

Contents

Before you begin	vii
Topic 1 Identify the lifespan developmental stages of the person	1
1A Identify aspects of development according to person's lifespan development stage	2
1B Identify relationship between lifespan development stage and the needs, interests and skills of the person	12
1C Identify person's behaviours consistent with lifespan development stage	18
1D Identify cognitive processes that may impact on development stages across the lifespan	23
Summary	37
Learning checkpoint 1: Identify the lifespan developmental stages of the person	38
Topic 2 Identify how the Australian social context of health might impact on participation	41
2A Identify social aspects of health provision and the impact on people	42
2B Identify how demographic issues impact on health	47
2C Identify health issues that impact on health service provision	54
Summary	60
Learning checkpoint 2: Identify how the Australian social context of health might impact on participation	61
Topic 3 Identify how the Australian social context of leisure might impact on participation	63
3A Identify the role of leisure as part of the person's everyday life	64
3B Identify approaches to leisure at different stages of the life cycle and its impact	76
3C Identify perceptions and attitudes towards leisure	82
Summary	85
Learning checkpoint 3: Identify how the Australian social context of leisure might impact on participation	86
Topic 4 Identify strategies for participation	89
4A Implement motivational strategies to maximise participation	90
4B Ensure strategies are appropriate and clearly communicated	95
4C Determine if perceptions are impacting participation in leisure activity	101
4D Incorporate protective and inclusive practices into leisure service delivery	118
4E Recognise behaviour or responses to illness and respond	123
Summary	128
Learning checkpoint 4: Identify strategies for participation	129

Adulthood

- ▶ There is a strong set of moral beliefs.
- ▶ Wide social networks are drawn from people known through work, family, social and sporting activities.
- ▶ Multiple roles are taken in life; for example, parent, worker, friend and partner.
- ▶ Time needs to be balanced across multiple responsibilities and roles.
- ▶ Interactions should focus upon providing relevant and realistic choices and support to suit the current needs of the individual.

Elderly

- ▶ There is an increased risk of social isolation and decreased contact with other people in social situations.
- ▶ Greater time is available for own activities.
- ▶ There is an increase in the possibility of a partner's death and decreased contact with other family members.
- ▶ Roles taken in life may be reduced; for example, the individual may no longer have work or parenting roles.
- ▶ Interactions should support the person at times of significant or changing need, and be respectful to the particular needs of the individual.

Intellectual development across the life stages

Intellectual or cognitive development and its relationship to psychological development have been well described by many researchers over the years, including Jean Piaget (1896–1980) and Erik Erikson (1902–1994). According to them, humans move through a number of stages that can be identified by the presence of particular characteristics. Intellectual development is a series of stages through where people make qualitative changes as they acquire new knowledge. Decision-making is a cognitive process resulting in the selection of a belief or course of action.

Here is further information on the characteristics of different stages of intellectual development.

Characteristics of different stages



Infancy

A child in the sensorimotor stage in infancy is characterised as experiencing the world largely through the senses. Actions are repeated frequently at this stage and, over time, results mean some actions become more frequent, while others fade.



Preschool children

Preschool children embark on a period of discovery and very rapid cognitive development, which mirrors significant gains in language skills over the same time span. The world and everything in it is explored, discovered, manipulated and employed. The child adds new words and language forms on a daily or weekly basis.

1C Identify person's behaviours consistent with lifespan development stage

There are behaviours that are consistent with lifespan development stage. Some are unique to a particular stage, while others behaviours overlap with two or more stages. This topic looks at behaviours that occur in different life stages.



Lifespan development in infancy

The period of infancy begins at birth and ends at two years of age. It is the most rapid period of growth throughout the lifespan. During this period, humans go from being helpless babies to toddlers who can communicate and reason.

Here are the behaviours that typically exist in infancy.

