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Topic 1

In this topic you will learn how to:

1A Assist a person with disability to identify strengths, preferences and requirements for social engagement

1B Provide information on community participation to meet requirements of the person with disability

1C Identify and access appropriate community participation options and services according to the person’s needs

1D Recognise and accommodate the cultural and religious needs of the person with disability

Identify opportunities for community participation and social inclusion

Supporting a person to become an active, involved and social member of their community requires careful planning. You should work with the person with disability you are supporting to set goals and select appropriate options that represent their desires, preferences and interests. You can help a person work through the stages of planning, organising and implementing an activity plan. This plan will build social competency skills and support a person in becoming actively involved in planning their own recreation, hobbies and social pursuits. Remember to allow your support to be directed as much as possible by the person with disability, although there will be situations where input from others, such as family members, is required.
Communication abilities
Being able to communicate through words, symbols, pictures, gestures, signing or a computer-based system

Emotional abilities
Being able to manage and express emotions

Sensory abilities
Being able to see, hear and touch

Understand the context of information

Information about how to meet an individual’s requirements may already be known and documented, which means you may not need to recreate it. You do, however, need to ensure you have appropriate permission to access information from another source and that it is relevant to the context in which you are going to use it.

The type of information included depends on the age and abilities of the person, on the type of setting the document is prepared for (such as a school, play group, teenage activity group, adult social group or senior citizens’ program) and on the location of the support.

Support can be provided in a range of different locations, as listed below.

## Locations where support is provided

- Aged care facilities
- Disability-specific service settings
- Individual, private homes
- Community centres
- Respite programs conducted in a centre
- Respite programs conducted in varying locations according to people’s requirements
- Hospitals
- Neighbourhood houses, play groups or play centres

Use the person’s plan

Existing plans and documentation will vary widely depending upon the frameworks and systems of support and funding currently being used by a person. It may be appropriate to use an existing plan or document, but it is vital that this is done in accordance with relevant legislation such as the Privacy Act 1988 (Cth). If you need additional information you should source this from the person themselves, or from relevant others such as family members, case managers, mental health workers or allied health professionals. Remember that when you are writing or using a planning document you should focus on using language and terminology which focuses on strengths and abilities and which is clear, concise and appropriate.
Provide information on community participation to meet requirements of the person with disability

Once a person’s activity needs and requirements have been identified, it is important to provide this information to the person so they understand the options, networks and services available to them. They can then begin to make informed choices about their preferences.

It is important that people with disability are given sufficient information so they can make choices about community participation options, networks and services which fit best with their own requirements and preferences. Insufficient information could lead to a poor activity choice or the person’s needs not being fully met. Information should be both general (options available) and specific (details on participation).

Options may include the following.

**The type of activity**

Some activities may be a very comprehensive, while similar activities may only offer basic elements. Both options should be discussed with the person.

**The cost**

The activity may be free for the person or there may be a cost involved. If the cost is too high for the person, they may prefer a different or more basic activity.

**The location**

There may be an activity in the local community hall, or the person may have to travel to another suburb. If transport is not a problem, then the person may choose the one for which they have to travel because the activity itself is more comprehensive or suitable.

**Participation level**

Many activities can be undertaken at different levels of participation.

**The timing**

The timing of an activity needs to fit with other lifestyle and work or study commitments.

**Person-centred practice**

Person-centred practice is a philosophical concept which underpins much of the work within the community services sector. It is an approach that places the person at the centre of the service planning and provision, with all aspects of support stemming from that point.
Vision impairment

A person with vision impairment:

- may not be aware that someone is talking to them
- may lack the accepted norms of body language and habits of a sighted person
- may only be able to absorb information in auditory form or through braille
- may be frustrated by others who talk loudly to them as if they cannot hear.

Things to remember:

- Use the person’s name to gain their attention first.
- Speak in the same way as you would to a sighted person.
- Provide information through spoken language or braille.
- Intervene if needed to support a conversation the person is having with another person, if they have previously asked you to do so.

Identify who to share information with

Communicate first with the person you are supporting. Ensure you direct your attention and interaction towards the person and look directly at them. Avoid speaking to others, such as family members, rather than directly to the person. This can be disrespectful and does not reflect a strengths-based approach as it does not build capacity or capitalise on existing strengths of the person.

