appears distressed when hearing the response.

Sarah sits with Mrs Kana in private and explains what she has noticed and asks if everything is okay. Mrs Kana says she does not like living there. Sarah asks if she does not like the food and Mrs Kana tells her sometimes she can’t eat it. When Sarah asks about this, Mrs Kana explains that in her religion there are certain foods she cannot eat. Sarah prepares a list of these foods to put on Mrs Kana’s file and give to the kitchen staff.

Sarah asks if Mrs Kana can tell her why she asks what the time is. Mrs Kana says that she is required to pray five times a day at certain times, but there is nowhere to go to pray. Sarah listens carefully to what Mrs Kana needs and talks to her manager about setting aside a quiet prayer space for Mrs Kana and any others who may need it. Staff are informed about Mrs Kana’s needs and are able to assist her to the quiet room when she asks. Other residents are also told about the quiet space that they can use for prayer, reflection, meditation or privacy.



Here is more information about his theory.

Erikson's human development theory

- 1

Infancy

From birth to 12 or 18 months of age – this stage focuses on developing trust (or mistrust) depending on how well a child is nurtured.
- 2

Early childhood

From 18 months to 3 years of age – a stage Erikson refers to as autonomy versus shame. It is a stage where the child develops self-esteem and autonomy.
- 3

Childhood

The preschooler stage from 3 to 6 years is centred on the theory of initiative versus guilt. During this stage, we tend to mimic adults and start to use imagination or creativity.
- 4

Middle childhood

From 6 to 12 years. Erikson refers to this stage as industry versus inferiority as the child must learn to deal with demands to learn new skills.
- 5

Adolescence

This stage covers ages 12 through to 18. If you remember back to your own adolescence, this stage is around identity versus role confusion. This stage depends on what the person actually does to discover their own identity and their relationship with peers.
- 6

Young adulthood

Ages from 18 to 35 – a stage about intimacy and solidarity versus isolation. This is when most of us seek love and companionship. Generally people tend to settle down, raise a family and develop significant relationships.
- 7

Middle adulthood

The stage from 35 to 55 or 65 is when we are focused on career and work. It is a time in life when we either take on greater responsibilities or develop fears because of inactivity. This is a stage where major life changes occur.
- 8

Late adulthood

Aged 55 or 65 to death. Erikson refers to this stage as integrity versus despair. It is viewed as a stage of wisdom. People will either experience a sense of achievement in their life or view their life as one of missed opportunities.

Here is more information to support you in your role.

Common terms
Heterosexual Attracted to people of the opposite sex or gender.
Gay or lesbian Attracted to people of the same sex or gender. (Avoid using the term 'homosexual' as it may offend some people.)
Bisexual Attracted to both men and women. Some people prefer pan or pansexual to identify as someone who is attracted to different people regardless of gender.
Asexual Not sexually attracted to anyone.

Personal identity and sexuality

Our sexuality is part of our personal identity – our sense of self. Gender identity is part of personal identity. In most cases, there is a match between biology and gender identity. However, there are people whose idea about their gender does not match their physical gender. Transsexuals see themselves as a person of one gender trapped in the body of the opposite gender. Transsexuals should not be confused with transvestites, who like dressing in the clothes of the opposite gender.

Heterosexuality is the main form of sexuality in our society. This means that in some parts of society, same-sex-attracted people are stigmatised. As a result, some same-sex-attracted people feel pressured to conceal their true sexual identity and may experience shame, which can be damaging to their mental health. There are many ways to express ourselves sexually, but society 'normalises' some expressions of sexuality and sees other expressions of sexuality as being 'abnormal'.



Expressions of sexuality

Able-bodied young people holding hands, kissing, hugging and expressing themselves sexually are seen as natural. By contrast, people with disabilities and older people face a number of barriers to expressing their sexuality. These barriers can include social attitudes, lack of a partner or low self-esteem. People need to have time and space to express themselves sexually. Workers must always be mindful of this when approaching bedrooms. You should never judge a person, nor should you punish them. Remember, sexual expression is a human right that you are meant to uphold as part of your role and responsibilities. Nevertheless, inappropriate behaviour must be dealt with for the dignity and wellbeing of all. You can play a significant role in assisting people to overcome barriers.

