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Current legal and ethical considerations

The Australian legal system establishes the rights of individuals and makes sure these rights are enforced by law. As a support worker, you need to understand the legal and ethical framework relevant to your work role and support service. Part of your professional obligations involves keeping up-to-date with any changes in relevant laws and ethical standards, which you can do by regularly researching online, contributing to your professional network and joining industry organisations and forums.

There is a wide range of legislation and ethical considerations when working with people with disabilities, including the following.

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Codes of conduct

A code of conduct is a set of rules that underpin professional practice and provision of care. In community services, codes of conduct may include ethical behaviour and underlying principles such as integrity, respect and accountability. These may be called a code of ethical conduct.

A code of conduct is developed and implemented to ensure the legal and ethical provision of care. For example, the Disability Advocacy Code of Conduct addresses key principles that underpin advocacy. The Code outlines how advocacy organisations should conduct the service and what attributes advocates must demonstrate. These codes guide you to provide appropriate services and supports.

Read the Disability Advocacy Code of Conduct at:

Maintain confidentiality

When you are employed by an organisation, there is an ethical expectation that you will not reveal any sensitive or confidential business information relating to that organisation. This may include individualised service plans, profit or loss amounts, client databases, employment terms or contracts. If you are responsible for handling any of these, always ensure these have secure access and are not left open for other staff to read.

Here are some of the considerations regarding maintaining the confidentiality of specific documents.

**Clarity**

When writing confidential documents, write clearly and legibly in black or blue pen. Do not use liquid paper; if you need to correct errors, draw a line through the error and initial it. Always double-check the name of the client or resident you are writing about.

**Storage**

To maintain privacy and ensure confidentiality, make sure completed documents are filed appropriately, such as in a locked filing cabinet or a password-protected file.

Disclosure of information

There are some instances where you are permitted to disclose information as part of your duties. For example, if the person receiving support is being referred on for medical treatment, the hospital, specialist or doctor needs to know the person’s history, allergies and personal details.

Here are some of the common instances when you may be required to disclose information.

Disclosure may be required when:

- compelled by law; for example, if the person has a reportable disease or at police request
- a person’s interests require disclosure; for example, if they have threatened suicide or harm to another person
- there is a duty to the public; for example, if there is a public threat or concern
- the person has consented to the disclosure
- your organisation has policies and procedures in place regarding confidentiality and privacy.
Work health and safety

It is within the work role boundary of everyone in the workplace to uphold WHS principles. The Work Health and Safety Act 2011 (Cth) is a national law that sets out responsibilities for health and safety in the workplace. This Act replaces the existing Occupational Health and Safety Act 1991 (Cth) and the individual state and territory Acts for health and safety. At the time of publication, not all state and territories have harmonised with the new legislation – Victoria and Western Australia still follow their individual state OHS legislation.

WHS legislation states that employers must take practical and reasonable steps to protect the health and safety of employees at work, and workers have a general duty of care to ensure that they work in a manner that is not harmful to their own health and safety, and the health and safety of others.

WHS legislation is designed to create safe working environments and reduce work-related incidents and illness and their related costs. WHS policies and procedures are based on legislation, regulations, codes of practice and standards.

As a worker, you need to access this information and ensure it is upheld in your service in the following ways.

To make your workplace safer, you should:

- take reasonable care of your own health and safety at work
- tell your supervisor about potential hazards or physical problems in the workplace
- follow any safety guidelines according to your training and instructions
- take reasonable care not to affect the health and safety of others by your acts or omissions
- work with your employer in any action taken to make your workplace safer
- report any injury immediately to a supervisor
- not wilfully or recklessly interfere with or misuse safety equipment provided
- not wilfully put at risk the health and safety of others.

Identify changes in legal, political and social frameworks

Jennifer is working with Esmeralda, an older person with a disability. Esmeralda spent her early life in an institution and is accustomed to having other people make decisions for her. She is currently involved in several support activities that are not of her preference, but to which she has agreed because her doctor (the ‘expert’) has told her she should participate in them.