However, there are some times when communication may need to be directed to others.

People who may need communication to be directed to others

- Children
- People with a court order in place that requires a parent or guardian to make decisions on their behalf
- People who have a disability that makes it difficult or impossible for them to make sound decisions without assistance
- People who prefer to communicate through an advocate

Share information

Establish who communication should be directed to (if not the person themselves) when sharing information, such as a parent, guardian, family member or advocate. These people are often experienced in sharing information with the person and may be able to effectively communicate ideas and concepts that you might not be able to yourself. It is preferable to have the person present and involved in the conversation as much as possible. The person may be able to join in part of the conversation or use yes/no responses, visual or electronic communication methods, or other strategies to help them be a part of the conversation.
Volunteer drivers

Benefits:
- The cost is low.
- Drivers are often experienced in helping people with disability to access a vehicle.
- It can be pre-arranged.
- It is another avenue for developing social skills and social contact.

Limitations:
- Only a limited number of people can travel together.
- The person needs to rely on the checking procedures of the organisation to ensure the volunteer is a safe and suitable person to be with.
- Some people may not be comfortable with a volunteer providing support.

Could be suitable for:
- people who wish to travel to destinations where public transport is not available
- individual activities
- people who are relatively independent and confident in dealing with a volunteer.

Identify and access mobility aids

There are many different types of mobility aids. These are usually specific to the individual person and are often made specifically to suit their needs. Support workers need to ensure the individual is aware of how a particular mobility aid functions, and that they have a good understanding of its purpose. Some examples of mobility aids are electric wheelchairs, manual wheelchairs, scooters, walking frames and crutches. Training may be available from a physiotherapist or occupational therapist.

Sometimes people may require support or referral to other agencies to obtain new mobility aids or to seek additional funding for changing needs or requirements. They may be able to access funding through a government program such as the Victorian Aids and Equipment Program (A&EP) or the Community Aids and Equipment Program in Western Australia (CAEP).

Identify and access communication aids

Some people use a communication aid for expressive and receptive communication with others. These aids have been designed to suit the communication needs of the individual. There may be instructions or prompts to encourage others to converse with the person using the aid.

If you are working with a person who has a communication aid, take the time to learn how to use it competently and efficiently, and how to help the person access and maintain their aid. As a support worker, you need to be able to adapt your communication skills to meet the needs of the people you support. You must ensure that you can understand and share ideas about daily tasks, personal care needs,
Develop social skills such as interacting with others, making new friends, learning to communicate in social situations and gaining confidence by participating in activity programs, respite activities, out and about programs, arts and crafts programs or travel and related activities.

Build skills, knowledge and abilities in participating in sports that can assist with increasing fitness, muscle strength, endurance and other health parameters. Sporting activities can include water- and land-based sports with participation in specifically designed groups for people with disability, or in open or mixed settings or competitions.

Learn to participate in recreation pursuits and hobbies or leisure activities that can be completed individually or in groups. Recreation activities can build social and physical skills and assist with developing confidence and the ability to interact and participate socially within the community.

Enhance abilities related to activities of daily living such as managing personal finances, using public transport or knowing what is expected in social situations. Living skills outcomes can be achieved through activities such as going shopping, visiting a library, reading a map to locate a particular street or using personal organisation skills to plan for and attend an event in the community.

Access options
Many community options can be selected to meet individual needs and preferences and it is important to think carefully about which ones are most appropriate for the person. Keep in mind that if the person is purchasing support directly they need to consider the cost of various choices. Transport needs, timing and ease of access should all be considered in helping a person plan for how they will access a community option in a practical sense. Remember that sometimes things that look good on paper simply do not work when it comes to implementation; it is at this point that some clear thinking, problem solving and common sense can be particularly useful.

Meet requirements
You may be responsible for identifying and assisting a person in accessing community options to meet their needs, or you may be asked to provide services where you are employed directly or indirectly by the person as part of an individual funding package. If you are asked to help complete, or implement, a community access plan it is important to know what to include and how to link activities to areas of need or specific requirements.
Here are some services for people with complex or multiple disabilities.