Typical behaviour during infancy 0–12 months

- ▶ No understanding for intentional behaviour
- ▶ No understanding of conscious reactions during interactions.
- ▶ Will cry to express needs, as they cannot communicate verbally.
- ▶ Uses actions to communicate likes or dislikes

Lifespan development in childhood: toddler

The changes that occur from infancy into children are significant. Different aspects of growth and development are measured and include physical growth, cognitive growth and social growth.

Here are the behaviours that typically exist in childhood: toddler.

Typical behaviours during childhood – toddler (ages 1–2)

- ▶ Starts to explore cause and effect relationships
- ▶ Does not consciously plan actions or have control
- ▶ Does not have the capacity to understand, remember or obey rules
- ▶ Starts to develop independence
- ▶ Starts to test boundaries

Categories of memory

Memories can be categories in three different ways, as shown here.

Procedural memory

Procedural memory is also known as motor skills, and is responsible for knowing how to do things. Procedural memory is part of the long-term memory where it stores information on how to do things such as walking, talking and riding a bike.

Episodic memory

Episodic memory is the memory of an 'event' or 'episode'. These memories of events can be times, places, associated emotions, and other contextual who, what, when, where, why knowledge, that can be explicitly stated. For example, remember the last time you ate dinner at a restaurant. The ability to remember where you ate, with who, and the items you ordered are all features of an episodic memory. Another example is remembering where you parked your car at a shopping centre this morning.

Semantic memory

Semantic memory refers to general world knowledge that we have accumulated throughout our lives. It is a more structured record of facts, meanings, concepts and knowledge about the external world. Semantic memory stands alone as simple knowledge and examples may include things as social customs, functions of objects or an understanding of mathematics. Semantic memory is generally derived from the episodic memory, whereby we learn new facts from our experiences.

Decision-making and reasoning

Decision-making and reasoning are reflections of cognitive ability (at least in part) and are influenced by a great many factors. Some of these are outlined here.

Developmental stage

The developmental stage of the person is a strong indicator of the reasoning and decision-making that can be employed. For example, a child in the pre-operational phase (around 2–6 years) is unable to use logic to reason and solve problems. They cannot yet manipulate objects in their head, although they do have a limited understanding of the world and the people and things within it.

By contrast, a child who is in the concrete operational phase (7–12 years) is able to use logic to solve problems and can manipulate objects in their head. At this stage, however, children are not yet able to use sophisticated reasoning or abstract thought where one object is represented by something else (such as in algebra, where a letter is representative of a number).

Support people with dementia in a low-care setting

Some people with various forms of dementia still live quite independently and may benefit from individual or group-based activities suitable to their abilities and stage of dementia. Typically, these individuals are in the early-to-middle stages of dementia and may receive some support from family members or caregivers. They may be living at home or in a low-care facility, such as a hostel.

As a recreation worker, you can provide support for a person living in a low-care setting by providing meaningful and safe activities that are engaging and stimulating. You can provide support to family members of individuals who live at home by allowing them to take some respite from their caring responsibilities for a short time.

When supporting a person with dementia, include them in everyday activities. Joining in these tasks can help people with dementia feel more settled and calm.



Learn about a person with dementia

Learn about the person by talking to their family members, reading their individual plan, observing their home environment and recording details you are told in a leisure plan.

Activities that may be useful in a home setting include:

- ▶ looking through family photos
- ▶ reading newspapers, books or magazines out loud
- ▶ listening to some favourite music
- ▶ watching an old movie together
- ▶ creating a piece of artwork
- ▶ sharing in food preparation
- ▶ gardening.

Support a person with dementia in a low-care residential facility

In a low-care residential facility, you may also offer group activities; for example, activities with a focus on craft, art, music, exercise, cooking, games or gardening. You may also offer outings to local facilities in the community, such as going shopping, to a movie or to a park.

Try to offer a range of activities, and include both small group and individual support options. Provide information to residents so they can choose preferred activities, making this information available in a format that is meaningful for them. For example, you may write activities on a board, offer verbal and visual reminders or speak directly to people specifically to ask if they want to join in an activity. Activities for this group of individuals often focus on stimulation and social engagement.