Jennifer spends some time educating Esmeralda about her rights, including her right to make decisions about her care. Jennifer supports Esmeralda’s self-esteem by asking her about her interests and the activities that she enjoys. She uses these activities as a way to support Esmeralda to make choices, by encouraging her to participate more fully in social activities with other people in the community. She provides Esmeralda with appropriate information about her rights (according to her communication needs) and realises that Esmeralda will need continued support to improve her confidence in making appropriate decisions.
Example

Identify ways society can affect the level of impairment experienced by a person with disabilities

Marco is visiting Virginia, who has an intellectual disability and some mobility challenges.

‘Hi Virginia! It’s great to see you!’ Marco notices Virginia’s withdrawn face. ‘Are you okay? Your mum says you haven’t gone to day program this week – and you would usually love it!’

Virginia still doesn’t smile and mumbles, ‘Don’t wanna go anymore’.

‘You don’t want to go anymore? Well, that’s your decision, but can you tell me why you don’t want to go? Maybe we can find something better for you?’

Virginia rubs her hands and looks uncomfortable. ‘People are mean.’

‘Who was mean, Virginia?’

‘At the bus stop. Kids made fun of me and knocked over my cane.’

‘That’s awful Virginia, I’m so sorry that happened to you. But when people are mean like that, I think it’s because they’re sad inside and don’t know what they’re talking about. It’s got nothing to do with you at all. I think it would be a real shame if a couple of mean kids stopped you from seeing your friends and getting out, don’t you think?’

Virginia nods, ‘I missed swimming yesterday and my back hurts’.

‘That’s no good. Let’s come up with another option for transport and we’ll come up with a plan of what to do and say if someone is ever mean like that.’

Practice task 2

1. Name two ways that society ‘constructs’ disability.

2. Name one way that your attitude towards people with disabilities affects how you work with them.

3. Name one way that not being aware of your own attitudes and actions may affect people with disabilities.

Click to complete Practice task 2
**Intellectual disability**

Intellectual disability is a term used to describe a permanent condition of significantly lower-than-average intellectual ability. People with an intellectual disability may have difficulties with thought processes, learning, communicating, remembering information and using it appropriately, making judgments, and problem-solving. They may also have limitations with communication, self-care, home living, social skills, community use, self-direction, health and safety, leisure and work.

An intellectual disability may be caused by the following factors or conditions.

An intellectual disability may be caused by:

- a brain injury
- infection
- growth or nutrition problems
- abnormalities of chromosomes and genes
- drug misuse
- excessive alcohol intake during pregnancy.

Intellectual disabilities may be mild or severe, so it is important to acknowledge the differences between people and treat them on a case-by-case basis. Providing equal, unbiased and non-judgmental support is your goal, which means that your personal values and attitudes do not affect your work activities. Each person’s capacity should be valued and respected and the focus should be placed on their strengths.

You can learn more about intellectual disability at:


**Neurological impairment**

Neurological impairments are a group of disorders related to the central nervous system. They may affect motor skills, speech, vision, muscle actions and learning ability or any combination of these. The most common forms of neurological impairment include cerebral palsy, epilepsy, multiple sclerosis (MS) and Tourette syndrome.

Neurological impairments vary enormously and each person should be supported as an individual, acknowledging their differences, needs and goals. Your personal values and attitudes should not affect the level of care and support that you provide each person. Each person’s capacity and individuality should be respected and valued. Be patient and do not make assumptions about people or treat them differently based on their level of disability.

You can learn more about the different types of neurological impairment at:

Develop and adjust your own approaches to facilitate empowerment

Your work in supporting people with disabilities can have a profound effect on their lives. One of the most effective ways to do so is to develop specific approaches to facilitate the empowerment of each person. By developing and adjusting your approaches to working with each person in a manner that supports their empowerment, you have the opportunity to support people to meet and exceed their goals and to be valued as respected members of the community.

Some of the approaches that you can use to facilitate people’s empowerment include the following:

- Rights-based approaches
- Person-centred practice
- Self-advocacy
- Active support
- Active listening
- Social justice and the importance of knowing and respecting each person as an individual
- Strengths-based approaches

Provide quality care

Your commitment to providing quality care underpins all of your work activities. Quality care is targeted for each individual and results in positive change in the person’s life.