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<tr>
<td>Acquired Brain Injury Slow to Recover program – for people who have a catastrophic brain injury with slow progress and recovery</td>
</tr>
<tr>
<td>Victorian Dual Disability Service – for people with an intellectual disability and mental health condition</td>
</tr>
<tr>
<td>Australian DeafBlind Council – for people who are both deaf and blind</td>
</tr>
</tbody>
</table>

**Involve the family in accessing community options**

In many cases, it is appropriate to involve family members in accessing services and making decisions about options in the community, particularly if you are working with a child. The family may have had a service recommended to them by a friend or they may have done research and want to ask your opinion about a service provider they have found. In the case of adults, the role of the family may become one of providing encouragement and support rather than decision-making.

Family is also a valuable resource in helping a person with disability to access community services by providing assistance for no cost and by being present at times places that others may be unable to accommodate, often on short notice.

Family members may be able to:
- provide transport
- provide supervision
- provide personal care needs
- make day-to-day arrangements
- liaise with service providers.

**Work with others in accessing community options**

There are many other people who may be involved in identifying and accessing community options which meet the needs of an individual’s plan. These people may be included in planning and discussion meetings or they may provide direct services to meet specific goals or outcomes within the plan. Some people may be involved for a short time in sharing information, providing training or developing programs and services during an initial phase.

To work well with relevant others, it is important to think about your own work role and how you can best reflect your organisation in a professional, competent manner.

To work effectively with relevant others, always:
- make sure you are polite, courteous and professional in your interactions
- be punctual for meetings
- ensure you are well presented and dressed appropriately
- prepare for meetings by reading and understanding material provided
- be willing to ask questions and ensure you understand what is going on
- allow time for others to speak and ask their own questions
- work in a way that creates a professional, competent image of your workplace.
Link people with shared interests to specific programs

It also helps to learn more about the specific services that can help a person with disability to form links with shared interest groups or activities, community groups or individuals.

Here are two examples.

**Respite programs**

When offered on an individual basis, respite programs can have the double benefit of allowing a family carer to take time off for their own activities, as well as helping a person to link with a shared interest activity or person.

**Access programs**

Programs such as Arts Access help people with disability or disadvantage to access arts and the theatre through discounted tickets, information about Auslan interpreted performances, captioned performances, information about wheelchair accessible venues, appropriate seating choices in a venue and companion card information.

Encourage relationships with shared interest groups

Relationships are often based on conversation or a shared activity. As a support worker, it can be your role to give a developing relationship a bit of a helping hand. This is often the case when you are working with people who have limited social experience, or who lack social skills and communication abilities. However, make sure the people involved don’t start to rely on you to do all the talking. If you are not careful, you may find that you become the active participant in a group setting, rather than the person you are supporting.

Here are some ideas for helping to get a relationship started.

**Ideas for helping to get a relationship started**

- Start a conversation with another person and assist the person to join in.
- Ask questions that are directed at a number of people in a group.
- Prompt the person to participate directly in a conversation by asking questions you know they can answer easily.
- Begin conversations about topic areas you know are of interest to the person and others.
- Role model appropriate communication skills.
- Act as an interpreter to begin a conversation, for example using key word signing.
- Encourage other people in the group to assist with a task when you are not there; you may need to find an excuse to leave for a moment.
- Show other people how to use communication equipment such as alphabet boards or electronic devices.
Say hello to a neighbour, and make sure you introduce the person you are supporting and explain your own role as a support worker or personal carer. Encourage a conversation between the person and the neighbour, if it seems appropriate, and fade out your own involvement if the conversation is going well.

Of course, it is vital to remember that interactions with the neighbours are not always appropriate or a good idea. Use your common sense and judgment to appraise the situation, and weigh up the benefits against the potential risks. In some situations, it may be wiser to pay only limited attention to the neighbours, or to make sure a person you are supporting is aware of whom they should not interact with. Remember that people with disability are vulnerable in many situations, and there are those in our society who will deliberately prey upon their vulnerability.