Provide suitable activities for persons with dementia

Here are some activities that may be suitable for individuals with dementia in a high-care setting.

Activities for people with dementia a high care setting

- ▶ Simple movement tasks based on copying an action
- ▶ Tactile experiences such as different materials or small bottles with scents or fragrances
- ▶ A sensory room to help calm a person who is distressed or agitated, or simply to offer an enjoyable experience
- ▶ Music that promotes relaxation, particularly at times of the day when a person may become distressed
- ▶ Household tasks that are very simple and easily copied when modelled by another person
- ▶ Memory boxes or books of personal items or photos
- ▶ Puppetry
- ▶ Activities that have already been started, such as a drawing that is partially completed

Example

Provide suitable activities for persons with dementia

Chin Ho is a support worker for an organisation that specialises in supporting adults who have a primary diagnosis of an ABI. Many of these individuals experience difficulty remembering details such as names, dates and times; organising daily tasks; initiating new activities; making complex plans; and managing their emotional responses to situations.

Chin Ho provides some group activity sessions with a focus on community-based recreation activities, and also offers one-to-one support and guidance. The purpose of these sessions is to help individuals build skills in accessing community-based activities in recreation, education and other community facilities.

He shows people how to use public transport safely and easily, join in activities with minimal support and to feel confident in asking for help from mainstream service providers when required. He teaches the individuals to use reminders (e.g. print or electronic calendars and brightly coloured notes) and to practise conversation and 'stop, think, act' strategies to help them deal with both expected and unexpected situations.

He aims to provide decreasing levels of support appropriate to needs of the individual over a period of around 18 months.

Think about your own family. Do members of your family smoke? Do they exercise? How do they eat? What leisure activities do they engage in? How have their choices influenced your health behaviours and leisure choices? You can ask the same questions about your workplace. Does your workplace culture influence your health behaviours and leisure choices?

Socialisation from our family determines how we eat and exercise; whether we see a medical practitioner, an allied health professional or an alternative medicine practitioner; and our leisure activities. The same influences may also come through education or through media we engage with. What television shows do you watch, for example? Have these shows influenced your lifestyle?

Social context of health and leisure

The Australian government values and encourages individual responsibility for health and leisure choices. However, a person's choices are largely influenced by the social culture in which they live and were socialised into as they grew up. Leisure and health are both the responsibility of the individual, but are greatly influenced by social conditions and their environment. The social context of leisure includes considering the relationships between health, life expectancy, leisure choices as well as the education, income, occupation, material resources of individuals.

Individuals have specific needs, like food and water. The choices we make on top of that may be influenced by a person's social culture; for example, wanting to play sport rather than learning music. Ability is also very important, and may vary depending on socioeconomic, cultural or social status.

Consider a person waiting to have an operation. An individual who can afford private health insurance may not wait as long as a person who cannot, and is going through the public health system. Location is also a factor in determining ability to achieve health or leisure goals, or maintain good health. People in urban areas have greater access to resources, such as health professionals, health facilities and leisure facilities that people in rural or remote areas do not have access to.

Conditions of choice

Values and beliefs largely influence the health and leisure choices we make. Values may stem from education, family, friends, workplace or general society. Motivation enables us to act. If the need and ability is there and our choices are supported by our values, we need motivation to execute and achieve our goals. Goals may include losing weight, stopping smoking, practicing yoga or attending to a medical issue that has been bothering us.

The same conditions of choice apply to individuals in the healthcare system. Consider the needs, wants, ability, values and motivation of the individual and how they influence the people you work with.

Factors determining a person's ability to make choices about their health

► Needs

► Values

► Wants

► Motivation

► Abilities

Public policies in Australia

There are a number of public policies in Australia that seek to address issues that affect people with disabilities. People living with disabilities often experience negative issues related to discrimination and isolation from society. The social model of disability guides carers and workers in disability, promoting the rights and dignity of people with disabilities. Community change is gradual. As people's attitudes reform, access to buildings and community activities increases and services improve. It is hoped that the experience of people with disabilities will improve considerably as policy addresses these concerns.