Quality care is based on the principles of empowerment, of approaches that are rights-based, person-centred, strengths-based and uphold principles of social justice, self-advocacy and active support. Quality care relies on active listening to get to know each person as an individual, and demonstrating respect for their individual choices, needs and goals. It is vital to get to know each person individually and to provide them with the care that meets and respects their needs, choices and goals.

By developing your own approaches to all your work activities with these principles in mind, and adjusting them to suit each individual, you are contributing to providing best-practice, quality care that supports the individuality, human rights and valued contributions of all people.
Person-centred practice

Person-centred practice is a service model that places the person at the centre of their own care. The service responds to the whole person and focuses on a social model of care rather than a medical model of care. A social model of care considers all factors that affect or influence a person’s life (social, psychological, physical, cognitive, cultural etc.); a medical model focuses on the problem or illness.

Person-centred practice philosophy embraces a process that sees the person making decisions about their own care needs, which forms part of their human rights. Person-centred practice relies on person-centred planning. This is where the person, or in instances where the person cannot make sound judgments, their advocate, family and/or primary carer, state what they want their plans to focus on. The plans are driven by the person’s goals and aspirations. For example, the person can choose what service they want, the time the service is given to them and when and how long they receive the service.

Self-advocacy

Self-advocacy refers to the way people act in their own best interests, how they speak up for themselves, make decisions about their care and express their individual goals and preferences. As a support worker with people with disabilities, you will work to extend and develop people’s self-advocacy skills as a primary tool for their empowerment.

People with disabilities may not be confident self-advocates as a result of previous discrimination or stigma, difficulty communicating or thinking strategically, a lack of awareness of their own rights or a lack of confidence, among many other reasons. A vital component of your job is helping people meet any challenges they face in becoming successful, confident self-advocates.

Here are some ways you can help people self-advocate.

**Education and training**

- Make sure people know their rights and understand that they are the experts in their own lives. Provide them with appropriate information, materials and training, if required. For example, some people may benefit from assertiveness training or even informal practise in speaking up for themselves.

**Aids and supports**

- Make sure people have access to all the aids and supports they need to communicate effectively and to support their decision-making. This may include interpreters, physical aids, communication aids, and the presence of a carer, family member or advocate for support during appointments, etc.

**Strategise and plan**

- Skills in planning and strategising are particularly useful in developing self-advocacy. For example, many people are not confident speaking up for themselves in medical appointments or other situations involving authority figures. You could help the person by role-playing the situation beforehand and forming a strategy that will support the person.
Social justice

A commitment to providing quality care is underpinned by the fundamentals of social justice, which means that everyone has the right to participate fully in society and to be respected and supported as a valued contributor to society. People with disabilities have been marginalised and excluded in the past and your work directly helps to support equal treatment and respect for all.

One of the important principles of social justice that affects your work is the right to be treated and respected as an individual. Often, people with disabilities feel as though they are viewed only in relation to their disability, not as a whole, complete and worthwhile human being. Acknowledging people’s differences, their diversity, their choices, goals and preferences demonstrates that you respect and value all people as fundamentally equal. Working individually is the only way to provide targeted, efficient, effective quality care to people in need.

Here are the basic principles of social justice that underpin quality care.

<table>
<thead>
<tr>
<th>Social justice principles</th>
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</thead>
<tbody>
<tr>
<td>Equity – everyone has the right to be treated equally</td>
</tr>
<tr>
<td>Access – everyone has the right to access the same facilities, opportunities and activities</td>
</tr>
<tr>
<td>Participation – everyone has the right to participate in society, their community, politically and in employment</td>
</tr>
<tr>
<td>Rights – everyone has the same rights, including being free from discrimination, abuse or neglect</td>
</tr>
</tbody>
</table>

Strengths-based approach

A strengths-based approach to community services practice identifies and uses a person’s inherent strengths and interests to assist with growth and empowerment.

Strengths based practice focuses on the potential, strengths and capabilities of a person, and engages people with respect and dignity with the aim of enhancing the person’s strengths.