**Best practice inclusion principles**

The concept of universal design has become integral in the way new fields, products and services are designed across many areas of daily life. Best practice inclusion means providing a seamless, fully accessible environment, service or product which can be used easily by all people rather than one which has just been designed for a person with disability. For example, a playground might be designed to be accessible to children who use a mobility aid as well as those who are ambulant. An art centre might ensure it has fully accessible toilets and a wide range of programs to meet the needs of patrons who have specific requirements.

Best practice inclusion means ensuring programs and services operate in a way that is deliberately accessible and inclusive to people of all abilities. It is not sufficient to adopt a responsive approach where strategies are developed to promote inclusivity only after a person with a disability attempts to use them. Best practice means taking a proactive approach so that management decisions, systems, processes and facilities are made accessible and inclusive beforehand, so that the environment is welcoming and appropriate for everyone who wishes to participate.

You can learn more about inclusive play spaces, including a map of accessible playgrounds, at www.inclusiveplayspace.com.

**Capacity building in the community**

Capacity building is an important concept in community services practice. It means working in a way that shifts skills, knowledge and confidence from those who have specialist knowledge (such as those working in community services) to providers in the wider community, such as sporting clubs. Capacity building is important because it strengthens local groups and organisations and ensures they are better able to provide a wide range of options and services to people who with disability as well as to those without.
Seek feedback from the person and relevant others to meet current and changing needs

Feedback can be useful in helping you take action and make changes to how you provide support to a person. Feedback can come from a number of sources, such as the person themselves, family members, colleagues, supervisors or relevant others. Feedback may suggest that a change is required in some aspect of support, such as a need which has increased over time. It can also indicate when an activity or community option is working well and is currently meeting the needs and wants of the person.

Actively seeking feedback is useful in ensuring the support provided is always appropriate and represents best practice. Feedback can be obtained formally or informally, depending on the situation.

Informal feedback

Informal feedback can be useful in allowing you to make small but important changes to your daily work practices. Informal feedback can come from a variety of sources. Consider how you respond to feedback; remember it is not usually intended as a criticism of your work but rather as a suggestion for how things can be improved. For example, a person might tell you they are finding it very tiring going out for so long during a recreation activity. You could use this feedback to help them plan and organise a shorter activity which will not be so tiring.

Examples of feedback that might be provided by different people:

- The person receiving services may provide specific feedback about the nature, timing or type of activities which are provided.
- A family member may comment on a changing need or issue for the person and ask you what you have noticed.
- A colleague may discuss with you a problem they have noticed so you can plan a solution together.
- An advocate may tell you the person has asked them to provide informal feedback to you about how much they are enjoying their activities.
- A mental health nurse may suggest a better way of responding to an upsetting comment made by the person.

Formal feedback

Formal feedback can be sought from the person you support, family members, colleagues, your supervisor or relevant others involved in supporting the person. Formal feedback is typically provided in a different way to informal feedback and within a different time frame. You should feel confident in seeking formal feedback as it is a good way to learn and to improve your skills and knowledge. Try and see
Seek support from your supervisor

You may require support from your supervisor to help you identify and resolve community participation strategies that might not be working for achieving positive outcomes for a person. Your supervisor is likely to be more experienced and have better knowledge of local resources and appropriate strategies that might work for a person. They are also able to authorise or instruct you in how to approach other agencies or service providers as required to seek additional support for a person, or to make a referral.

Here are some ways you could approach your supervisor to ask for assistance and support.

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<tr>
<th>Approaching your supervisor for assistance</th>
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<tr>
<td><strong>Email</strong></td>
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<tr>
<td>Send an email detailing your concerns and asking specific, clear questions so your supervisor can respond in writing.</td>
</tr>
<tr>
<td><strong>Team meeting</strong></td>
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<tr>
<td>Ask for assistance during a regular team meeting where your supervisor is present; this approach could also support others in your team.</td>
</tr>
<tr>
<td><strong>Mobile phone</strong></td>
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<tr>
<td>If the matter is urgent, use a mobile phone to contact your supervisor directly for an immediate response.</td>
</tr>
<tr>
<td><strong>Informal conversation</strong></td>
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<tr>
<td>Raise your questions during an informal conversation where you can talk for an extended period if needed.</td>
</tr>
<tr>
<td><strong>Formal meeting</strong></td>
</tr>
<tr>
<td>Request a formal meeting with your supervisor and take notes about their responses, information and instructions.</td>
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**Amend a plan**

Rachel provides support to Chantelle during regular weekly outings. Chantelle has multiple sclerosis and her condition changes from time to time. Chantelle has just begun a new medication, and Rachel reads this information in her plan.

