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**Principles and practices: emotional wellbeing**

Chemical interactions, a person’s thought processes and a person’s circumstances impact emotional wellbeing. For example, a person’s life history, financial position, living arrangements and physical health may alter the way they view the world, their role within it and their place in society.

Barriers to emotional wellbeing may include financial stress, relationship problems, mental health issues, homelessness, drug and alcohol addiction and trauma. Determine the person’s emotional wellbeing by talking to them, their family or their health professionals.

According to Maslow’s hierarchy of needs, people have a range of needs, which may impact emotional wellbeing.

![Maslow’s hierarchy of needs diagram]

**Principles and practices: physical wellbeing**

A person’s physical health relates to whether or not their various body systems are performing to capacity. Physical issues may be caused by disease and illness or disability. Issues may relate to ageing. Issues may be comorbid with other issues. For instance, an older person may have diabetes, but may also have osteoporosis. Physical wellbeing may also be linked to mental health. Exercise and nutrition may be inhibited by mental health issues, such as depression.

Physical health may be assessed by the person’s health practitioner, such as their doctor or their physiotherapist. You should also talk with the person about their day to day physical wellbeing. Work collaboratively with the person and their health professionals to support a person’s physical wellbeing.
remembering things, processing and organising information and being aware of what is appropriate and inappropriate behaviour. This has considerable impact on the person’s quality of life and they may go through a period of grief and loss for their former life.

Here are some other cognitive aspects that affect wellbeing.

**Ability to practise coping strategies**

- Lack of cognitive wellness may impact a person’s ability to practice coping strategies. People with acquired brain injury, for instance, may become more aggressive, and have less capacity to manage their aggression. People who experience mental health issues, such as depression, may have less motivation to practice coping strategies. Drugs and alcohol can also inhibit coping.

- Learning how to implement coping strategies is important for cognitive health and wellbeing. For example, going into nature, meditation and yoga are effective coping strategies a person may use to manage difficult situations, such as stress.

**Mindfulness**

- Mindfulness is the ability to be present and aware of your situation. Mindfulness is used commonly to help manage pain. For example, when using acceptance and commitment therapy, a person is encouraged to be aware of the pain, and accept and acknowledge the pain, rather than trying to make the pain go away. Mindfulness is also helpful if a person experiences stress and anxiety. Learning to become aware of the breath, or the present moment, can help ground the person and relax them.

**Relaxation**

- Relaxation, such as breathing techniques, meditation and yoga is helpful for managing stress and anxiety. It can also be used to help a person manage pain. One technique is to imagine breathing into the area which is causing pain. Another technique is to become aware of the breath; for example, count ten breaths, and notice where the breath enters and leaves the body. Going into nature is also a form of relaxation. Physical exercise, such as swimming or walking, can help a person relax. Help the person integrate relaxation practices into their everyday life.

**Lack of wellbeing and its impact on mental health**

Lack of social and emotional wellbeing (SEWB) can significantly impact a person’s mental health. They may become depressed or anxious about social engagements and interactions. Both depression and anxiety further compound social barriers to participation, isolating the person further.

You need to monitor whether social activities meet the person’s social needs and adapt or change the person’s care plan depending on the person’s social circumstances. In this way, you help the person build on their existing networks as well as develop new networks. You may also need to help the person access information and resources to improve their communication skills.
Narrative approaches

Narrative approaches to psychotherapy and treatment involve helping the individual identify their personal story and analysing how their story contributes to their general cognitive and emotional wellbeing. A person’s story may be negative and may drive low self-esteem. For instance, a person may believe that nobody loves them and they are always rejected. The therapist or counsellor can help the person identify an alternative narrative; for example, only two people have ever left you, and you have many positive relationships in your life. Therefore, you have the ability to form positive relationships with people, and you are loved.

Narrative therapy was developed in Australia by social worker Michael White and David Epston. It is often used in conjunction with other therapeutic devices, such as CBT.

For more information, visit the Narrative Therapy website at:
▶ www.narrativetherapycentre.com/narrative.html

Acceptance and commitment therapy (ACT)

Acceptance and commitment therapy (ACT) is becoming more commonly used in therapeutic circles. Acceptance and commitment therapy was developed by Steven C. Hayes, Kelly G. Wilson, and Kirk Strosahl in the 1980s. Again, it is a collaborative and individualised approach. While CBT and narrative therapy teaches individuals to change their thought patterns, ACT helps people notice and accept their existing thought patterns. Through acceptance, the difficult experience often passes, and transforms. Acceptance and commitment therapists believe that pushing away or avoiding difficult experiences is less effective than simply noticing them, and allowing them to transform.