Strategies to promote strengths-based-practice include:

- engaging the person in capacity building
- empowering the person
- recognising the person’s strengths
- affirming the potential in the person.
**Topic 2**

In this topic you will learn how to:

**2A** Assist the person with disability to understand their rights

**2B** Deliver services that ensure the rights and needs of the person are upheld

**2C** Ensure the cultural needs of the person are identified, accepted and upheld

**2D** Identify, respond to and report breaches of human rights

**2E** Identify and report indications of possible abuse and/or neglect

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**Foster human rights**

As a support worker, you have the opportunity and responsibility to foster the basic human rights of the people with disabilities you work with. When you fulfil this fundamental responsibility you improve the lives of people with disabilities.
Deliver services that ensure the rights and needs of the person are upheld

As a fundamental principle of providing quality care to people with disabilities, person-centredness underpins all aspects of service delivery. One of the ways that we keep the person at the centre of service delivery is by ensuring that their rights are upheld and that their individual needs are the basis of all the services we provide.

Strategies to ensure rights are upheld

All your work activities need to uphold people’s rights. There are many strategies that you can employ, including following your workplace’s policies and procedures. These are developed to ensure best practice service delivery that upholds people’s rights. However, you can contribute to safeguarding people’s rights and improve how they are upheld by ensuring that you work in an individualised manner, where each person’s needs, choices and preferences are known, respected and facilitated.

<table>
<thead>
<tr>
<th>Strategies to uphold people’s rights</th>
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</thead>
<tbody>
<tr>
<td>► Make sure you are fully informed about people’s rights (that is, regularly research as part of your professional development).</td>
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<tr>
<td>► Make sure each person is properly informed and understands their rights.</td>
</tr>
<tr>
<td>► Communicate and provide information in a way that supports the person’s individual needs; for example, language/cultural needs, communication/access needs, etc.</td>
</tr>
<tr>
<td>► Make sure the person knows that they have a right to complain and that they know how to complain and where to do so.</td>
</tr>
<tr>
<td>► Make sure the person has access to disability advocacy groups if they wish.</td>
</tr>
<tr>
<td>► Regularly self-reflect on each person’s services to ensure they are upholding the person’s rights.</td>
</tr>
<tr>
<td>► Take action where necessary to advocate for people’s rights more widely; for example, join an advocacy group or contribute to best practice discussions in professional networks, etc.</td>
</tr>
</tbody>
</table>
2C Ensure the cultural needs of the person are identified, accepted and upheld

A fundamental respect for each person’s culture as an expression of their individual experience and the richness of diversity underpins effective service provision. By actively ensuring that people’s cultural needs are identified, accepted and upheld, you demonstrate respect, create rapport and uphold people’s fundamental human rights. At times, upholding people’s cultural needs requires you to adjust your work practices, drawing on your ability to innovate and create new approaches.

Cultural needs

Before you can support a person’s cultural needs, you need to be able to identify them. Everyone has cultural behaviours, needs and expressions that deserve respect, but not everyone in a given culture is the same or has the same needs. All people need to be treated individually and respected for their own choices and needs.

Some people’s cultural groups are easy to identify by the way they dress or the language they speak as a first language. However, never assume that you ‘know’ a person’s culture – always ask the person if they would like to talk about their background and if they are comfortable communicating in English.

Identify cultural needs

Part of getting to know each person as an individual involves identifying their cultural needs, which you should always do by politely asking them about their culture and by expressing respect and interest.

Here are some important considerations when identifying cultural needs.

Know your community

- Get to know a little about each of the main cultural groups in your community so you have a basic level of awareness about people’s cultural needs before meeting them. For example, learning basic greetings in community languages and understanding gender role differences in other cultures are good ways to express your understanding of and respect for other people’s culture.

Ask and listen

- When appropriate, ask people about their culture and their cultural needs. Ask ‘Is it ok if I ..’ and ‘Is there anything else I can do to make you more comfortable?’ to identify people’s needs. Listen to what people say and watch their body language.
A range of responses

Here are some of the ways you can respond to human rights breaches, according to specific circumstances and always following your workplace’s policies and procedures.