During an outing, Rachel notices Chantelle appears less focused and is quite sleepy and distracted. She has trouble staying awake and Rachel needs to provide much closer support and supervision than normal.

Rachel is aware Chantelle’s family are away on holidays next month and Chantelle will be receiving 16 hours of in-home care per week for a few weeks.

Rachel refers the issue to her supervisor via email and suggests a meeting be called with Chantelle and her family before they leave for holidays. Rachel suggests the plan be reviewed with an emphasis on medical details regarding medication and any effects on Chantelle’s behaviour and mood. The meeting is called for the following week. Chantelle’s doctor provides medication advice and comments via email to share with workers and others at the meeting.

This information, together with Rachel’s observations, means Chantelle receives good quality care while her family is away.
The role of the supervisor

Your supervisor is able to offer advice and direction in situations where you are unsure what course of action to take. If you are working with a particular person and you are concerned about their level of engagement, you should feel confident in approaching your supervisor to discuss the situation.

Here are some things your supervisor might be able to do.

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<td>Observe you working with the person and see if they can provide useful feedback</td>
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<tr>
<td>Talk to you about possible strategies that might assist</td>
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<tr>
<td>Sit in on a discussion session with the person to help you talk to them about engagement</td>
</tr>
<tr>
<td>Suggest reasons that the person’s level of engagement may have changed</td>
</tr>
<tr>
<td>Provide advice in situations where you feel the person may be at risk of harm</td>
</tr>
<tr>
<td>Give direct instructions about what you should do in a particular situation</td>
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A change in engagement

Gemma has been working with Phil for several months. He has been coming to a drop in arts program and at first seemed to be gaining a great deal from it. He had made some new friends and was enthusiastic about mastering water colours and pastels. Now he is still attending the sessions but his enthusiasm for the activities seems to have disappeared. He arrives later and later each week and is quiet and withdrawn. He no longer initiates conversation although he is still content to respond to questions. Gemma decides to speak firstly with Phil and then with her supervisor to decide what to do to help Phil.

Practice task 9

1. What are four things you might observe if a person is becoming less engaged with a community activity?
Signs

Example:
- Signs to indicate:
  - direction
  - change of level
  - location of toilets
  - location of rooms or buildings
  - hazards
  - entry and exit points.

These affect people who:
- are unable to interpret the sign correctly due to a cognitive impairment
- cannot see the sign due to a vision impairment
- do not read and write in English and who also have disability.

Toilets

Example:
- Toilets with narrow doorways
- Toilets without grab rails
- Toilets that are not identified using raised tactile symbols
- Toilets that have ambiguous or difficult-to-interpret signage

These affect people who:
- use a wheelchair or scooter that cannot fit through a toilet doorway or manoeuvre within the toilet room
- cannot identify which is the male or female toilet because of a visual or cognitive impairment.

Assess barriers

The ways barriers affect different people will always vary. There are many things that make participating in an activity more or less attractive. Factors such as being able to easily get to an activity, feel safe while participating, understand key information and interact comfortably with others can all make a difference. The absence of any of these features can potentially create barriers to limit participation.

As a rule, people with physical disability will have greater problems with physical barriers. Older people may also struggle with physical barriers due to decreased muscle strength or issues such as arthritis, and may have trouble with small text, complex instructions, or activities offered late at night or involve highly vigorous activities. People from particular cultural or linguistic backgrounds may experience barriers with activities at particular times of day, or that are offered in a mixed gender context or that include certain kinds of media or music that might be inappropriate for them.

You must have a good understanding of the needs of a client before you are able to assess how a physical barrier affects them. The care plan or individual plan should
Identify big picture solutions to barriers

In some cases there are ‘big picture’ solutions to physical barriers. These involve direct and often costly action by building authorities, councils and government to ensure that buildings comply with the appropriate building legislation and the spirit of the Disability Discrimination Act 1992 (Cth).