Acceptance commitment therapy is effective for managing pain, depression and anxiety. It uses meditation and relaxation techniques, such as breathing into the source of pain. Using breath, the person begins to notice what the pain feels like, where it is and its form. As the person breathes, they accept the pain’s presence, rather than seeking to avoid it.
You may be exposed to many different social and cultural groups when working in a care and community environment. The people you support, their family and friends and the staff you work with may be of a different social or cultural group to your own. You must know how to work in a way that reflects a cultural awareness and understanding of others.

The best way to work ethically and non-judgmentally is to be aware of your own beliefs, values and behaviours.

Social and cultural perspective and bias

As a person grows up, they learn about other cultures and social groups in various ways. They might get to know people directly, listen to what other people have to say or seek information in books, newspapers, and other forms of media. All of these experiences help shape their view of the world and lead to assumptions about other social or cultural groups.

A person’s view of the world is called their ‘perspective’. Any assumption made about other social or cultural groups is called a ‘bias’.

Social and cultural bias can be as general as thinking ‘those people are not like me’. Or, it can be focused on a particular group, for example, ‘the Chinese only eat rice’ or ‘unemployed people don’t like to work’.

Bias can affect the way people communicate and act towards other people and may lead to inappropriate practices at work.

Causes of social and cultural bias

Social and cultural bias exists because people tend to interpret and judge other people and situations by the standards they have formed from their own culture and social upbringing.

Here are some reasons why people are biased towards others.

Lack of knowledge about other cultures

You may need to provide support to a person of a culture you have never encountered before. You may not have had time to read or learn about the culture, and may make assumptions about people from that culture.
Use the reflective cycle

To use the reflective cycle to examine your own bias, follow these steps. Write each response in your journal.

**Using the reflective cycle**

1. **Description**
   Think of a recent incident where you were working with a socially and/or culturally diverse person or group of people. What happened?

2. **Feelings**
   What did you already know about the background of about this person or group of people? What did you think and feel at the time?

3. **Evaluation**
   Were these good or bad thoughts and feelings? Why?

4. **Analysis**
   Were these thoughts and feelings realistic? On what do you base this opinion? Do you think you could have reacted in another way?

5. **Conclusion**
   What do you conclude about this situation and your reaction to it?

6. **Action**
   If it happened again, what might you do differently? Why?

Become culturally aware

Building cultural awareness is the first step towards changing your perspective and breaking down any social and cultural bias.

Cultural awareness involves the ability to stand back from yourself and become aware of your cultural values, beliefs and perceptions. Why do you do things in that way? Why do you react in that particular way?

Cultural awareness is essential if you interact with people from other social and cultural backgrounds. People see, interpret and evaluate things in different ways. Misunderstandings can easily arise if you try to use your own view of the world to try and make sense of somebody else’s reality.
Standard 2: Safety
The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.

Standard 3: Consumer and care participation
Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.

Standard 4: Diversity responsiveness
The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of carers and the community throughout all phases of care.

Standard 5: Promotion and prevention
The MHS works in partnership with its community to promote mental health and address prevention of mental health concerns or mental illness.

Standard 6: Consumers
Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.

Standard 7: Carers
The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness.

Standard 8: Governance, leadership and management
The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.
Disclosure of confidential information

There are some instances in which you are permitted to disclose information as part of your duties. For example, if the person is being referred for medical treatment for health symptoms, the hospital, specialist or doctor needs to know the person’s history, allergies and personal details. You must always obtain the person’s informed consent before you disclose confidential information to a third party. There are some situations where you may be required to disclose confidential information.

You may be required to disclose private or confidential information when:

- compelled by law (for example, if the person has a reportable disease or the information is requested by a court of law)
- a person’s interests require disclosure and there is a serious risk which justifies breaching confidentiality, for example, risk of suicide, self-harm or harm to others
- there is a duty to the public (for example, there is public threat or concern)
- the person has consented to the disclosure.

Informed consent

Informed consent must be obtained when making decisions on behalf of a person, or sharing a person’s information. Your organisation will have policies and procedures which you must follow to obtain consent and agreement from people you work with when providing care. In community services the fundamental rights of people to autonomy, to have choices, and to make decisions about their lives should always be upheld.

When obtaining informed consent, you must ensure people have all the relevant information about a particular decision and about its likely consequences. You must not use bullying tactics, physical force or coercion, trickery or undue influence when you are supporting a person to reach a decision or to make a choice.

