CHCCCS038 - Facilitate the empowerment of people receiving support

LEARNER GUIDE

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Version Control & Document History

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29 October 2021	Version 1.0 released for publishing	1.0
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Table of Contents

This Learner Guide

CHCCCS038 - Facilitate the empowerment of people receiving support

This unit describes the skills and knowledge required to facilitate the empowerment of people with disability to deliver rights-based services using a person-centred approach. It should be carried out in conjunction with individualised plans.

This unit applies to workers in varied disability contexts.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

A complete copy of the above unit of competency can be downloaded from the TGA website:

https://training.gov.au/training/details/chcccs038

About this Unit of Study Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Facilitate the empowerment of people with disability

I.   Demonstrate commitment to empowerment for people with disability

II.   Foster human rights

III. Facilitate choice and self-determination

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.

- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.

- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.

- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- how and when to make contact

- what you need to do to complete this unit of study

- what support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments.

- Provide you with online webinar times and availability.

- Use 'action sheets' to remind you about tasks you need to complete, and updates on websites.

- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable.

- Keep in touch with you during your studies.

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- keep your study materials.

- be reasonably quiet and free from interruptions.

- be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have quiet, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- a chair.

- a desk or table.

- a computer with Internet access.

- a reading lamp or good light.

- a folder or file to keep your notes and study materials together.

- materials to record information (pen and paper or notebooks, or a computer and printer).

- reference materials, including a dictionary.

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to 'digest' the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in 'deadlines' and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning 'styles'. Some people learn best by listening or repeating things out loud. Some learn best by 'doing', some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, if you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.

2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people's books.) This also helps you to remember important points.

3. **Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.

Using this Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.

2. Provide information and knowledge to help you develop your skills.

3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.

4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.

2. Research the area using the books and materials listed under Resources.

3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).

4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.

5. Ask yourself questions as you go. For example, 'Have I seen this happening anywhere?' 'Could this apply to me?' 'What if...' This will help you to 'make sense' of new material, and to build on your existing knowledge.

6. Talk to people about your study. Talking is a great way to reinforce what you are learning.

7. Make notes.

8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction

A *disability* is a condition that limits a person's capabilities. It comes in many forms and can encompass various aspects of a person's life.

Disabilities are often defined differently by various groups. Some see disabilities purely as limitations, while others see disabilities as conditions that must have physical manifestations. Education support workers and professionals who work closely with people with disability must follow a more standard definition.

Under the Disability Discrimination Act 1992, disabilities include:

- total or partial loss of the person's bodily or mental functions; or
- total or partial loss of a part of the body; or
- the presence in the body of organisms causing disease or illness; or
- the presence in the body of organisms capable of causing disease or illness; or
- the malfunction, malformation or disfigurement of a part of the person's body; or
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- a disorder, illness, or disease that affects a person's thought processes, perception of reality, emotions, or judgment or that results in disturbed behaviour;

And includes a disability that:

- presently exists; or

- previously existed but no longer exists; or

- may exist in the future (including because of a genetic predisposition to that disability); or

- is imputed to a person.

Sourced from the Federal Register of Legislation on 21 July 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au.
Disability Discrimination Act 1992, used under CC BY 4.0.

A disabled person can experience difficulties related to their health condition, body functions, and participation in communal activities. For example:

- a child with spina bifida cannot participate in school activities such as team games and physical exercises.

- a candidate for employment who has autism cannot communicate at the same level as other candidates.

- an elderly person who developed vision impairment cannot do things that they usually did when they were younger.

Because of these difficulties, people with disability require help from different professionals, such as school staff, specialists, doctors, therapists, and psychiatrists. A significant part of the assistance that must be provided to them involves empowerment.

Similarly people without disabilities but requiring ongoing support, e.g. aged persons, must also be supported in a way that empowers them. Empowering people, in general, means giving people the power to control their lives. It involves building and improving their capacity to achieve their goals. Different people need different kinds of support to become empowered. Children with disability, for example, will need hands-on assistance. In contrast, adults with disability will need more social and occupational support.
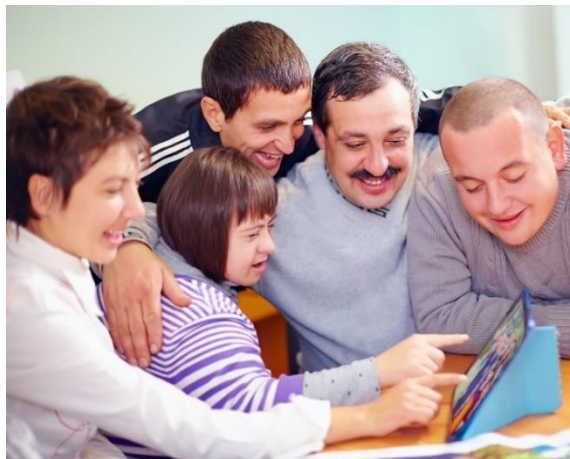
The four principles of empowerment provided below serve as basis for actions and approaches that you can use to empower people with disability.