Psychological needs

Positive mental health is important to overall wellbeing. While in some cases you may need to support a person to access mental health assistance through their GP or psychologist, often mental health needs can be supported in other ways. Being mentally healthy means a person is able to cope with life's stressors. A mentally healthy person will demonstrate resilience and be able to bounce back from hard times. Mentally healthy people are often physically, socially and mentally active, with good social networks and a purpose for their lives.

You can read more about a Western Australian campaign that has excellent resources to promote positive mental health at the following site:

- ▶ www.actbelongcommit.org.au

Meet psychological needs

Good mental health is linked to good physical health, to connectedness within the community, and to feeling valued and needed. You can facilitate this by ensuring the person's physical needs are met and by promoting opportunities for them to engage with the community and other activities that improve wellbeing.

Options to meet psychological needs include:

- ▶ learning and practising mindfulness (in private or with a group)
- ▶ volunteering to help others
- ▶ attending individual or group counselling
- ▶ taking medication when required
- ▶ participating in social opportunities to reduce isolation.

Spiritual needs

A person's spiritual needs are different for each individual. Some people have their spiritual needs met through attendance or participation in formal religious ceremonies or services. For others, spirituality is linked to their culture or to nature or mindfulness. You can provide a person with opportunities to meet their spiritual needs by first identifying what those needs are.

Here are some options that you could explore with a person to meet their spiritual needs.

Options to meet spiritual needs

Attending a church service, prayer service or religious group

Joining a bushwalking group

Joining a surfing group

Attending a meditation class or using online/CD meditation resources

Gardening or being in a park or at the beach

Participating in cultural ceremonies



Topic 2

In this topic you will learn how to:

- 2A** Support the person to identify and acknowledge their own strengths
- 2B** Assist the person to identify opportunities to utilise their strengths
- 2C** Provide information and assistance to facilitate access to services and resources
- 2D** Provide support for self-management of service delivery
- 2E** Encourage the person to build, strengthen and maintain independence

Promote independence

In community services often the focus is on the person's condition or their challenges. It is important for workers to recognise that each person has a range of strengths and abilities they can draw on to improve wellbeing and maintain independence. Being independent helps people feel in control of their lives and gives them choices about how and when they will do certain activities. Independence gives people self-esteem and confidence. Self-management and independence for each person should be a goal of all workers.

Home Care Common Standards

Standard 1: Effective management includes corporate governance, regulatory compliance, information management systems, continuous improvement, risk management, human resources and physical resource management

Standard 2: Appropriate access and service delivery covers needs assessment, care plan and service delivery, service user reassessment and service user referral

Standard 3: User rights and responsibilities focus on information provision, privacy and confidentiality complaints and service user feedback, advocacy and independence

Other service standards

All community services operate according to service standards.

Here is an overview of the standards for disability and mental health services.

Service standards



National Standards for Disability Services

Standard 1: Rights that focus on freedom of expression, dignity and respect, self-determination, choice and control, confidentiality and privacy

Standard 2: Participation and inclusion emphasise promoting a valued role for people with disabilities as well as including people with disabilities in activities of their choice

Standard 3: Individual outcomes are about people directing their own supports, service planning, collaboration and consultation

Standard 4: Feedback and complaints provide mechanisms for people to make complaints and to have their concerns addressed

Standard 5: Service access allows for accessible information to make informed decisions, transparency in service delivery and regular reviews to identify and respond to changing needs

Standard 6: Service management includes governance, communication processes, continuous improvement and compliance with relevant legislative requirements



National Standards for Mental Health Services

Standard 1: Rights and responsibilities

Standard 2: Safety

Standard 3: Consumer and carer participation

Standard 4: Diversity responsiveness

Standard 5: Promotion and prevention

Standard 6: Consumers

Standard 7: Carers

Standard 8: Governance, leadership and management

Standard 9: Integration

Standard 10: Delivery of care

Community access

People should be able to go out when they need or want to. They may want to catch up with friends. They may want to play sport or access the gym. People also need to keep appointments with doctors, financial and legal advisers and other professionals. Workers may facilitate people getting to and from social activities, health and business appointments and other support services.

Transport

It is important that a person is able to participate in the community and in activities that meet their needs and if they cannot access transport, they may need to have services, family or friends pick them up at their home to take them out. You can support people to access transport services or you may have the capacity to transport the person themselves.