Follow your organisation’s policies and procedures for obtaining informed consent and do not assume that a person is incapable of giving informed consent until this has been proven.

Here are the types of consent that can be obtained.

**Types of consent**

<table>
<thead>
<tr>
<th>Type of Consent</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal consent</td>
<td>The person requests that they want a service or agree to one being implemented.</td>
</tr>
<tr>
<td>Written consent</td>
<td>The person signs forms requesting or agreeing to the provision of a service.</td>
</tr>
<tr>
<td>Implied consent</td>
<td>The person implies in some way that they consent such as by nodding their head or assisting with a task.</td>
</tr>
<tr>
<td>Supported consent</td>
<td>The person may need the support of an advocate or guardian to help determine the appropriate service.</td>
</tr>
</tbody>
</table>
Promote physical wellbeing

Some people believe health is merely the absence of disease, illness, or impairment. A more appropriate view is to see health, particularly optimal health, as being a person’s best possible physical and mental functioning.

As a support worker you have a duty of care to ensure that more than a person’s basic needs are met. One of a person’s basic needs is their physical wellbeing. Physical wellbeing refers to how effectively the body functions. Physical wellbeing is linked to disease management, good nutrition and diet and physical exercise. Work collaboratively with the person and their health professionals to maintain and support positive physical wellbeing.
Nutrition

Food plays a more important role in fuelling the body’s system. The body needs carbohydrates, water, vitamins, minerals and proteins to function effectively.

Nutrients have a role in processing waste and providing energy, nerve function and skin maintenance, growth and metabolic activity, immune system function, and the growth, maintenance and repair of cells. Poor nutrition can lead to obesity, dehydration, illness and disease, lack of energy and feeling unwell.

Support the person by discussing their nutritional requirements. The person may benefit from working with a nutritionist or dietician, to ensure their nutritional needs are adequately met.

Here are some strategies you can use when supporting a person to meet their nutritional needs.

Plan a menu

- One effective way of working with a person to meet their nutritional needs is to help them plan a weekly or daily menu. Ensure that all five food groups are adequately represented and that portions are suitable for the person’s health. The person may have specific dietary needs, such as allergies, or dysphagia which causes swallowing problems. Ensure menu items meet specific needs and meet the lifestyle needs of the person.

Provide information about dietary requirements

- Support the person by providing information about dietary and nutritional requirements. You may also provide brochures, pamphlets, books and research about nutrition. Talk to a dietician or nutritionist for the latest advice. Nutrition Australia can also provide useful information; visit their website at:
  - www.nutritionaustralia.org

Engage a dietician

- A dietician or nutritionist can help support the person’s nutrition needs and help you and the person plan a menu.
Develop strategies to improve physical health

Even small changes can improve a person’s physical health, so an individual should identify simple strategies that will help them do this. These can be things that are fairly low impact to their lifestyle, such as reducing the number of cigarettes they smoke every day, or limiting the amount of sweet food they eat.

The person may make changes to their diet, or take up regular exercise. Using a fitness and nutrition plan, or itinerary may help the person effectively integrate changes into their daily life.

Support and encourage the person to identify areas where physical health could be improved.

Talk to the person about their current physical condition, then talk about the person’s physical wellness goals. Identify what their health goals are; for example, losing 10kg in one year. Goals should be specific, measurable, achievable, realistic and have a specific timeline.

If the person identifies their own goals and areas for improvement, they are more likely to achieve their goals. Here are two examples of wellness goals.

**Quit smoking**

- Rex wants to cut back on cigarettes as he has developed a bad cough and is worried about lung cancer. Rex smokes a pack a day and smokes more with beer or coffee than at any other time. Rex’s support worker helps Rex identify his goal to reduce the amount of cigarettes he smokes per day. They decide that in the first week, Rex will smoke half a pack a day, and in the second week, he will smoke a quarter of a pack a day. By the third week, Rex aims to smoke one to three cigarettes a day. They identify Rex’s natural supports; his wife, Helen and his kids, Sam and Lucy.

**Lose weight**

- Tam is 20 kg overweight. He talks to his support worker about his goal to lose 20 kg in two months. The support worker thinks this goal is unrealistic, and may possibly be unsafe. They engage the support of a dietician and an exercise therapist who help Tam develop a realistic plan for losing 20 kg in six months.
Identify and map social networks

A person’s existing social support and network can help support the person’s wellbeing. Help the person identify who their support network includes. It can be helpful to draw a diagram illustrating the person’s links and network. This can help you and the person identify strengths and gaps. The diagram can also be used as a starting point to encourage the person to reveal aspects of these networks that they like and dislike.