**Education**

Some breaches arise from ignorance. Make sure you are educated about human rights, violations and response procedures. Facilitate the education of people with a disability regarding their rights. In some cases, family members, carers and community members may also need to be supported to learn about human rights.

**Access**

One of the main ways that human rights breaches continue is through the lack of access for people to make complaints or to seek appropriate legal redress. Support people’s access needs, whether language, cultural, physical or other access needs, as appropriate.

**Information**

Accurate, timely, up-to-date information is vital to ensure that breaches are addressed appropriately and to ensure that people’s rights are upheld. Make sure you have access to appropriate information through your workplace’s policies and procedures and provide people with the information they need and in a format that supports them.

**Resources**

A lack of resources, whether economically, physically or socially contribute to breaches continuing. If a person needs transport to attend meetings or funding to access specialist legal services, make sure you facilitate their access to appropriate resources.

**Support**

Vulnerable people or people who have experienced a breach of their human rights may be confused, in shock or in need of emotional, psychological or medical support. Aside from helping people to gain any professional support they need, your personal support of their rights, choices and goals is vitally important to foster their self-esteem and wellbeing.

**Connection**

People with disabilities still remain marginalised in our society and more work needs to be done to facilitate the creation of a strong political voice for their needs. You can support this by fostering connections between people with disabilities by providing access and information about advocacy groups and by contributing yourself to expanding and upholding people’s rights and political voice.
Abuse

Abuse can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to the other person by depriving and/or hurting the other person. 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. An example would be when a primary carer hasn’t had a break and is caring for someone with very high needs. If there is no-one else the carer can call on, they can become very tired, stressed and resentful; not realising the impact their behaviour is having. This is still abuse and needs to be reported so the person and the carer can get the support they need.

Here are other causes of abuse.

<table>
<thead>
<tr>
<th>Causes of abuse</th>
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<tbody>
<tr>
<td>The primary carer may be stressed at home or at work.</td>
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<tr>
<td>Someone may be in debt and steal from the person with a disability.</td>
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<tr>
<td>There is conflict, arguments and fights within the family.</td>
</tr>
<tr>
<td>The person is isolated and the abuser thinks no-one will discover the abuse.</td>
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<tr>
<td>A carer may be using drugs or drinking too much alcohol to be able to care for the person properly.</td>
</tr>
</tbody>
</table>

Indicators of abuse

The importance of observation and getting to know the person you are supporting assists in identifying indicators of abuse. When you know someone, you are more likely to pick up on changes in their behaviour. Changes in behaviour can be a result of other things as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that a person is being abused.

If in doubt, speak to your supervisor and always report in accordance with your organisation’s policies and procedures.

Here are some common indicators of abuse.

<table>
<thead>
<tr>
<th>Behaviour changes</th>
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</thead>
<tbody>
<tr>
<td>A person may become withdrawn, depressed or anxious or display signs of being scared. They become quite ambivalent or non-responsive.</td>
</tr>
<tr>
<td>You may find the person is becoming disorientated or making contradictory statements. This can also be a sign of a range of illnesses, so should be thoroughly assessed before making an assumption that the person is being abused.</td>
</tr>
</tbody>
</table>
Sexual abuse
Unwanted or uninvited sexual contact, language or exploitative behaviour by another person is sexual abuse. Sexual abuse includes sexual harassment, indecent assault and rape. This abuse needs to be reported immediately following your workplace’s policies and procedures for reporting abuse.

Here are examples of indicators of sexual abuse.

<table>
<thead>
<tr>
<th>Indicators of sexual abuse</th>
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</thead>
<tbody>
<tr>
<td>▶ Withdrawal, disturbed sleep patterns, nightmares, agitation, fear</td>
</tr>
<tr>
<td>▶ Unexplained difficulty sitting or walking</td>
</tr>
<tr>
<td>▶ Bruising of genital areas or thighs</td>
</tr>
<tr>
<td>▶ Unexplained sexually transmitted diseases</td>
</tr>
<tr>
<td>▶ Unexplained bleeding from genital areas</td>
</tr>
</tbody>
</table>

Financial abuse
Financial abuse refers to when a person’s money, property or assets are being mishandled or taken and used without their consent. It can also include situations where a person with impaired cognitive abilities is coerced to provide their consent without truly understanding what this means. This abuse needs to be reported immediately following your workplace’s policies and procedures for reporting abuse.