Here are examples of actions to solve physical barrier problems.

Actions to solve physical barrier problems:

- Widening a doorway
- Installing a ramp
- Adding extra lighting
- Installing auditory systems to supplement visual systems
- Installing a lift
- Removing steps within a building and replacing them with a ramp or lift
- Installing grab rails in toilets
- Altering doors so they can be opened from a sitting position

Identify simple solutions to barriers

There are also some solutions to barriers that are much easier to implement. For example, you could take a portable ramp when attending activities, choose to visit venues that offer good access or foster strong relationships with clubs or groups that are committed to inclusion. While in the short term these options are often preferable, in the longer term they do not work towards supporting the right of people with disability to equal and unrestricted access to all areas. Ultimately there needs to be a balance between advocating for the rights of people with disability to be given access to buildings and other locations, and the practicalities of day-to-day activities in a support worker role.

Simple solutions to barriers include:

- teaching a person how to safely step a manual chair up a kerb or small step
- using good sight guiding skills when walking with a person with visual impairment to ensure they are safe
- being assertive and confident in supporting the right of a person to access an activity
- planning activities at a variety of times of day
- using a council or volunteer transport service
- asking a supermarket to open a checkout with a widened aisle so it can be used by a person with disability
- planning activities that offer mixed gender and single gender options
- supporting a person if they wish to make a complaint directly to a venue or via the Human Rights and Equal Opportunity Commission (HREOC).
Practise active listening

- Repeat what you have heard to clarify.
- Paraphrase where necessary.
- Use attentive body language.
- If things are unclear, state what you do not understand.

Listen rather than talk

- It is more important that you hear what the person is saying than getting the point across; it is their plan.
- Be comfortable with silence; give the person time to think.

Use appropriate language

- Consider the cognitive ability, education, gender and age of the person.
- Ensure language is appropriate to the situation.
- Simple, plain language is always better than jargon.

Avoid acronyms and clinical language

- Avoid acronyms and technical terms unless both people in the discussion will understand them readily.

Try to understand what is important to the person who is speaking

- Listen carefully and ask about feelings and fears if relevant to situation.
- Ask about needs and also about wishes.
- Ask them to prioritise their concerns or rate them on a scale of 1–10.

Summarise what has been agreed

- Summarise what you think has been agreed or ask the person to do this.
- At the end of the discussion summarise key points.

Use an interpreter if necessary

- If the person has language difficulties because English is not their first language or they use Auslan, consider using an interpreter.
- If you cannot understand the communication system they use, ask for assistance.
- Avoid using family members as interpreters as this is not generally appropriate and can compromise privacy and confidentiality.
Support the person to implement strategies to address barriers to planned participation

Once barriers have been identified and solutions planned, it is time to consider how to implement them. This may involve only yourself and the person for whom you are providing support, or it may include other people as well. The people involved in implementing strategies will depend upon the situation and the preferences of the person receiving support. For example, if the barrier relates to transport opportunities (such as a geographical, social or attitudinal barrier) then a potential solution might lie with a family member providing transport to and from an activity. This could be a simple solution identified by the person and agreed to by their family. While it is important to consider all the possibilities for resolving a barrier, avoid a situation where family members feel overburdened, or are perceived as being the voluntary solvers of all problems.

Transport options

Various transport options might provide a solution to a potential barrier to a person’s participation. Here are some transport options to consider when working with people with disability, and their advantages and disadvantages.

Accessible taxi

Possible advantages:

- They are able to go to a specific location.
- They can be pre-booked.
- It is a very safe form of transport.
- People can usually remain in their wheelchair.
- Depending on disability type and severity, a discount is available to subsidise the cost of the taxi (eligibility varies from state to state).

Possible disadvantages:

- There are limitations on funding available during the year to use a taxi.
- Booking is not always available when desired.
- It cannot transport a large group.
- It does not promote integration of people with and without disability together on one form of transport.
Local council services

Possible advantages:
- They can be tailored to suit individual needs.
- They often go to specific locations and provide a door-to-door service.
- They are staffed by people with skills and experience in meeting accessible transport needs.
- They are usually cheap or free to use.

Possible disadvantages:
- They are often only available within a certain region.
- They are often only provided on a certain day.
- They don’t promote integration of people with and without disability together on one form of transport.