There are many strategies that can be used to identify a person’s social network, including talking to the person, their family and others in their community.

Here is a diagram of a person’s network.

Support existing networks and build new networks

As with all interactions, you must make sure you are acting in accordance with the person’s preferences. The person’s thoughts and feelings may differ greatly from your own.

People you support may feel disempowered or powerless because they need to rely on others to meet many of their needs. It is your role, as a support worker, to help empower the people you work with. Empowerment refers to a person’s sense of control over their lives or their feelings of autonomy.

Here is more information to consider.

Support person’s capacity

People require appropriate interpersonal skills and confidence to participate in social networks. Interpersonal skills include:

- recognising non-verbal and verbal cues
- knowing boundaries
- speaking clearly
- understanding spoken messages.

People also need confidence to speak to new people and to assert themselves appropriately. Support workers can help by conducting role-plays with the person and/or referring people to living skills programs.
Gather information about the person in relation to the following categories.

**Employment**

- Determine the person’s current level of involvement in socially based activity and their desire to increase participation in employment by helping the person explore their interests and employment goals. Why do they require employment? Is it financial? What sort of employment do they need? Do they need part time, full time or casual employment? What are their barriers to employment?

- Ideally, the person is employed in an area that interests them. Alternatively, they may be employed in an area they have skills for. A skills assessment can help a person determine their suitability for a particular type of work. Put a person in touch with an employment agency. Another option is helping the person research possible job opportunities on the internet. Help the person identify realistic employment goals. For example, if the person wants to be a chef, but has never worked in a kitchen, they may need to start with basic kitchen-hand work.

**Education**

- Determine the person’s current level of involvement in socially based activity and their desire to increase participation in education by helping the person explore their interests and education goals. A person’s employment or desire for employment may drive a person’s education goals. Education may be based on interest. Research accessibility options with the person. Help the person set realistic education goals and link them to resources which help them reach their goals.

**Volunteering**

- Interview the person about their interests or skills. These may help the person identify volunteer opportunities in the community. For example, if the person is part of a religious group, they may enjoy volunteer work organised by their church community. Volunteering is most effective if the individual is enthusiastic about participation.

**Community**

- Determine the person’s current level of involvement in community and their desire to increase participation in community by talking to the person about their current involvements. For example, does the person volunteer? Is the person part of any social or sporting groups? Talk to the person about their needs and interests and help them research possible ways of engaging more with their community. It may be as simple as having a conversation with a neighbour or visiting the shopping centre instead of ordering food online.

**Hobbies and interests**

- Determine the person’s current level of involvement in hobbies and interests and their desire to increase participation in hobbies and interests by asking open-ended questions, such as ‘What interests you?’ or ‘How do you spend your time on the weekend?’ A person may be frustrated about having little time to pursue hobbies or interests, or may feel they are financially inaccessible. Help the person brainstorm options, such as finding cheaper alternatives, or identifying hours in the week which could be dedicated to interests. Discuss the advantages of pursuing interests for recreation.
Emotional wellness strategies to promote emotional wellbeing

Work collaboratively with the person to develop their own emotional wellness strategy. The person should identify their own wellness needs, their own strengths, challenges and triggers.

The person should also set their own emotional wellness goals. For example, a person may decide to practice meditation every day for five minutes. The goals should be specific, measurable, achievable and realistic, and should have a set time frame.

Document the goals, and help the person identify steps to achieving goals. Ideally, steps are short-term and focused, so the person develops a sense of satisfaction when steps are achieved. Motivation for achieving overall wellness goals is therefore maintained.

Emotional wellness strategies to address challenges

A person’s challenges may make it difficult for the person to see and think clearly. For example, if a person is in a domestic violence situation, they may have trouble identifying their strengths and supports because they feel so disempowered.

Help the person identify what their challenges and triggers are and work with the person to brainstorm ways to address challenges. For example, a person may not want to see a psychiatrist because they are worried about the cost. However, you can help the person research an option that is covered by Medicare.

Develop contingency plans to address emotional challenges

When developing strategies it is important to remember and to remind the person that strategies are dynamic and flexible. Emotional changes are not necessarily predictable. While a person seems like they are improving emotionally, an external challenge may set them back. This can be demoralising for a person and they may begin to lack confidence that change is possible.