Transport options available for some people include:

- ▶ a council service that provides transport to and from a shopping centre
- ▶ a courtesy (free) bus to and from an activity/community centre
- ▶ private services like taxis
- ▶ volunteer transport services.

Transport subsidies

Some people may be eligible for cheaper transport via government subsidies. The benefits and conditions of these subsidies differ from state to state and they have different names. For example, in Queensland there is a taxi subsidy scheme that aims to improve the mobility of those with severe disabilities. Become familiar with the services that are available to transport people to activities and appointments. Research the transport services available in your local area by using the internet, contacting the local library or council, or consulting a community service directory.

Personal and financial matters

A person may have trouble managing financial matters for physical reasons such as deterioration in eyesight or memory or hand movement. Alternatively it could be due to an intellectual disability or mental health issues. You can support a person to manage their financial affairs by creating a budget, supporting them to pay bills/rent, setting up direct deposits or reminders for due bills, or reading and responding to mail.

It is never your role to make financial decisions. The person may be able to get help from family or friends, or a volunteer service specialising in financial advice. A person with memory support needs may have a guardian or power of attorney to help them make financial decisions. Ask your supervisor if you are unsure of who should do this.



Here is an example of the steps to follow.

Directing their own support

1

Identify the support required

The person needs support with:

- ▶ feeding their cat
- ▶ putting on their pyjamas
- ▶ making a cup of tea
- ▶ getting into bed.

2

Identify tasks the person can control

Ask the person which task they would like to do first. Some tasks may need to be done first, while others may be done at any time or in any order.

3

Encourage the person to plan support

Talk to the person about the support you will provide. You can get them to help you plan how and when it will be done. For example:

‘Hello Mr Truman. I am here this evening to help you feed the cat, make your tea, get your pyjamas on and get into bed. Would you like your cup of tea before you go to bed? Should I feed the cat before you start getting ready for bed, or will I do that last?’

4

Provide the required support

Provide the support required for each task in the order chosen by the person.

Utilise strengths

When discussing daily living needs and what supports are required, it is important that you focus on what the person is able to do, rather than what they cannot do. This means focusing on strengths – not limitations – and using those strengths to build a picture of what the person needs and what support services are necessary.

An example may be when a person is still able to prune plants in the garden and keep it tidy, but can no longer mow the lawn. Or a person who has a shoulder condition may be able to clean their house except for any items or shelves above shoulder height.



Use support

Individual differences such as age, culture, language, past experience, physical ability and health, mental health or personality may influence what support is provided and used. For example, someone who speaks English as a second language, or has limited English skills, may not accept a service with English-speaking staff as they may feel intimidated. Or a woman from a particular culture may not accept a cleaning service if the worker is male.

2D Provide support for self-management of service delivery

Many people can self-manage the delivery of services once they have sufficient information and resources. You need to provide support for self-management so the person can take control of the service delivery they receive. Self-management support works as a partnership between you, the worker and the person, with the person taking on the role of managing daily tasks, activities and care. Some people may need more support than others to manage their own services, and some people may have been doing so for some time. Depending on the situation, support can be provided over the phone, in groups or to individuals.



Self-management strategies

A core strategy for successful self-management is for you to ensure the person has adequate knowledge of their needs and the resources/services to support their needs. In other words, you need a clear understanding of their care/case plan. In addition, you need to ensure the person has the skills necessary to self-manage. These skills may be communication or negotiation skills, or they may be budgeting skills, or learning what triggers an episode of ill health.

Government funding models support self-management for individuals with disabilities, including mental health issues, and for older people requiring services. Here is more information about self-management.

Disability self-managed services

A person accessing the National Disability Insurance Scheme (NDIS) can nominate to self-manage. This means they decide how to use the funds they are eligible for, what services to use, and when to use them. This can be done with family, an advocate or a support worker.

Aged care self-managed services

In aged care, consumer-directed (or self-directed) care allows people to have greater control over their own lives by allowing them, to the extent that they are capable and wish so to do, to make choices about the types of care services they access and the delivery of those services, including who will deliver the services and when.

Example

Provide support for self-management

Mr Truman needs support with some activities of daily living like bathing, dressing and cooking. Shirley supports Mr Truman to understand the range of service options he can choose from, and how he can utilise services. Mr Truman decides, with Shirley's support, what services he needs, who he wants to provide these services, and when the services will be scheduled.