Relate	Communicate
Illuminate	Educate
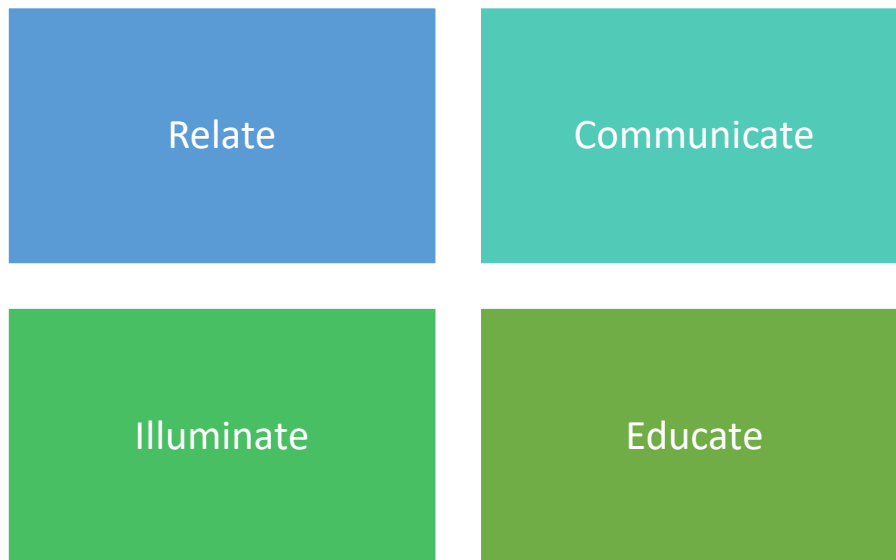
Relate refers to accepting a person for who they are. It involves willingly understanding someone else's feelings and sharing experiences. When a support worker relates to a person with disability, they show the person that others understand and appreciate them. This helps in encouraging them to speak up and build connections with others.

Communicate refers to giving someone support and confidence through words and shared meaningful interactions. It involves spending time beyond what is required to fulfil basic obligations. When a support worker communicates with a person with disability, the worker shows a sincere belief in the person's ability.

Illuminate refers to instilling greater knowledge and understanding to someone with disability. It involves giving honest feedback and providing guidance or instruction on how a person with disability can work towards becoming empowered. When a support worker illuminates a person with disability, they allow the person to take control and make appropriate decisions or actions.

Educate refers to giving intellectual instruction to someone. It involves providing information on legislation and standards affecting the person with disability. It also involves helping the person become aware of their rights and options. A support worker who educates a person with disability may need to explain legal provisions, show websites with current information, and provide contact information for advocacy groups.

A person supporting a young person with disabilitymust use approaches that follow these four principles. By doing so, they provide the following benefits:

- Empowered people will be fully aware of their rights. They will be less prone to abuse and will know what to expect from their carers. Empowered elderly people, for example, will be able to provide meaningful feedback and make complaints on the quality of service being provided to them by aged care workers.

- Empowered people will be treated as equal citizens. They will be afforded the same considerations and opportunities as others. An empowered employee with disability, for example, will be much more likely to seek and use ways to improve their professional knowledge and capabilities.

- Empowered people will be more motivated to achieve their goals. An empowered student with disability, for example, will be much more willing to learn and take part in the activities outlined in their Individual Education Plan.

- Empowering people will empower those who care for them. The process of empowerment requires investing valuable time, effort, and resources. However, empowered people with disability will require significantly less assistance and will take the initiative to improve their lives. Empowering also helps improve the relationship between a person with disability and their carer. This can be beneficial in ensuring that appropriate care is always provided to the person with disability.

You must know how to empower people with disability. Not empowering others will severely limit the quality of care that you provide to them. It will make your job more difficult, as you will be caring for someone who lacks the initiative and motivation to help themselves and strive to become better. Additionally, not providing empowerment can affect your relationship with the person with disability under your care.

In this Learner Guide, you will know how to empower different people with disability. You will learn to:

- demonstrate commitment to empowerment for people with disability.

- foster human rights.

- facilitate choice and self-determination.
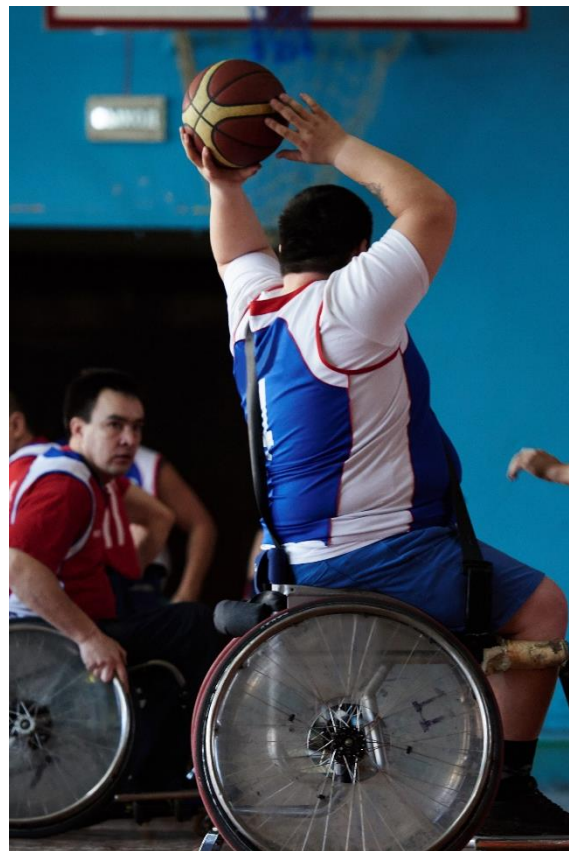
I.   Demonstrate Commitment to Empowerment for People Receiving Support

Demonstrating your commitment means showing your dedication to a cause. It is a display of your resolve to carry out an obligation. For you, this obligation is to provide appropriate assistance and empowerment to persons receiving support for several reasons, e.g. they may have a disability or be aged.

Your commitment to empowerment does not start and end with the person under your care. Empowerment requires you to realise that all persons have the capacity and capability to take control of their lives and make decisions for themselves. Thus, for you to fully demonstrate your commitment, you must show respect for all persons under your care and allow them to exercise their rights and power in different aspects of living.