Financial abuse includes:
▶ embezzlement, fraud, forgery and stealing
▶ withholding money from the person or not paying accounts or debt
▶ forcing a person to change their will
▶ the enduring power of attorney refusing to provide enough money for the person to live
▶ the enduring power of attorney refusing to provide money for the person to buy clothes or other necessary items
▶ forcing a person to hand over their money or assets.
Report abuse and neglect

Abuse is illegal and you have a duty of care to report any form of abuse as soon as you become aware of it. You should report situations of abuse directly to your supervisor. If your supervisor is not available, go directly to your manager.

When you suspect abuse has occurred or you have witnessed abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from happening or escalating. When reporting, be guided by your organisation’s policies and procedures. Besides verbally reporting to your supervisor, you will be required to document the incident in a report. This information may be recorded in case, continuation or file notes and in an incident report form.

An objective report includes:

- what you saw; for example, the size, location and type of bruising
- when you saw it; for example, the date, time and day
- what you did; for example, removed the person from the situation
- what you said; for example, explained to the person that you had to report the incident
- the person’s response; for example, what they said or did
- follow-up action to be taken.

Identify and report indications of possible abuse and/or neglect

**Example**

Francine knocks on Matt’s door. She is his support worker and is concerned that she has not been able to reach Matt or his carer by phone for several days. Matt is very reliant on his brother, who he lives with, for his basic needs and also for mobility, as he is unable to walk by himself.

Francine looks around and notices piled up mail sticking out of the letterbox. She knocks again and hears a faint voice coming from inside.

‘Matt! Is that you? It’s Francine! We have an appointment this afternoon, it’s Friday. Are you ok, Matt? I’d really like to just say hello.’

‘Nah, I’m okay’, comes a faint reply, ‘I really can’t let you in – I don’t have a key’.

Francine is now very concerned. ‘What? Where’s your brother?’

There’s silence for a moment, then, ‘Um. I don’t know. He said he’d be back on Tuesday’.

Francine immediately gets out her phone. ‘Matt, I’m calling the police to open the door and an ambulance to make sure that you’re okay. Stay right where you are.’

She immediately calls 000 and requests a police car and an ambulance. She then calls her supervisor, quickly explaining the situation and requesting her to attend the incident and bring appropriate report forms.

‘I’m so sorry this happened to you Matt, this is not okay! They police and ambulance are on their way and we will make sure this never happens again.’
Facilitate choice and self-determination

As part of your commitment to fostering the human rights of people with disabilities, your work practice will be based on facilitating people to make choices and to direct their own care. Self-determination is a fundamental human right and your support and respect for people as the expert in their own lives empowers people to make healthy, informed and positive choices.

**Topic 3**

In this topic you will learn how to:

3A Use a person-centred approach that acknowledges the person with disability as their own expert

3B Facilitate and discuss person-centred options for action on relevant issues

3C Provide assistance to facilitate the communication of personal goals

3D Provide person-centred support to encourage and empower the person to make their own choices

3E Assist with strategies to ensure the person is comfortable with decisions that are being made

3F Assist with accessing advocacy services and other complaint mechanisms
Genetic factors
A main contributing factor to many disabling conditions is a person’s genetic inheritance. We all inherit information from our parents that is encoded in our genes – sometimes this information is faulty; combined information from both parents creates faults; or a combination of genetic factors and environmental factors (such as experiences and your physical environment) cause a gene to switch on or off and express as a disabling condition.

Our identification of genetic factors of disease and disability is increasing rapidly, and the options for treating on a genetic level are likely to widen in the future. Genetic factors do or may underlie many disabling conditions, and may contribute to physical, intellectual, psychological and mental health conditions.