1. Explain why feeling independent is important for George?

2. Why is it important for the worker to give George choices in service provision?

3. What support could you suggest if George and Chris lived in your local area?

Summary

1. Your role is to support the person to identify and acknowledge their own strengths and self-care capacity.
2. People should be encouraged and given the opportunity to maintain their environment in a way that reflects their personality and preferences.
3. Help people to identify opportunities to utilise their strengths and to seek support when required.
4. Aids can be used to improve a person's comfort and to help a person navigate and enjoy their environment.
5. Provide support for self-management of service delivery.
6. Encourage the person to build, strengthen and maintain independence by using a strengths-based approach.
7. To promote a person's self-esteem, you can promote choice, promote independence, value the person, treat the person with dignity and support the person to maintain their physical appearance.
8. There are a range of services available to help create and maintain a suitable environment for individuals. Support workers need to have the skills and knowledge to identify, locate and suggest appropriate additional support resources.

3B Support and assist the person to maintain a safe and healthy environment

Helping a person maintain their environment fulfils a number of basic needs. Environments that reflect the person's personality, preferences and interests help that person maintain their sense of self and identity. In addition, taking an active interest in their living conditions provides people with a sense of control. A tidy, well-maintained environment can help a person gain or maintain a positive outlook. It can also help with organisation, safety and cleanliness.



A key part of helping people maintain their independence is to help them keep their environment safe, secure and comfortable. They will be able to go about their activities of daily living independently and happily if they feel confident that their environment is free from anything that could cause them to have an accident or put them in danger.

A safe and healthy environment depends on the following factors:

- ▶ Safety
- ▶ Social contributors
- ▶ Spiritual contributors
- ▶ Cultural contributors
- ▶ Financial contributors
- ▶ Career or occupation

Encourage the person to manage their environment

You can encourage people to think through their activities and plan how they manage their home, room, equipment and other features of their environment so tasks can be done safely and with as little effort as possible. It is a good idea to encourage the person to look around their own environment and spot things they can do to improve it or make it safer. This helps them think about their daily tasks and identify strategies to make their activities of daily living easier, thus helping them to maintain their independence.

If you and the person identify any safety issues, you can plan together how you can remove or mitigate the safety issue or what services can be engaged to assist with this.



A safe and healthy environment

A person's environment must reflect their own interests and be safe and functional. People also need to feel safe and secure. A safe environment is free from hazards (for example, something that could make a person trip or a slippery shower that could lead to a fall). The person's mobility, eyesight and memory should be considered when discussing the safety of their environment with them. For example, consider what impact steps or the lack of a smoke detector may have on the person's safety. A healthy environment may be a home that reflects the person's interests or passions. It would also reduce the risk of illness by being clean and hygienic.

3C Identify and report hazards

As a support worker you have legal and organisational work health and safety (WHS) responsibilities. These responsibilities are described in legislation, which typically requires you to take all reasonable steps to provide and maintain a safe workplace. You must also participate in maintaining a safe workplace.

You also need to be clear about the duty of care requirements of your role even when you are working in a person's home. You are obliged to act in a way in which a reasonable person would envisage could not cause harm. In fulfilling roles, tasks and responsibilities, you must ensure you work safely and that your actions or inactions do not put you or anyone else at risk. You are also required to report risks and hazards as per your organisation's policies.

The key legal responsibilities of every employee include:

- ▶ following lawful instructions
- ▶ working safely
- ▶ reporting risks to the health and safety of anyone who may enter the workplace.

Recognise and fix hazards

A hazard is something with the potential to cause harm. Harm can be mental or physical and may result from a one-off incident or develop over time. You should identify possible hazards within your workplace, whether at the organisation's premises, in a person's home or in regard to a transportation vehicle.

Hazard identification

An important part of helping people to have a safe and secure environment is to recognise things that are likely to be dangerous or cause injury or harm. These things are called hazards. Hazards in a person's environment mean anything that may cause harm or injury and affect the person's independence. Magazines or newspapers piled up in the hallway are an example of a hazard. Part of your role is to recognise hazards and make them as safe as possible until they can be reported and managed. There are many different types of hazards in a person's environment that can affect their safety. Here are some examples.

Poor or inappropriate lighting

- ▶ The person may trip, fall or bump into furniture if they cannot see properly – either because there is not enough or too much light. The person may injure themselves.
- ▶ Make sure lighting in the person's environment is bright enough for them to see clearly but not so bright that it temporarily blinds them.