It is vital to demonstrate your commitment while undertaking any efforts to empower persons under your care. Doing so helps others feel that you genuinely believe in their capabilities and that you truly want to give them control of their lives. Doing any activities without demonstrating a commitment to empowerment will only cause others to distrust your efforts or prevent them from seeing the purpose of what you are trying to accomplish.

For you to demonstrate your commitment to empowerment for the persons under your care, you must do the following:

- identify changes in the legal, political and social frameworks within which the work is undertaken.

- identify ways society can affect the level of impairment experienced by these persons.

- reflect on personal values and attitudes regarding disability or other reasons and acknowledge their potential impact when working in these contexts.

- develop and adjust own approaches to facilitate empowerment.

This chapter will help you understand how to do all of these. As you go through this chapter, you will need to access your organisation's policies and procedures, as well as the individualised plan of the people under your care.

1.1 Identify Changes in the Legal, Political and Social Frameworks Within Which the Work is Undertaken

Frameworks are sets of supporting ideas, concepts, findings, and laws that support and regulate a system. All jobs involve frameworks, but each job has unique frameworks for regulating the quality of work and ensuring appropriate delivery of services.

Jobs that involve caring for persons requiring care have legal, political, and social frameworks in place. These frameworks guarantee that the needs of these people are addressed appropriately. As time passes by and more information becomes available, these frameworks are changed and adapted. Changes to frameworks are necessary for ensuring that all decisions and guidelines affecting a job are based on current relevant information.

Changes in Legal Frameworks

Legal frameworks are a collection of laws, conditions, and arrangements that forms the overall legal context affecting and regulating the implementation of an occupation's duties and responsibilities. A legal framework helps in achieving a particular objective. In this case, the objective is to empower those requiring care and support by ensuring their rights and addressing their need to be integrated into society.

Recent changes to legal frameworks affecting community and health services are provided in the following table. Take note of the different regulations and legislation passed to address the needs of persons requiring care and support.

Year	Change to Legal Framework
1908	The newly formed Australian Government introduced the Invalid and Old-Age Pension Act. This allows elderly citizens and persons with disabilities to live their remaining years without suffering poverty or relying on charities to survive.
1971	The United Nations General Assembly proclaims the Declaration on the Rights of Mentally Retarded Persons.
1975	Through the Declaration on the Rights of Disabled Persons, persons with disabilities now have political, social, civil and economic rights.
1982	The General Assembly adopts the World Programme of Action Concerning Disabled Persons. This program outlines a global strategy aimed at preventing disability and realising the full participation of persons with disabilities in society.

Year	Change to Legal Framework
1986	The Australian Human Rights Commission was established to protect human rights in Australia and foster a better understanding of human rights. The Commission is responsible for overseeing, managing and resolving discrimination complaints and performing other related duties.
1991	The General Assembly adopts the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care. These adopted principles outline and specify the rights and privileges of people with psychosocial disability.
1992	Various legislations in different states necessitated the need to create the Disability Discrimination Act 1992. The Act provides a formal definition of 'disability' and provides legal conditions and consequences regarding discrimination against persons with disabilities.
1993	The General Assembly adopts the Standard Rules on the Equalization of Opportunities for Persons with Disabilities.
2002	The Disability Standards for Accessible Public Transport is established to require public transport operators to remove discrimination from public transport services.
2005	The Disability Standards for Education is established to allow students with disability to access and participate in education on the same basis as other students.
2008	The General Assembly adopts the United Nations Convention on the Rights of Persons with Disabilities. All states are required to ensure that the rights of persons with disabilities are protected.
2011	The Access to Premises Standards establishes the national minimum requirements for new buildings and the upgrades of existing buildings. The standards allow the objects of the Disability Discrimination Act to be achieved through accessible buildings.
2012	The National Disability Insurance Scheme (NDIS) Bill was introduced. The NDIS provides long-term care and support for people with significant and ongoing disability.

Based on Timeline: 20 Years of Disability Discrimination Act, used under CC BY 4.0.
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Changes to Political Frameworks

Political frameworks are sets of ideas and rules relevant to the management and governance of a country. They serve as a basis for developing new laws or forming a popular opinion regarding certain issues. Changes to political frameworks do not directly cause the creation of new laws. However, reports and events relevant to acknowledging and producing new data on disability influence the actions taken to address people's concerns.

The recent changes to political frameworks are listed in the following table. As you go through the list, identify the changes relevant to your occupation and find changes to your organisational beliefs and philosophy that may be relevant to the change.

Year	Change to Legal Framework
1981	The International Year of Disabled Persons is celebrated. A plan to provide equal opportunity and capability to participate in society is initiated.
1983	The United Nations proclaims a Decade of Disabled Persons (1983 to 1992).
2003	A major discussion paper entitled *When the Tide Comes In: Towards Accessible Telecommunications for Peoples with Disabilities* is released. According to the report, persons with disabilities are not receiving equal access to telecommunications technology.
2005	In collaboration with the Australian Human Rights Commission and other government agencies concerned with mental health, the Minister for Health launched a report entitled *Not for Service: Experiences of injustice and despair in mental health care in Australia.* This report explores and evaluates the various deep-rooted mental health care services problems in Australia by engaging the people who use and provide these services.
2007	The Australian Human Rights Commission publishes a report entitled *The Overlooked Consumers: 20% of the Australian Population with Disabilities and Older People*. This report explores the difficulties of persons with disabilities in accessing and using different electronic products. The report provides possible ways to assist persons with disabilities in using these products safely.
2007	The National Disability Awards commences as an annual event. The Awards celebrate the various achievement and accomplishments of persons with disabilities. Each year, individuals and organisations are recognised for contributing to the improvement of the quality of life of persons with disabilities.