The following political and social policies and legislation aim to redress the discrimination and improve the status of people with disabilities in the community.

Disability Discrimination Act 1992 (Cth)

- ▶ The *Disability Discrimination Act 1992* is designed to protect the rights of people living with disabilities. Under this law, they are protected against direct and indirect discrimination in all aspects of public life, such as employment, community activities, education and access to buildings.

The Australian Human Rights Commission

- ▶ The Australian Human Rights Commission works to protect the rights of people with disabilities. The commission makes public inquiries, negotiates guidelines and standards, and forms action plans.

National Disability Insurance Agency

- ▶ The National Disability Insurance Agency (NDIA) is an independent statutory agency whose role is to implement the National Disability Insurance Scheme (NDIS). This will replace state and territory departments in the provision of targeted support and coordination and access to services for people with disabilities.

International Day of People with Disability

- ▶ The International Day of People with Disability is facilitated by the Australian Government and sanctioned by the United Nations. The day aims to promote awareness, understanding and education about the issues that impact people with disabilities, such as employment, housing, community involvement, mobility, funding and recreation.

National Disability Strategy

- ▶ The National Disability Strategy was the first agreement between all governments in Australia, created to protect the rights and promote equality for people with disabilities.

Commonwealth spending on health

The four broad areas of health spending include hospitals, primary health care, other recurrent expenditure and capital expenditure. The second-largest component of health spending is for primary health care services such as community and public health initiatives. Recurrent and capital expenditure are areas that were not delivered through the primary health care sector, such as medical services, medical research, health aids and appliances, patient transport services and health administration.

Australian funding is available for organisations and/or individuals involved in sport and recreation from a range of sources. The majority of funding comes from national, state/territory and local government programs. Sport and recreation agencies are a primary source for funding. Funding is also allocated via programs for community groups to increase physical activity or recreation. Some not-for-profit organisations also fund leisure and recreation activities, usually for disadvantaged groups in the community.

Commonwealth health expenditure areas include:

- ▶ aged and community care services
- ▶ disability programs
- ▶ public health initiatives
- ▶ Medicare and pharmaceutical benefits
- ▶ hospital and healthcare funding
- ▶ health services for Aboriginal and Torres Strait Islander peoples
- ▶ emergency services for people in crisis.

Private and public sector provision of health care

Health services are provided and supported by many agencies other than just state and territory government sources. For example, government and private research and statistical bodies provide information for disease prevention, care and associated policy. Consumer and advocacy groups contribute to policy development and lobby governments for change to support particular groups in the community. Hospitals offer training for health professionals. Voluntary and community organisations also make important contributions, including educational and health promotion programs and coordinating voluntary care.



Discrimination and limited access to services for some people in the community still occurs. Frustration is sometimes directed at the government because of the slow pace of legislative and policy changes. Funding is often central to limited access to health services and policy.

3A Identify the role of leisure as part of the person's everyday life

The concept of leisure means different things to different people. As people progress through the various stages of their life, their concept of leisure should change. As society and values evolve, the meaning of leisure also evolves. The leisure activities dominant at the turn of the 20th century are different from the leisure activities we enjoy today.



Leisure and sociology

Leisure is a relatively new area in sociology. From a sociological perspective, leisure has a range of meanings. The following are key contemporary sociological theories of leisure.

Family life cycle

In the 1970s, Rhona and Robert Rapoport proposed that at different stages in life, leisure activities change. They defined the key stages as:

- ▶ adolescence: finding personal identity with activities including dancing, arts and craft, sport and travel
- ▶ young adulthood: finding personal and social identity with activities including, attending nightclubs, discos and pubs; taking part in sports, cultural activities and travel
- ▶ establishment phase (ages 25–55): focusing on building satisfaction with activities including gardening, home improvement, family activities and watching television
- ▶ later years: focusing on personal and social integration and finding meaning with activities, including social games and sports.