Slippery or uneven floor surfaces

- ▶ Uneven carpet, loose tiles and wet floors may cause the person to fall and injure themselves.
- ▶ Make sure the person is aware of the hazard. Report as required by your organisation for it to be fixed.

3D Identify and report variations in physical condition

You must be able to recognise signs and symptoms that suggest a person's condition is worsening or that they have developed a new condition that requires medical attention or other intervention. As their support worker, you are in a good position to notice changes to their physical condition. Often you see far more of a person than other significant people in their lives or health professionals. You should be alert to the signs and symptoms of illness or disease that may indicate a person is unwell and follow up by reporting or following the procedures of your organisation.



Signs and symptoms of illness or disease

As a support worker, you are not required to be medical expert; however, it is important to be aware of signs that a person's health may be changing.

Here is further information about the signs and symptoms of illness or disease and ways to identify changes to a person's physical condition.

Signs and symptoms

- Weight loss, which may signify gastrointestinal or endocrine disorders
- Weight gain, which may signify endocrine or metabolic disorders
- Changes to skin tone and colour, which may signify cardiac and/or respiratory system problems
- Poor nail status, which may be due to nutritional deficits
- Poor oral health, such as bad breath, tooth decay or gum disease

Identifying changes

- Access medical history in the person's file.
- Take and record observations.
- Access notes in the person's file.
- Talk with the person about changes to find out if there are other reasons for the changes.
- Seek feedback from others involved in the care and support of the person, ensuring privacy is not breached.

Example

Identify and report variations in physical condition

Caleb supports Ben in his home. He notices that Ben, who has diabetes, has a large bruise on one of his feet. He records this in Ben's care notes. Caleb also speaks with his supervisor who tells him that people with diabetes sometimes experience damage to their nerves. His supervisor tells Caleb to monitor the bruise, and ensure he notes any changes in Ben's care notes, and to report immediately if it worsens.

Sex Discrimination Act 1984 (Cth)

- ▶ This legislation aims to:
 - prevent discrimination based on gender or marital status
 - prevent sexual harassment.

Disability Discrimination Act 1992 (Cth)

- ▶ This legislation aims to:
 - prevent discrimination on the basis of disability
 - promote fairness to individuals who have a disability, and their families.

Mandatory reporting

In some circumstances workers are required, by law, to report abuse, neglect or violence. Each state and territory has their own mandatory reporting legislation. The main differences concern who must make a report and what types of abuse or neglect must be reported. It is your responsibility to be aware of your mandatory reporting obligations. You must follow the relevant legislation and the policies of your organisation. Be alert to and aware of your reporting obligations in relation to:

- ▶ elder abuse
- ▶ abuse of people with disabilities
- ▶ domestic violence
- ▶ child abuse or neglect
- ▶ suspected abuse or neglect of any person.

Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy. Workers are obliged to protect confidential details. Workers always need the person's consent to talk about their situation with other workers or other service providers.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. Some exceptional circumstances enable you to disclose private information, but this is generally only when you become aware that the person is at risk of harming themselves or someone else, or that they are being harmed.

You can read more about privacy, confidentiality and disclosure at the following sites:

- ▶ www.aacqa.gov.au/for-the-public/privacy-and-confidentiality
- ▶ www.lawhandbook.org.au/09_01_04_privacy_and_confidentiality_/