Year	Change to Legal Framework
2008	The Aviation Access Working Group (AAWG) was established as a response to the difficulties associated with equal access to air travel. The AAWG is comprised of representatives from industry, government, and disability rights organisations. Its role is to advise the government on access policy, legislation and improvement to access measures.
2008	Australia ratifies the United Nation's *Convention on the Rights of Persons with Disabilities*. This convention obligates state agencies and representatives to prevent discrimination against people with disability. The symbolic ratification of the convention provides significant potential for making the full and equal enjoyment of human rights for Persons with disabilities a reality.
2009	A paper entitled *Access to Electronic Media for the Hearing and Vision Impaired* is written and published to explore the various problems encountered by people with sensory impairments when accessing electronic media. This paper also provides ways to improve access to TV, cinema and videos for people with sensory impairment or disability.
2010	The Australian Human Rights Commission publishes *Workers with Mental Illness: a Practical Guide for Managers.* This document guides employers and managers in learning more about mental illness and other related conditions. The document also provides guidelines on how to develop strategies for assisting workers with mental illness.
2012	The National Mental Health Commission is established. The commission is tasked with safeguarding the mental health and wellbeing of Australians. The commission is also responsible for setting standards and creating guidelines for supporting Australians with mental health conditions.

Sourced from Timeline: 20 Years of Disability Discrimination Act, used under CC BY 4.0. © Australian Human Rights Commission 2017.

Changes in Social Frameworks

A *social framework* is an underlying structure that details the connection of different people within a certain organisation. It includes information on relationships, positions of authority, and respect between one another.

In general, past social frameworks of different areas of living have been indifferent to the needs of persons requiring support and care. However, recent changes to legislation and new advancements in social justice have made social frameworks much more accepting and considerate of people with special needs.

The following table lists past social standards relevant to persons requiring support and care, and the various social breakthroughs that have been accomplished.

Year	Changes to Social Framework
Early 19th Century	French psychiatrist Jean-Etienne Dominique Esquirol divides intellectual disability into two levels—idiocy and imbecility. Idiots were defined as people who had little to no function, while imbeciles were generally well-formed but still lesser than a normal man.
1839	Edouard Seguin, an American psychiatrist, opened the world's first school for intellectually disabled people. Seguin's school taught life skills to improve disabled people's quality of life. Other schools soon appear.

Year	Changes to Social Framework
1875	Schools move away from training disabled people to simply providing custodial care.
1912	The Eugenics movement suggests segregating, sterilising or euthanising persons with disabilities to preserve the strength of humanity and create better offspring.
1914	The Eugenics Education Society expands to New South Wales.
1930	Henry Taylor Parker, at the Biennial Conference of Directors of Education – Australia, states that *'probably the most effective plan for the control of the production of defectives is the one that involves both segregation and sterilisation.'*
1940	People view persons with disabilities as unnecessary hindrances to economic stability. This claim was supported with numerical data on the number of resources that persons with disabilities consume. At the time, this way of thinking was accepted due to hardships brought about by the two world wars.
1957	The Hawkevale Farm Colony for Mentally Retarded Children is opened to provide therapeutic work for institutionalised children with disabilities.
1960	Around 200,000 persons with disabilities are confined in State hospitals.
1974	IQ testing is used to determine if disabled or indigenous children can attend school and reside in modern cities and villages.
1980	Children with severe intellectual disability are allowed to go to school but are segregated from the rest of the student population.
1986	The Disability Services Act offers a new direction. Society starts looking after the wellbeing of persons with disabilities. Schools and other sectors have started integrating persons with disabilities into their organisations.

Year	Changes to Social Framework
1994	Persons with disabilities start fighting for their rights and voicing out their concerns regarding their place in society. Maurice Corcoran complains that new buses in South Australia were not designed to accommodate wheelchairs. The South Australian government agrees to fit the new buses with ramps. Kevin Cocks files a similar complaint regarding the lack of a lift to allow people in wheelchairs access to the front entrance of the Brisbane Convention and Exhibition Centre. A lift was soon constructed.
2000	A complaint of unlawful discrimination is lodged by a group of persons with hearing impairments. According to the complaint, people who use hearing aids are prevented from using digital mobile phones due to electromagnetic interference. In response, three of the largest mobile service providers (Telstra, Optus and Vodafone) offered to provide special accessories at either reduced or no cost. These accessories helped facilitate access to the GSM mobile network. The mobile service providers also offered to swap the complainants' devices with ones that use CDMA technology.
2004	The Australian Human Rights Commission publishes a guide for small businesses. Through this guide, the commission provides information on how small businesses can improve access for customers with disability and what benefits their business can receive because of improving access.
2010	The four major cinema chains in Australia agree to a Cinema Access Implementation Plan. The Plan focuses on the introduction of accessible technology into cinemas – primarily the installation of closed captioning and audio description.

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Themes found in the Changes to Frameworks

The different changes to legal, political, and social frameworks depict a gradual shift from wholly rejecting persons requiring support and care to fully embracing them. It also shows different philosophies and schools of thought that affect legal, political, and social perceptions of these persons. These themes are:

- Accepting a social model over a medical model of disability.

- Shifting from institutional care to person-centred, self-directed assistance

- Focusing on the wellbeing of individual persons instead of the 'greater good'.

- Using proper communication to assist persons requiring support and care.

Accepting a Social Model Over a Medical Model of Disability

One significant shift was the acceptance of the social model of disability over its medical model. The medical model of disability provides that disabilities are caused by impairments or differences that, while not causing pain or illness, must be treated with medical procedures. Under this model, services afforded to persons requiring support and care were limited to medical and professional procedures that addressed the flaws of the person. The services focused on making these persons more 'normal' to improve their ability to do things just like everyone else.