Involve the family in identifying transport barriers and options

Talk to a family member about transport options that you are aware of, as well as funding and support that is available.

It may not always be appropriate for workers to talk with other family members. In some cases, you may be asked to only work with a person you are supporting, and they will be solely responsible for directing their own care. In other cases, you may have a close ongoing relationship with family members of a person. Use your judgment about the topics you discuss with family members and ensure you do not show disrespect for the person you are supporting by talking about them as if they are not there.

Sometimes your organisation may receive updated information about services and funding for transport. Make sure current information is passed on to families or relevant others as appropriate.

Other transport considerations:
- People with certain types of disability can apply for a card to reduce the cost of using a disabled access taxi.
- A worker or carer may be able to use a companion card or obtain reduced cost or free travel.

Strategies to deal with barriers to participation

Many different approaches can be taken to deal with barriers to participation. Although sometimes it may be tempting to make complaints in every situation in which a barrier presents itself, this is not always the most effective.

Firstly, it is important to remember the need for a person-centred approach. Ask the person how they would like barriers to be addressed. Do they want you to help them write a letter of complaint about a lack of access? Or do they have another way they would like to deal with a problem of access? Are they looking to you to provide some support and leadership in dealing with access issues? Once you have answered these questions, you will be better able to decide on the most appropriate course of action.
person. Then decide what indicators you might notice that would give you information about how successful the strategy is for the person and their activities. You might need to collect various types of information to allow you to appropriately monitor success.

Examples of data collection methods include:

- visual observation of the person participating in their community activities
- informal feedback from group leaders or other key staff members
- assessments by allied health staff such as physiotherapists
- formal assessments or evaluations
- record keeping of time, date and duration of participation in activities
- questionnaires or surveys designed to suit the literacy, numeracy and cognitive abilities of the person
- observations about changes to mood, behaviour or skills over a period of time
- responses by the person to specific questions about their satisfaction and engagement with activities.

Consult with your supervisor

During the monitoring process it may be necessary to consult with your supervisor. They will be able to offer support, guidance and information about processes used in your workplace for monitoring success. They may be able to show you existing templates or documents that are used to record information. They can also assist with challenging situations, such as when a barrier still exists despite action being taken. In this situation they will be able to talk to you about what may have gone wrong and what steps could be taken to better manage barriers to ensure the person can participate fully in their activities. Your supervisor might offer to sit in on meetings and provide support if required.

Example

Monitor strategies with the person you support

Esmerelda, a woman you support, has worked closely with you over the last few weeks to identify and find strategies for some barriers that have been preventing her from joining a lawn bowls club. Her barriers include a lack of confidence in meeting new people and difficulties with transport to and from the bowls club.

You have helped Esmerelda by introducing her to a few of the club members and researching volunteer drivers who can provide transport once a week to her activity. Now it is time to monitor the success of these strategies. You visit Esmerelda and ask her to tell you about her participation in the bowls club. She tells you that she has been going every Monday and that she no longer needs a volunteer driver; one of the other ladies has offered to pick her up in the morning and drop her home afterwards.

As the strategies seem to have been highly successful you decide to simply include a note about Esmerelda’s positive outcomes in your monthly report and give the report to your supervisor. There is no need for your supervisor to have any further involvement as the strategies have been effective and the barriers removed.
Summary

1. The Disability Discrimination Act 1992 (Cth) and the Building Code of Australia contain legal requirements that increase the ability of people with disability to access venues and buildings.

2. It is important to talk with a person about managing potential barriers to access when planning community-based activities.

3. Many barriers can be dealt with through careful planning and by seeking alternatives.

4. Workers need to be aware of their job role as well as organisational policies and procedures that apply to their work when providing support to people with disability.

5. Types of barriers can include social, attitudinal, cultural, linguistic, physical or person-specific (related to skills and abilities).

6. A person-centred approach is important in identifying and acting upon solutions to barriers.

7. There are many people who can offer assistance in identifying and dealing with barriers, including family members, your supervisor and relevant others.

8. It is important to only operate within the framework of your job role and to avoid the temptation to act outside your role and limits of responsibility.