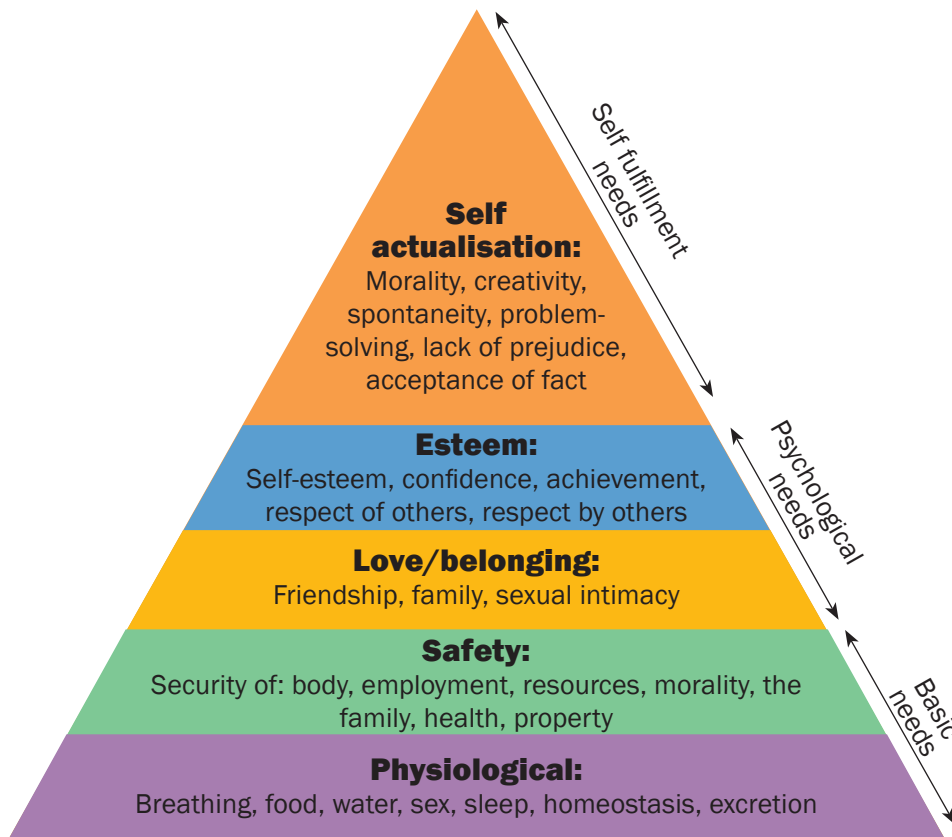
Topic 4

In this topic you will learn how to:

- 4A** Promote self-esteem and confidence
- 4B** Contribute to a sense of security through safe and predictable routines
- 4C** Encourage and facilitate participation in preferred activities
- 4D** Identify aspects of wellbeing outside the scope of knowledge, skills and/or your job role
- 4E** Identify and report variations of wellbeing
- 4F** Identify cultural or financial issues impacting on wellbeing
- 4G** Identify risk and protective factors in relation to mental health
- 4H** Recognise and report possible indicators of abuse or neglect
- 4I** Identify and report situations beyond the scope of your role

Support social, emotional and psychological wellbeing

There is a strong connection between physical and emotional good health. Poor physical health may affect a person's emotional and psychological health; likewise, poor emotional and psychological health may affect a person's physical health.



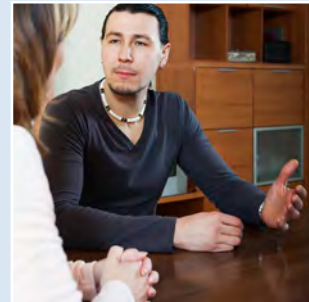
Example

Supportive and positive communication

Rob, 22, was in a car accident a year ago that left him with head injuries. Rob has worked hard in rehabilitation and has made great progress. He has moved home with his parents and tells Sue, his worker, that the worst thing about being home is being bored and spending long hours just watching television. Rob said before the accident he was at university studying economics. Sue hears the frustration in Rob's voice.

Sue acknowledges Rob's frustration at the difference between his life now and before the accident. She also acknowledges the grief he is experiencing for the life he has lost. She talks to Rob about the amazing progress he has made since the accident, and Rob agrees that he has surprised his doctors and therapists.

Sue and Rob then discuss what Rob would like to be doing and what he enjoys. They then set some goals for Rob and begin to develop a plan to achieve these goals.



4D Identify aspects of wellbeing support outside the scope of knowledge, skills and/or your job role

There may be circumstances when the person is experiencing issues or requires support for social, emotional or psychological wellbeing that are outside a worker's knowledge, skills and/or job role. You must be clear on your work role and the limitations to your own abilities so you can seek support when required.

Identify aspects of support

It is important that you identify what your work role is. This should be made clear in your job description or you may need to clarify your role with a supervisor. This will help you understand what support work is part of your responsibilities. It also means that when a situation or issue arises that is outside your role or expertise, you can identify this and find appropriate support.

Seek support

If you identify that a situation or issue with a person is not within your work role or that you do not have the knowledge, skills or experience to support the person, it is important to seek support.