The social model of disability, on the other hand, states that disabilities are natural traits such as age and race. Under the social model, disabilities are characterised as difficulties in accessing and integrating into society. Thus, persons requiring support and care are assisted by addressing and removing issues in how the persons interact with others. Under this model, assistance comes primarily from concerned people such as employers, teachers, and service providers instead of doctors and medical professionals.

The changes indicate that early on, people were much more accepting of the medical model of disability. People's disabilities were treated as flaws that made them less of a person. However, as years passed, people started accepting the social model.

The following are pieces of evidence of this shift based on the list of changes to the frameworks:

- Schools nowadays are much more accommodating of persons requiring support and care, especially those with disabilities. Traditional schools focused primarily on custodian care and making disabled students useful. This implies that in the past, these children were seen as not useful at all. On the other hand, modern schools advocate the inclusion of all students and allow reasonable adjustments to the curriculum for young people with disabilities.

- Modern hospitals and medical facilities strive to improve the quality of life of persons requiring support and care. Previous medical treatments only focused on making their remaining years comfortable. In contrast, current medical treatments focus on what these persons want. Several support groups and advocacies help to make this possible.

- Housing and public facilities have become dramatically better for persons requiring support and care. In the past, these persons were segregated and kept away from the community because they were seen as flawed, lesser humans who must not reproduce. Now, the government ensures that persons requiring support and care have the same access to comfortable living quarters and public amenities through various laws and standards.

Shifting From Institutional Care to Person-Centred, Self-Directed Assistance

Another significant shift is moving away from institutional care towards person-centred, self-directed assistance. This shift is representative of the rejection of the institutionalised model of support and the acceptance of the person-centred, self-directed model.

The institutional model of support was simple. In the past, people were sent to medical institutions and work farms to make them productive and keep them away from others. Institutionalisation was often done under the pretence that it was for the safety of the persons requiring support and care when it was done to get rid of people who needed additional care.

The person-centred, self-directed model of support, on the other hand, focuses on giving persons requiring support and care the assistance that they believe they need while providing them with autonomy to decide how they want to be part of society. Support under this model focuses on removing barriers to participation and providing these individuals with opportunities that are afforded to everyone else.

The following changes to frameworks are pieces of evidence of this shift:

- The Australian Human Rights Commission launched investigations and works alongside other commissions to speak with persons with disabilities and identify their

needs. The commission has moved away from being an authoritative filter of disability voices to become an advocate that lets them voice out their complaints and concerns.

- Australian schools stopped using IQ testing to determine a child's eligibility to enrol. Schools also stopped segregating students. Through various government programmes, disabled students are provided person-centred, self-directed support. Modern schools allow students and their families to create Individual Learning Plans, and the Australian government provides funding through various streams.

- The voices of persons requiring support and care are being heard and respected. In the past it was believed that many 'different children' to be less capable, if not totally incapable, of forming rational, organised thought. Nowadays, young persons with disabilities are allowed to file complaints and fight for their rights through the country's judicial system.

Focusing on the Wellbeing of People with Disability Instead of the 'Greater Good'

One of the ideas that persisted in the past was that people with disabilities were unrightfully taking up resources that should be allotted for able-bodied men and women. This way of thinking has been replaced with one that promotes compassion and kindness to others.

After the world wars, society started looking into how to best support these people with disability so that they can experience a good quality of life. This is evidenced by the many medical and technological advancements that were created to assist persons with disabilities. The fact that there are also a greater number of legislations on how to support persons requiring support and safeguard their rights as compared to before also speaks to the growing commitment to providing genuine help.
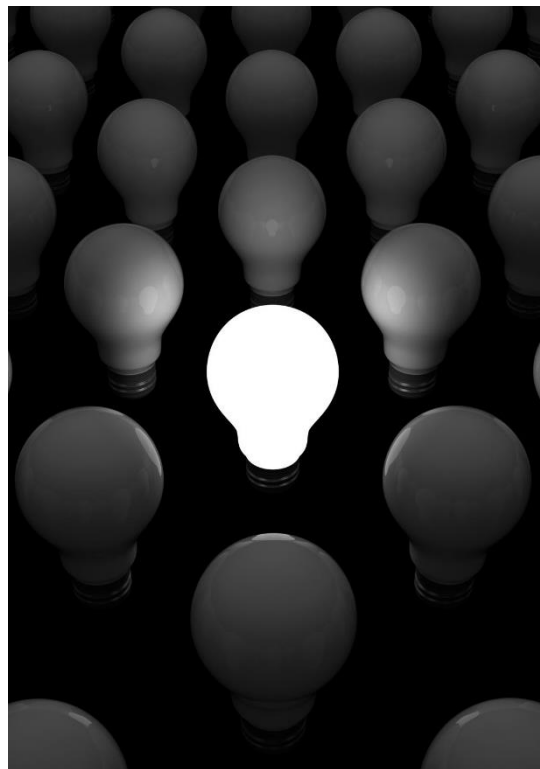
Proper Communication with People with Disability

Communication is an effective way to build understanding with persons with disabilities and provide appropriate assistance. Over the past few years, communication has changed to allow a more productive and respectful discourse on the needs of persons requiring support.

One critical change is the use of politically correct wording. In legislation and official documents, words such as mental retardation and invalid were eventually replaced with more inclusive, person-centred language. This helped set the tone for a respectful dialogue between policy makers, persons requiring support, and the public. It also helped to see pieces of legislation as assistive and liberating instead of discriminatory and disrespectful.