Some of the conditions that are known to involve genetic factors include the following.
Genetic factors underlie:

- cystic fibrosis
- muscular dystrophy
- fragile X syndrome
- spina bifida
- Down syndrome
- diabetes
- multiple sclerosis (MS)
- Parkinson’s disease
- depression
- autism spectrum disorder
- amyotrophic lateral sclerosis (ALS)
- bipolar disorder
- cerebral palsy
- learning disabilities.

Support people who have a genetic condition
Many genetic factors underlie serious and debilitating conditions that currently have no cure, but require management to ensure the optimal health and wellbeing of the person. For example, for a person with a physical disability arising from MS, you can implement person-centred care to facilitate self-determination and choice regarding the person’s access to physical supports, health professionals, aids and equipment, and information and training. For a person with depression, you can support them with information to gain professional counselling and treatment and to provide options that encourage physical exercise, social contact and capacity-building.
Facilitate and discuss person-centred options for action on relevant issues

In supporting people’s self-determination and choice, you need to be able to provide people with options for action that are relevant to their specific needs. Additionally, you need to be able to communicate these options appropriately according to each person’s needs. In many cases, you will also be called upon to facilitate discussions and communication between the person and their family and/or carers as a way to work together to provide person-centred, best-practice services.

Facilitate discussion

Providing services for people with support needs is a collaborative endeavour where you, the person, their family, carers, other service providers and health professionals work together as a team. One of your main roles in this team is to facilitate discussions to provide people with person-centred options to consider. Whether facilitating discussions between you and the person, or those that include other members of the team, your ability to provide accurate, individualised information and to communicate effectively supports people’s choice and self-determination.

Facilitating discussions about person-centred options for action involves the following elements.

Facilitating effective discussions for action

1. **Identify relevant issues**
   To be able to provide relevant options for a person, you need to work together to identify the issues involved and to respect their decisions about their care. For example, if the person wants to increase their mobility, this decision should direct the options you provide.

2. **Gather relevant information**
   Once an issue has been identified, gather all the relevant information about resources, aids, equipment, experts, services, etc. that could inform the possible actions the person could take.

3. **Collaborate with relevant people**
   If relevant for the specific issue, collaborate with others on gathering appropriate information and resources, always respecting the person’s privacy and confidentiality. Providing targeted services requires a collaborative approach.
Communication aids

Many people require or can benefit from physical or technological aids in communication. All communication aids need to be customised or individualised to each person’s needs. For example, providing someone with a physical impairment with an aid designed for children’s use may cause offence and does not build capacity or support their rights.

As part of your professional development, keep up to date with what types of communication aids are available and consider who they may benefit. Many technological aids are developing rapidly, specifically tablets with specialised software to aid communication. These aids are vital to empowering people with specific disabilities to make their own choices and to communicate them effectively.

For more information about communication aids, visit:


Here are two ways your work can involve communication aids.

### Types of aids

Communication aids come in electronic (tablets, laptops etc.) and non-electronic forms such as communication boards, alphabet boards, community request cards, visual supports and cue cards. Make sure you know how to use and interpret each person’s communication through their specific aids and ask for assistance if required. For example, a person’s family or carer may be able to provide assistance with communication if the person has complex needs. Keep in mind confidentiality issues, and recognise that people may want to keep some communication private.

### Allow time

Be patient, as some methods of communication take time. No-one can communicate effectively if they feel rushed or interrupted. Also be aware that it can be very frustrating for people to communicate using external aids and your patience and encouragement can provide much-needed support.

### Example

During her meeting with Tranh and his family, Siobhan facilitates Tranh’s communication by using her active listening skills. She listens carefully to what Tranh, his daughter and son-in-law all say and at natural intervals, repeats what she has heard to help them all clarify what has been said.

When Tranh’s daughter becomes visibly distressed at the notion of her father entering residential care, Siobhan verbally acknowledges her distress and supports her communication.

As the meeting progresses, Tranh’s speech becomes more slurred, which Siobhan knows is an indication that he is growing tired. She suggests that everyone takes a break and asks Tranh if he would like to use his tablet for communication. Tranh nods and Siobhan sets up the program to help Tranh communicate effectively using less physical effort.