Support the person by helping them make contingency plans. Contingency plans are usually associated with emotional triggers and challenges. If a person knows that they are triggered by a particular event or emotional experience, having a plan in place to respond to the challenge will help their confidence and emotional resilience.

Here are some examples of contingency plans.

**Prevent anxiety**

- Suzy knows her anxiety is triggered by big crowds. When she is in smaller crowds, she practices her breathing exercises to develop resilience.
Identify preferred cultural and spiritual values, beliefs, traditions and practices

Spiritual beliefs and cultural practices are highly individual. Work with the person to identify individual beliefs and needs. Do not assume that everyone has the same level of interest in their culture or beliefs or follows practices in the same way. Some people will be immersed in their culture or religion, and it will determine how they live their daily lives. Others will identify with beliefs less strongly.

Remember that the term ‘culture’ is not just defined by the person’s ethnicity, heritage or religion but also by the people in society that the person identifies with and shares attitudes, values and beliefs with. For example, LGBTI culture is the common culture shared by lesbian, gay, bisexual, transgender and intersex people. It is sometimes referred to as gay culture or queer culture.

Avoid making assumptions about a person’s ethnicity and cultural practices. Ask the person questions and learn from your own observations and research. Cultural practices may be evident in a person’s dress or presentation, in the language they use or the practices they follow.

You are not expected to know everything about a person’s culture or religion but taking time to understand what culture and spirituality mean to the person will help you support their cultural and spiritual wellbeing.

Create a culturally safe environment

A culturally safe environment is one in which a person’s identity – cultural and otherwise – is not challenged. Culturally safe practices include actions that meet people’s needs and respect their culture, identity and rights. Culturally unsafe practices diminish or disempower a person’s cultural identity and wellbeing.

Strategies to promote cultural safety include:

- being open-minded and flexible in attitudes towards people from cultures other than your own
- being aware of how your own cultural background influences your attitudes, beliefs and actions about others
- recognising and avoiding stereotypes
- engaging with others using clear, open communication where knowledge and respect is shared
- engaging with others in two-way communication to share knowledge, understanding and information
- understanding the impact of culture shock
- developing trust.
Support the person’s ability to practise their own culture

Support workers can help a person to identify and improve their ability to practise their own culture to improve their cultural and spiritual wellbeing. They can also provide information to ensure the person initiates or maintains good links within their own culture.

Here are some ways you can support a person’s ability to practise their own culture and benefit their cultural and spiritual wellbeing.

<table>
<thead>
<tr>
<th>How you can support the person</th>
<th>Benefits gained by the person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate yourself and others to promote cultural diversity and social cohesion</td>
<td>Free and safe to openly voice their opinions and issues</td>
</tr>
<tr>
<td>Develop and promote skills for communication and interaction across cultures</td>
<td>Valued within their own culture and in mainstream society</td>
</tr>
<tr>
<td>Create connections and relationships through interacting with others</td>
<td>Safe from abuse, harassment and criticism</td>
</tr>
<tr>
<td>Increase skills to respect our own and each other’s identity</td>
<td>Confident, valued and healthy self-esteem and self-worth</td>
</tr>
<tr>
<td>Help the person develop and sustain cultural identity</td>
<td>Pride in representing their cultural/spiritual group or community</td>
</tr>
<tr>
<td>Provide advice, support and information about issues that may be specific to that culture</td>
<td>Strong connection to family, community and culture</td>
</tr>
<tr>
<td>Reflect on your own biases and work in a non-judgmental manner</td>
<td>Sense of belonging and individual and group strength and solidarity</td>
</tr>
</tbody>
</table>

**Example**

**Identify preferred cultural and spiritual values, beliefs, traditions and practices**

Aito was a successful businessman with a large corporation but was laid off and has now been unemployed for 18 months. Aito is a 45 year old man recently diagnosed with anxiety and depression.

Although Aito does not follow a religion in a formal sense, he still likes to surround himself with images and observe practices he has grown up with. He always wears slippers indoors and has a traditional Japanese tatami mat in his room with a small water feature and a pot of bamboo on a low table in front of it. He doesn’t wear shoes at all when he sits on the mat.

Aito tells Kyle, the support worker, that although he is not religious, these images and practices make him feel calm and remind him of his very happy childhood and of his beloved parents. Kyle encourages Aito to talk more about his childhood, his parents and his cultural and spiritual views. Aito admits that as he ages, he finds comfort in things that remind him of his past. They discuss other objects and activities that he could use to meet his cultural and spiritual needs and benefit his wellbeing.
2. List two barriers that a person might face when implementing their cultural and spiritual strategy.