Another important change is how people with needs were assisted in voicing out their concerns. In the past, for example, complaints of persons with disabilities were largely ignored, as many people thought that they may not have the mental capacity, education or social experience to provide intelligent insight. Nowadays, persons receiving support are given a platform to voice out their concerns whenever they observe instances of discrimination, abuse, and exclusion. They now have an active voice in policy making and are respected as actual experts in determining what is best for themselves.
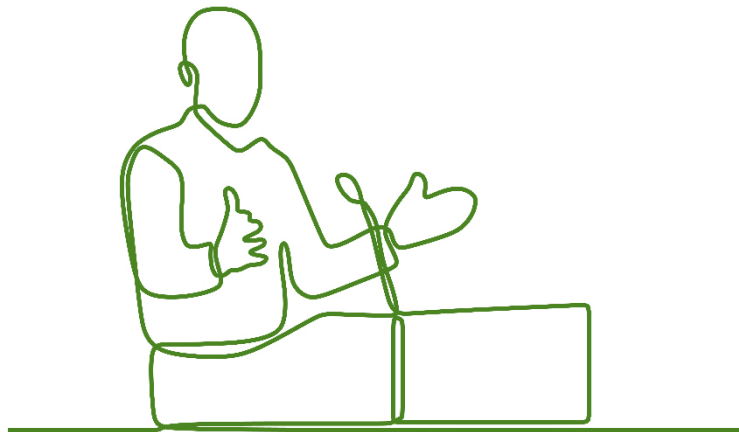
Implications to Community Services Workers

Familiarity with the changes to legal, political, and societal frameworks is essential to demonstrating your commitment to empowerment. Knowing the different events, reports, and laws relevant to those persons with additional needs/support will ensure that your personal beliefs and professional decisions consider their best interest. Seeing the difficulties and challenges they faced may also provide context as to why certain legislation or provision is fundamental to them.

The changes in legal, political, and societal frameworks suggest that society has always found it difficult to accept people who may be different, e.g. a person with a disability. There will be people who will feel strongly against the inclusion and integration of persons who may differ from the 'norm'. On the other hand, there will also be people who will support the integration of all persons into society and who will strive to change legislation and norms to address these people's needs properly.

Over time, new changes will be made to existing frameworks to accommodate the needs of all persons further. You will have to keep track of these changes to make sure that the service you provide to your students remains excellent and compliant with the legal, political, and social standards of your community. To do this, you must:

- check for news on the latest changes and trends in disability services through the following:

  o news articles in newspapers, television shows, radio programs, and other publications.

  o journal articles through Australian and international publications, such as the Australian Journal of Developmental Disabilities and the Journal of Special Education.

  o updates from organisations of disability workers and professionals such as the National Disability Practitioners (NDP).

- participate in seminars, workshops, and other activities that are designed to assist you in professional development.

- join and actively participate in organisations of education support workers and professionals to help introduce or lobby for changes to existing laws and standards.

- seek help from your organisation in acquiring resource materials such as books, charts, instructional videos, and other items that can help you and other support workers to adjust to any new changes to current frameworks.

It will be impossible to make everyone understand the need to support and empower persons who have differing needs and support. As a para-professional in education, you will not be required to educate others, create new laws, and make complicated propositions to ensure that all persons requiring support are empowered. However, you are expected to simply do your part, demonstrate your commitment, and empower others to take control of their lives. By doing these, you will help persons with disabilities feel that their society accepts them and embraces them as important members.

1.2 Identify Ways Society Can Affect the Level of Impairment Experienced by a Person with Disability

Persons with disabilities often have been the target of discriminatory actions. In the previous subchapter, you learnt about the different challenges that persons with disabilities had to endure in the past. Nowadays, new studies and ways of thinking regarding disability have caused a shift in the way experts and medical professionals see disabilities. Disabilities are now seen as social constructs rather than medical afflictions.

Understanding this new view on disabilities and using it to change your approach to interacting with persons with disabilities are essential to demonstrating your commitment to empowerment.

1.2.1 Defining Impairment, Disability, and Handicap

Some terms that are often used interchangeably when referring to persons with disabilities and their conditions are *impairment*, *disability* and *handicap*. These terms have different meanings and can refer to various characteristics or traits.

Impairment refers to the loss of control over the physical, cognitive, or anatomical functions of the body. Impairment can range between three levels. The levels of impairment are detailed below:

- **Mild**

  Impairments under this level cause minor discomfort and changes in physical, social, or occupational function. People with mild levels of impairment can perform many everyday tasks and functions by themselves.

- **Moderate**

  Impairments under this level cause significant discomfort and changes in physical, social, or occupational function. People with moderate levels of impairment require assistance to do basic tasks and activities.

- **Severe**

  Impairments under this level cause particularly extreme discomfort and changes in physical, social, or occupational function. People with severe levels of impairment

are often unable to complete tasks and activities by themselves, even with the help of assistive equipment.

Disability refers to the loss of the ability to perform certain tasks or activities. Disabilities follow the same range that impairment does. A disabled person can have reduced ability (e.g. difficulty walking without the support of a walking cane or walker) to total inability to perform daily activities (e.g. cannot walk and must use a wheelchair to move).

Handicap refers to disadvantages with respect to a certain situation or context. It is typically used to refer to a person's inability to perform a task or carry out an activity in the same way that others can. A handicap can range from mild (e.g. a boy able to play with other children through a little assistance) to severe (e.g. a boy totally unable to play and engage with activities with others due to his physical limitations).

When using the three terms, keep the following in mind:

Term	Example
Impairment is typically used when describing body functions.	A person with severe cerebral palsy may not be able to stretch out their arms and move their legs.
Disability is used when describing activities and tasks.	A person with severe cerebral palsy may not be able to walk and reach for objects using their hands.
Handicap is used when a person's capability is being compared to a standard (i.e. that of other ordinary people).	A person with severe cerebral palsy may not be able to take part in physical activities such as games and sports.