Work

The work and leisure theory was developed by Stanley Parker in the mid-1980s and looks at leisure in terms of its relationship to work. For example, time spent not working or attending to work commitments and daily activities is considered leisure. Parker also suggests that the type of leisure activities people choose depends strongly on their work. For example, a social worker is more likely to spend their leisure time running a youth club, whereas a businessperson is more likely to spend their leisure time eating with friends at a nice restaurant.

A pluralist perspective

In 2006, Ken Roberts proposed that leisure is founded on choice and variety. Activities are only considered to be leisure activities if they are chosen freely. Roberts rejected the relationship between work and leisure, as many people do not work. He also emphasised that socioeconomic status impacts heavily on leisure activities.

National Standards for Disability Services (NSDS)

The NDS have been developed as national standards in the context of the National Disability Agreement and were agreed upon by all states and territories in 2013. They provide a consistent approach to quality service provision across areas including consumer consultation, equity of access, decision-making and choice, right to complain, valued status, and participation and integration.

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 emphasises 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.

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.

Community Care Common Standards

These national standards set out the expectations of home and community care providers throughout Australia. The seven standards cover:

- ▶ access
- ▶ information and consultation
- ▶ service management
- ▶ service delivery
- ▶ privacy, confidentiality and access to personal information
- ▶ complaints and disputes
- ▶ advocacy.

Sport

- ▶ Many young people choose to play sport. After-school and weekend activities such as football, netball, tennis, athletics, dance, gymnastics and hockey are enjoyed by many young people across Australia. Sport offers:
 - team-building skills
 - social inclusion and identity
 - physical wellness
 - a break from study.

Audio-visual and technology activities

- ▶ The majority of adolescent leisure time is taken up with audio-visual and technology activities, such as watching television, using the internet, listening to music and playing video games. In recent years social networking sites can now be accessed on mobile phones, meaning that people can access them throughout the day.

Risk-taking behaviour

- ▶ As young people develop physically and emotionally, they explore boundaries and assert their independence by taking risks. Some risk-taking behaviours include smoking and drinking alcohol, taking drugs and driving dangerously.

Leisure activities in early adulthood

Many of the issues that arise in adolescence carry over into young adulthood. Characteristics that impact leisure activities in early adulthood are outlined here.

Personal and social identity, and life changes

- ▶ Young adulthood focuses not only on personal identity, but also on social identity. A large part of this is forming work and personal relationships through social clubs and team sports. Other characteristics of young adulthood include moving out of home for the first time, studying at university, starting employment and starting committed relationships and families.

Leisure activities

- ▶ Leisure activities during young adulthood include sport, travelling, outdoor recreation, and arts and culture. They also include:
 - attending entertainment venues
 - socialising
 - using audio-visual media.

Decrease in sport and cultural activities

- ▶ Unlike in adolescence when after-school activities are structured and encouraged, leisure activities such as sport and cultural activities tend to decrease in young adulthood. Generally people are motivated to pursue sport or cultural activities because of health, social and personal reasons.



Topic 4

In this topic you will learn how to:

- 4A Implement motivational strategies to maximise participation**
- 4B Ensure strategies are appropriate and clearly communicated**
- 4C Determine if perceptions are impacting participation in leisure activity**
- 4D Incorporate protective and inclusive practices into leisure service delivery**
- 4E Recognise behaviour or responses to illness and respond**

Identify strategies for participation

Maximising participation in leisure and health activities provides many benefits, including social and emotional benefits, improved physical health and wellbeing, and greater mental health. As a worker in this industry, you should acknowledge and support the positive effects of participation in leisure. There are a number of strategies that can be used to maximise a individual's participation in leisure activities, some relate to the individual themselves, while others relate to the environment in which participation is occurring.