3. How could you support the person to identify and address any cultural improvements to practice?

Summary

1. Cultural and spiritual wellbeing can enhance holistic wellbeing.
2. Cultural and spiritual links and practices are important to many people.
3. People should be encouraged and supported to maintain cultural and spiritual practices.
4. There are many culture specific groups that can be a resource to workers and individuals. Support the person by linking them to these groups.
5. Cultural diversity should be reflected throughout a service.
6. Support the person to identify cultural and spiritual needs and areas for improvement, and develop a plan.
7. Help the person to identify natural resources and supports.
Celebrate progress and identify new directions and strategies

To help a person sustain motivation to make positive changes and improvements to wellbeing, celebrate success and progress as it occurs. If negative changes occur, or progress is not made, address the person’s strategies and plans, and help the person make alterations, if necessary. This way, you support the individual to move towards reaching personal wellness goals and maintaining holistic health.

Consider the following.

Ask questions

- Meet with the person on a regular basis. Ask the person questions about wellbeing, to help them identify progress and issues. If the person has difficulty identifying progress or issues, you may need to ask more probing or challenging questions.

Review other evidence

- Review other evidence of progress, such as conversations with other people who interact with or support the person, assessment results and observation. Collate and present this evidence to the person.

Decide on a specific review strategy

- When formulating strategies with a person, decide on how and how often reviews will take place. Weekly? Monthly? In person? Over the phone? Agreeing to a specific review strategy with the person will help the person stay on track to achieving wellness goals.

Celebrate progress

Celebrating progress and positive change is important when supporting a person to achieve wellness goals. For people facing very difficult circumstances, such as severe mental illness, poverty and disadvantage, progress can be hard to detect.

Signs of progress will be specific to the person. Indications of progress for one person may be very different from indications of progress of another. For example, one person with social anxiety visits a shopping centre and talks to the person selling fruit and vegetables. For that person, significant progress has been made. Another person with social anxiety enrolls to start a course in writing and editing. For this person, significant progress has been made. Progress may be very subtle. Changes may be significant. In both cases, be sure to celebrate and acknowledge progress. Here are some tips for celebrating a person’s progress.

Name the change

- Name the change or progress that has occurred. For example, ‘You went to the shops by yourself. How does this make you feel?’ As much as possible, encourage the person to name the change themselves. For example, ‘What progress do you think you made today?’
Stage 3: Preparation
As the person starts to accept responsibility for their issue, they start to build confidence to make change and formulate a commitment towards making change. They assess steps needed to make the change. For example, when a person wants to quit smoking, they look up a Quit helpline and purchase nicotine patches from the chemist.

Step 4: Action
The person starts to implement change. They access resources and support and make efforts to change behaviour. For example, a person wanting to develop their connection with a Muslim community visits a mosque and commits to praying five times a day.

Step 5: Maintenance
A person is focused on maintaining changes. They are aware of situations that put them at risk of relapse and have implemented contingency plans. They have increased motivation and confidence over time. Change is being integrated into lifestyle. For example, a person who experienced high stress as a result of their career has cut back hours, and for the last six months, has focused energy on their hobbies and interests. They feel significantly less stressed and are proud of themselves for taking action.

Step 6: Termination
A person’s lifestyle and self-image is consistent with changes. They are immune to relapse and temptation. The person feels in control and proud of changes that have been made. For example, a person has developed positive thinking habits, which have protected the person against depression. The person has resumed work and has stronger family relationships.

Example
Respond flexibly and use contingency plans
Igor came to Australia from Hungary in his late teens. He says he spent most of his life ‘just working hard and looking after the family’. Igor’s wife died five years ago. Now as an older man, Igor feels his lack of Hungarian culture may contribute to his feelings of alienation and depression. He doesn’t know many Hungarian people and has largely forgotten the language because he doesn’t practice it. He also doesn’t practice Hungarian traditions. Igor asks his support worker, Max, if he can change the existing support plan to include his newly identified need for cultural expression. Max says the support plan is designed to be flexible and can definitely be changed to meet these new needs.
Max helps Igor identify wellness goals and develop a strategy for change. The goal is to develop a stronger connection with Hungarian identity. The steps towards making change include:
- making contact with the Hungarian cultural centre
- purchasing Hungarian literature and audio books
- purchasing a Hungarian recipe book and attempting to cook Hungarian food for himself and his family
- enrolling in a Hungarian speaking course online.