1.2.2 Types of Disability

Before knowing how society affects people's impairment, you must first know about the different impairments and disabilities. Your understanding of these conditions will allow you to see what Persons with disabilities go through every day.

Neurological Impairment

Neurological impairment refers to any abnormalities in the brain, spinal cord, and any part of the nervous system. Symptoms of neurological impairment include:

- Physical weakness, paralysis, or loss of sensation

- Poor coordination or confusion

- Seizures

- Pain

Neurological impairment covers a wide range of disabilities, including:

acquired brain injury

autism

cognitive disabilities

intellectual disability

some forms of physical, sensory, and language disability

Acquired Brain Injury

Acquired brain injury (ABI) refers to a condition caused by any form of damage to a person's brain, which may have happened in the past. ABI can be caused by a variety of events, including physical trauma to the head, restricted blood or oxygen flow, illnesses such as Parkinson's disease, and infection.

ABI can have several effects on a person. The brain works like the command centre of the body. A brain injury can result in difficulty feeling and moving certain body parts. It can also create changes to behaviour and personality. However, the most common effect of ABI is reduced cognitive capacity and thinking ability.

In addition, people with ABI are prone to experiencing:

- High levels of stress and fatigue.

- Decreased information processing speed.

- Decreased capability to remember information and recall events.

- Sudden changes to temperament.

Treatment for ABI varies depending on the nature of the injury and the severity of the symptoms. People with ABI generally must undergo therapy, counselling, and rehabilitation.

In many cases, carers and family members of people with ABI had to receive counselling as well to help them prepare for the different changes that may happen to their loved ones.

Autism Spectrum Disorder

Autism spectrum disorders (ASD) cause difficulty in developing meaningful social relationships and using appropriate language. There is no current information on what exactly causes autism spectrum disorders. Still, recent studies have shown that children with ASD have very different brain structures than other children.

People with ASD tend to have stereotypical behaviours. These are behaviours that cause the repetition of movements and sounds. Examples of these are rubbing or flapping of hands, spinning in place, and uttering a repetition of sounds that do not have any observable purpose. These behaviours become a concern when they become harmful to others (e.g. when a person bangs their hands and arms against other people and on objects as they spin in place).

People with ASD tend to have restrictive behaviours or specific routine activities and preferences that they will always insist on. These can include lining up kitchenware in a particular manner or having exactly ten pens on their desk. The person would usually become problematic when these routine activities and preferences are not provided.

People with ASD also have some degree of intellectual disability because of their impaired verbal and social skills. Some will display signs of having specific specialised skills, such as remembering the position of multiple objects or the ability to recall a long list of actions perfectly. However, these children would most likely be unable to use these skills productively.

Treatment of ASD includes behaviour analysis, speech and language therapy, and medication. Symptoms of ASD will generally persist throughout a person's entire life.

Learning Disability

Learning disability causes difficulties in learning and processing new information. This type of disability does not affect a person's intelligence quotient (IQ) but rather the way that the brain handles and perceives external stimuli.

Learning disability can be acquired before or after birth. The specific factors that cause a person to develop this disability are not yet fully understood. Still, it is common knowledge that complications during pregnancy and exposure to physically or emotionally unhealthy environments can cause changes to the brain.

Some common learning disabilities include:

- dyslexia, a disorder that causes difficulty in reading and writing.

- dysgraphia, a disorder that causes difficulty with spelling and writing.

- dyscalculia, a disorder that causes difficulty in learning and applying mathematical knowledge.

- dysphasia, a disorder that causes difficulty in engaging in conversations and understanding other people's speech.

Treatment for learning disability can vary depending on the specific disorder that the person has and its severity. Treatment must start at an early age—preferably in elementary school—since the effects of learning disability can cause problems in development.

Intellectual Disability

Intellectual disability was more commonly known as mental retardation. However, due to efforts to combat the oppressive use of and negative stigma surrounding the terminology, the disorder has been given a more appropriate name.

Intellectual disability is characterised by a significantly lower level of intellectual functioning that is observed as early as infancy. This disability is evidenced by having a measured IQ of less than 70. This causes the person to experience difficulties in conducting everyday activities.
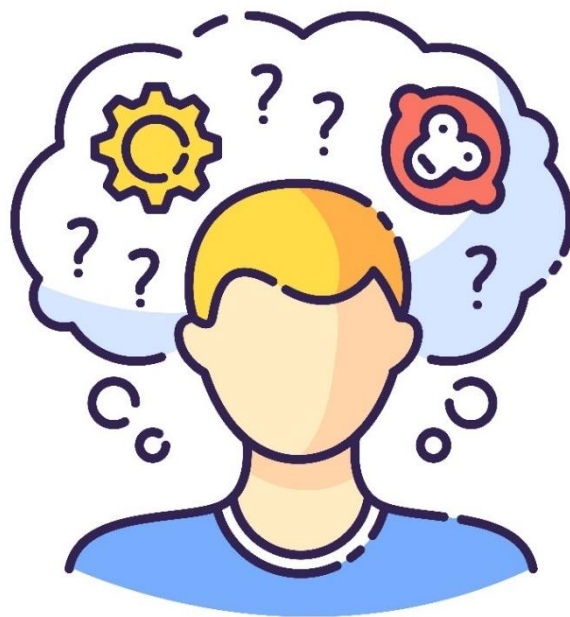
People with intellectual disability can have varying kinds and levels of impairment. A person with intellectual disability could find it challenging to participate in activities that require cognitive, practical, and social-emotional skills.