You can gain support from a supervisor or more-experienced colleagues depending on your organisation's procedures. You can also find information and support from other organisations that specialise in the issue the person is experiencing. It may also be appropriate to refer the person to an alternative service like a mental health service or an emergency service.

You can read more about mental health services at the following site:

► www.mentalhealthcommission.gov.au/get-help.aspx



Example

Identify aspects of wellbeing support outside your job role

Sean has been supporting Steve with his recovery after he came home from hospital. They have been working on Steve returning to university and getting fit for the past three months. Sean notices that on his last visit Steve was very quiet and withdrawn. Two days ago Steve cancelled a meeting with Sean. Today when they catch up, Sean is concerned to notice signs of cutting on Steve's arms. Sean acknowledges that this situation is outside of his job role and immediately contacts his supervisor to discuss Steve's physical and mental health and safety.



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4G Identify risk and protective factors in relation to mental health

One in five Australians will experience symptoms of poor mental health at some point in their lives. Good mental health means a person feels a sense of wellbeing, feels good about themselves and confident. Good mental health enables a person to enjoy daily life, interact positively with other people, deal with challenges and reach their potential.

You should be aware of the factors that increase risk for people, and factors that become protective issues for mental health. Workers do not need to be mental health professionals, but do need to be aware of the issues.



Mental health issues

A way to understand mental health is to think of a spectrum: one end being good mental health and the other end being serious mental health issues. A person's mental health can move backwards and forwards along this spectrum during their lifetime. Good mental health allows people to fully enjoy and participate in life. Mental health issues affect a person's ability to engage with other people, the community and aspects of everyday life.

Resources explaining a range of mental health and other issues can be found at the following site:

- ▶ <http://au.reachout.com/tough-times/mental-health-issues>

Identify risk

Part of working towards preventing serious mental health issues is to identify risks and put supports in place to reduce risk. If you have serious concerns, refer the person to a mental health professional so they may be formally assessed. Risk factors can be individual, environmental or social, as described below.

Individual

- ▶ Use of non-prescription drugs or alcohol
- ▶ Chronic physical illness or poor physical health or traumatic injury
- ▶ Poor nutrition, lack of exercise, sleeping problems
- ▶ Grief and loss
- ▶ Experiencing violence, abuse or neglect
- ▶ Disability
- ▶ Genetic predisposition (family members who have mental health issues)
- ▶ Limited coping skills

Summary

1. Positive, supportive communication helps to develop a trusting, productive working relationship between you and the person. It also helps the person to feel positive about themselves, their abilities and perhaps how they contribute to their own life and/or that of the community.
2. Routines provide structure, which in turn provides a feeling of control over some aspects of life. It also creates stability, which is comforting. You can support this sense of security by developing routines with the person that meet their needs.
3. A worker can encourage the person to consider what social, cultural and spiritual activities are important to them, as well as to think about what they enjoy and what will help them reach their goals. The worker can then assist the person to participate in these activities to improve their emotional wellbeing.
4. If you identify that a situation or issue with a person is not within your work role or that you do not have the knowledge, skills or experience to support the person, it is important to seek support from a supervisor or more-experienced colleagues.
5. If you identify changes in the person's wellbeing, which could be changes in mood or behaviour, you need to report it to your supervisor according to your organisation's procedures.
6. Cultural or financial issues may impact on wellbeing. Cultural issues include difficulties relating to resettlement; discrimination based on race, language or religion; grief and loss; language difficulties; effects of trauma; separation from country or culture; or difficulties practising cultural rituals or ceremonies. Financial issues can affect the person's ability to feel confident and engage in social activities and/or obtain health care or pay for treatments and medication.
7. Part of working towards preventing serious mental health issues is to identify risks and put supports in place to reduce risk. If you have serious concerns, refer the person to a mental health professional so they may be formally assessed. Risk factors can be individual, environmental or social.
8. Abuse can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to another person by depriving and/or hurting them. Unintentional abuse can occur when another person doesn't realise, through ignorance or other reasons, that their behaviour towards the person with care needs is abusive. Abuse may be physical, sexual, psychological/emotional or financial.
9. Neglect is when the person with care needs is neglected either through intentional or unintentional acts that result in the person not being provided with basic necessities.
10. Attempting to provide support beyond the scope of your role could have consequences for the person and for you. You need to report any situation that is beyond the scope of your work role according to organisational procedures.