4B Ensure strategies are appropriate and clearly communicated

Successful participation in leisure is critical for people to maintain a sense of wellbeing, mental and physical health, and emotional stability. Each of these important parameters contributes to the sense of empowerment that a person feels over their own life and leisure choices they are able to make. Workers need to ensure that a person's needs have been addressed and that strategies are age and culturally appropriate. Communication is critical to ensure participation and the strategies are clear.



Identify needs

Ensuring all needs are met means we have also identified and managed any potential barriers to participation early and before they become limiting for a person.

The following explores some issues to consider ensuring strategies are appropriate.

Social or emotional needs

Some people may be socially isolated or have limited experience in building and maintaining friendships. Some people may have particular emotional needs related to their life stage, a particular event such as the death of a close relative, or due to a mental illness.

Language and communication needs

Some people may have limited English or verbal communication, and may use an alternative method of communication. Some people may only be comfortable communicating with particular people in familiar situations. Ensure strategies address language and communication needs.

Physical care needs

People will have a range of abilities. Ensure a strategy is appropriate to their physical ability.

Health or medical needs

Some people may have deteriorating health due to their condition, or a health issue such as being overweight or obese.

Changing or fluctuating needs over time

Conditions such as multiple sclerosis, muscular dystrophy, Parkinson's disease and Alzheimer's disease can cause deterioration in a person's health over time.

Perceptions of illness

People have different perceptions of illness for a variety of reasons. Researchers are still discovering some of the factors that may impact on a person's perceptions of illness. There is evidence to suggest that cultural background, previous knowledge about illnesses, as well as religious and spiritual belief systems and values can play an important role in their perceptions.

The following outlines examples of three different people and how they perceive their illness, according to their experiences and pre-existing understanding of that illness.

Jane	<p>A woman with osteoarthritis</p> <p>Jane is diagnosed with osteoarthritis. She is told by friends that osteoarthritis is easily managed through good medical care, appropriate exercise and medication. She is encouraged to keep going to their gentle exercise class and they take turns picking her up to go shopping each week.</p> <p>Jane perceives her illness as manageable and devises her own coping strategies. She carries paracetamol when she goes out and meditates to help with relaxation and pain management. She fits doctor appointments around her busy schedule, not letting them clash with other activities. Her perception of her illness and pain is that it has a limited impact on her life and lifestyle.</p>
Peter	<p>An elderly man with diabetes</p> <p>Peter is an elderly man is diagnosed with diabetes. He has a family history of diabetes and believes this will result in massive changes to his lifestyle and ability to perform daily activities. He doesn't read the literature the doctor gives him, preferring to continue with beliefs closely related to his experiences with other family members who had the condition.</p> <p>Peter perceives that his family history is the cause of his diabetes and the time from diagnosis to death will be relatively short. He bases this perception on preconceived ideas rather than information provided by his doctor. Peter does not perceive himself as having any control over the condition, and does not feel he can change the eventual outcome of death within a short time frame.</p>
Carly	<p>A middle-aged woman with multiple sclerosis</p> <p>Carly is a middle-aged woman is diagnosed with multiple sclerosis (MS). She is initially devastated, but then begins to research the possible causes of MS and alternative therapies to help her cure her condition. Much of this is done on the internet.</p> <p>Carly gathers a wide range of facts and perceptions about the possible cause of MS and potential cures. She wants to keep control of her situation and rejects mainstream medical advice. Instead, she looks to alternative practitioners and seeks information from online sources. She refuses to believe that MS is currently incurable and looks for information on alternative healing. She chooses not to report new symptoms to her doctors. Instead, she records her thoughts in a diary, focusing on setting goals and time lines for a cure.</p>

Response to medication

There is some research that suggests different cultural groups may respond in different ways to medication. This is particularly evident in how long people tend to take a medication for, and may relate to communication of information, language barriers or genetic differences in how medication is metabolised.

Response to trauma

In a situation of trauma, such as following a significant illness, injury or other event, responses can vary across different cultural backgrounds. People may have a great deal of difficulty accepting help from others and may be reluctant to share information or ask questions. You can assist in these situations by linking individuals with services that can help rebuild trust and reconnect with traumatised individuals and families. This may include strategies such as enlisting support from interpreters, traditional healers or other people who are perceived as having a caring or leadership role within the person's community or cultural group.

Response to behavioural problems in children

Behavioural problems shown by children can be challenging for parents to manage, and some people may experience difficulty in seeking help with the problem. Members of some cultural groups feel shame that their child is behaving in a challenging way, and tend to be less likely to seek help.

Response to a mental health diagnosis in Indigenous communities

Culturally, many Indigenous Australian people do not see mental illness as a separate issue, but part of the overall wellbeing of the individual. This holistic view recognises connections between physical, spiritual, physiological, social and spiritual health. One study found that three out of four Aboriginal people did not see depression as treatable, explaining that 'it was just the way the people were'. They also had the view that depressive illness was just a weakness in overall wellness.

Response to illness and disability in Chinese culture

Some traditional Chinese families perceive illness and disability as a source of shame and may feel significant guilt. Mental health problems are sometimes viewed as signifying a lack of self-discipline or weak character, or resulting from morbid thoughts. There may also be a religious connotation, with mental illness perceived as being a punishment inflicted by the gods. There are significant differences between people of Chinese culture depending on their level of adherence to traditional beliefs.

Response to conflict or agreement

In some Asian cultures, there is a strong focus on respect for authority and avoiding shame or embarrassment. Often people from these cultures will not question or disagree with suggestions given to them, as they prefer to avoid a conflict situation and believe that discussing or arguing about treatment or diagnoses will bring embarrassment to both parties.

Bullying

- ▶ A young person with a disability may be subjected to bullying and teasing at school or in the community. Children with disabilities have the right to access education like any other child. Funding can assist young people to access education.

Sexuality

- ▶ Young people also start to explore their sexuality. A person with a disability has as much right and ability to experience sexual feelings and to explore their sexuality as other people. Sexual health is an important consideration for adolescents with a disability.

Siblings

- ▶ There is considerable support available for the siblings of people with disabilities, who may experience feelings such as jealousy, stress, anger or guilt. It is important that parents and carers provide adequate support for the relationship between a person with a disability and their siblings.

Rights

- ▶ It is also important that young people with disabilities are aware of their rights to equality and protection from discrimination. It is important for a young person with a disability needs to understand that they are a person with a disability, rather than a disabled person.

Indigenous Australians with a disability

There are higher rates of disability in the Indigenous Australian community compared to the non-Indigenous Australian community, relating to lower socioeconomic status, higher rates of smoking, poor nutrition and substance abuse. Indigenous Australians with disabilities may experience any of the following issues that impact on their health.

Cultural barriers

- ▶ Many Indigenous Australians experience barriers to support for a disability, due to remote locations, social marginalisation and cultural issues.

Language barriers

- ▶ The notion of disability may not be relevant to some Indigenous Australian communities. The First People's Disability Network found that there was no word in traditional Indigenous Australian language to describe disability, and so it may not be accepted as an experience by some Indigenous Australians.

Fear and mistrust

- ▶ Due to marginalisation and discrimination, some Indigenous Australians do not feel welcome to access support for disabilities. There is a collective fear and mistrust in some communities based on the past treatment of Indigenous Australians. Some fear their children will be removed to be cared for by others; this is particularly pertinent if the child has a disability.

4D Incorporate protective and inclusive practices into leisure service delivery

Federal legislation applies to work you do anywhere in Australia. These laws do not change depending upon where you work, or who you work for, even if you change states or territories. There are three important federal laws that impact on leisure service delivery and serve to protect the rights of people and include them in a number of different ways. These are the *Disability Discrimination Act 1992* (Cth), the *Racial Discrimination Act 1975* (Cth) and the *Privacy Act 1988* (Cth).



It is important to stay up to date with information about legislation and how it applies in your specific work area. You do not need to know all the laws that may apply across the entire leisure services industry, as there are many that only relate to specific kinds of work. Instead, focus on the areas of legislation that are relevant for your work area. Workplace health and safety is an example of legislation that goes across industry and different sectors and is relevant for all workers.

Disability discrimination

The *Disability Discrimination Act 1992* (Cth) aims to prevent discrimination against people who have a disability, as well as people who have had a disability in the past, or may acquire one in the future. It also applies to people who are associated with someone who has a disability. The law makes it illegal to discriminate against a person on the basis of their disability.

Here are some important points about disability discrimination.

Areas of application

The Act applies to and specifically mentions areas such as employment, housing, access to buildings and facilities, education, goods and services, and sporting activities.

This means that in most instances it is not lawful to discriminate against a person in any of these areas. For example, if a person with a disability who wishes to join a sporting club it is not lawful to discriminate against them simply because the person has a disability.

Unjustifiable hardship

A significant clause of the Act is that of 'unjustifiable hardship', which means that a person or entity is not required to avoid discriminating against someone with a disability if doing so would cause them unjustifiable hardship. In the example of a sporting club, it may be claimed that installing ramps and adaptive equipment to cater to a person with a physical disability would cause the club unjustifiable hardship, as doing so would place such strain on the club's budget that they were unable to remain operational. In this case, it is unlikely they would be obliged to avoid discrimination.

4E Recognise behaviour or responses to illness and respond

When illness strikes, many people think of the physical effects of the illness, but there can often be an emotional aspect as well.

All chronic diseases and terminal illnesses generate emotional responses, to which people respond in different ways; for example, they may experience shock, anger, fear, denial, grief, anxiety and acceptance. People may experience all of these emotions or just some of them. They may experience them for a long time or only for a short period. This is often part of the coping process.



Fear and anxiety are the two most common emotions. Sometimes these emotions lead to depression. This in turn can have further negative consequences, including responses to illness that are perceived as unacceptable by some members of society.

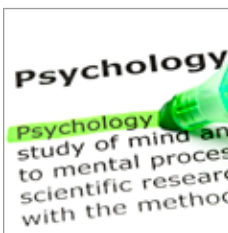
If faced with this type of situation with an individual, always refer to your supervisor and be familiar with the policies and procedures in your workplace.

Depression and suicide

Depression is sometimes perceived as being a natural part of the ageing process or as being an unchangeable feature of having a serious illness. It is associated with many situations and can present in different ways. It may occur in response to illness.

Here is some further information about depression and suicide.

Information about depression and suicide



One type of mental illness

Depression is only one type of mental illness. Others include conditions such as anxiety disorders, panic attacks, obsessive compulsive disorder, agoraphobia, bipolar disorder and post-traumatic stress disorder. Being diagnosed with one mental illness increases the likelihood of being diagnosed with another.



A treatable condition

It is not appropriate to assume that depression is normal or natural given the person's situation. Depression is a treatable condition, and it should be managed effectively by appropriate healthcare professionals such as a general practitioner, psychiatrist or psychologist. You can advocate for appropriate treatment to be sought by and for individuals, and can work as part of a multidisciplinary team to support individuals who have depression and/or other mental health conditions.

Summary

1. There are a range of motivational strategies to maximise participation in leisure activities.
2. To enable a person to participate fully in recreation activities, modifications can be made to tasks or the environment.
3. It is important to ensure strategies are age and culturally appropriate, and clearly communicated.
4. Individual perceptions of health, wellness, illness and disability all impact on participation in leisure activities.
5. Historically, the perception of people with disabilities has been quite poor, but improved community attitudes, supported by strong legislation and government policy has seen this situation change for many people.
6. Protective and inclusive practices enhance participation of individuals in leisure services.
7. There are both acceptable and unacceptable responses to illness.