Cognitive Skills	Practical Skills	Social-emotional Skills
• memorisation • reading and comprehension • writing • computation • pattern recognition	• communication • personal grooming • avoiding injuries • making decisions	• empathy • awareness of own feelings • awareness of social rules • reading facial expressions

Intellectual disabilities are usually categorised based on their severity. Doctors refer to these categories when planning care strategies and learning experiences. The following are categories of intellectual disability based on IQ level and care requirements:

Category	IQ	Care Requirements
Mild	Between 50 and 70	Can do plenty of things independently
Moderate	Between 36 and 49	May need support with daily tasks such as preparing snacks and organising items
Severe	Between 20 and 35	May need help with basic tasks for self-care and hygiene, such as brushing their teeth and bathing
Profound	Under 20	Needs constant care and supervision. Needs support for fulfilling basic needs such as eating and drinking

There are several forms of intellectual disabilities. Each form has a specific set of needs that support workers must address. The following are some common intellectual disabilities:

▪ **Fragile X Syndrome**

An inherited intellectual disability that causes a mutation in the X chromosome. People with this syndrome experience anxiety, developmental delays, and communication difficulties.

- **Down Syndrome**

  A chromosomal disorder characterised by specific physical features, including having eyes with an upward slant, a rounded face, and short stature. People with Down Syndrome have varying levels of intellectual and learning disabilities. They are at high risk of developing respiratory and heart conditions.

- **Prader-Willi Syndrome**

  A rare chromosomal disorder that causes constant excessive hunger. People with Prader-Willi Syndrome will have a narrow forehead, almond-shaped eyes, a thin upper lip, and a downturned mouth. The abnormality in their brain makes language learning, problem solving, and computation difficult.

- **Fetal Alcohol Spectrum Disorder**

  A condition acquired when the child is exposed to alcohol before birth. A person with this disorder can have various health concerns, such as facial and bone deformities, organ damage, and slow physical growth. People with Foetal Alcohol Spectrum Disorder will need assistance due to their inferior memory, social skills, communication skills, and decision making.

- **Acquired Intellectual Disability**

  A condition that occurs when a person is neglected or exposed to dangerous circumstances after birth. These dangerous circumstances can be in the form of an illness, exposure to toxins, malnutrition, exposure to drugs, tobacco and alcohol, physical and emotional trauma, or brain surgery. In such cases, the person will almost always have behavioural and intellectual problems.

Physical Disability

Some people have physical disabilities that severely limit their control over their bodies. These disabilities impact their ability to engage in everyday activities. The most common physical disabilities are cerebral palsy and spina bifida.

Spina Bifida

Spina bifida is a congenital disability where a person's spine and spinal cord do not form properly. Cases of spina bifida can vary in terms of symptoms, severity, and involved

complications. Surgery is almost always involved, though there is no guarantee that it will resolve the problem.

People with myelomeningocele, the most severe form of spina bifida, are at significant risk of life-threatening illnesses, organ dysfunction, and paralysis due to the exposed tissues and nerves on their backs.

Cerebral Palsy

Cerebral palsy, on the other hand, is a chronic physical condition that affects the person's muscle tone, movement, and motor skills. In severe cases, it might also affect other primary body functions, such as breathing, bladder and bowel control, and use of the mouth. There is no known cure for cerebral palsy. Still, the person can be supported through surgery, therapy, and the use of special equipment.

Cerebral palsy can be caused by a variety of factors before, during, or after birth. Babies born prematurely with low weight or in births involving multiple children such as twins and triplets are at a higher risk of developing cerebral palsy.

Sensory Disability

Sensory disability or sensory loss are terms used to refer to conditions that affect a person's ability to see, hear, smell, touch, and taste.

It is said that 95 per cent of the information about the world is learnt and gathered through the senses of sight and hearing. A child with hearing impairment or visual impairment will most certainly experience a slower development than other children. An adult with sensory impairment, on the other hand, will need additional support to be productive and communicate effectively with others.

Common sensory disabilities that affect a person's ability to integrate into society are visual and hearing disabilities.

Visual Disability

Visual disability is a result of visual impairment. Visual impairment refers to any form of vision loss due to damage to parts of the eye or brain. The term *visual impairment* is only used for conditions that cannot be corrected through surgery or corrective equipment, such as glasses. There are many different forms of eye problems. The following are common visual disorders:

- **Congenital blindness**

  A condition where a child is born with no eyesight. This is caused by complications during pregnancy or birth or due to genetic predispositions.

- **Acquired blindness**

  A condition where a person loses their sense of sight due to an accident, infection, or another medical condition.

- **Near-sightedness**

  A condition where the person has difficulty seeing things at a distance.

- **Farsightedness**

  A condition where the person has difficulty seeing things up close.

- **Astigmatism**

  A condition that usually accompanies near-sightedness or farsightedness. A person with astigmatism has blurred vision due to irregularity in the shape of the corneas or lens.

- **Colour blindness**

  A genetic condition that affects the person's ability to perceive and distinguish between colours.

Hearing Disability

Hearing disability, on the other hand, is a result of hearing impairment. Hearing impairment refers to conditions that cause children to lose their sense of hearing in one or both ears. There are two types of hearing impairment:

- **Sensory neural hearing loss**

    Permanent hearing loss caused by nerve damage. This impairment can usually be addressed through hearing aids or, in cases where the child is totally unable to perceive sound, through educating the child to use Auslan, the sign language of our deaf community.

- **Conductive hearing loss**

    Loss of hearing that is caused by factors that affect the body's ability to conduct sound. The following are some common forms of conductive hearing loss:

    o *Otitis media*

        This infection causes pus and fluid to accumulate within the middle ear, blocking sound.

    o *Excess wax*

        When excess wax builds up and hardens, it may cause temporary hearing loss.

    o *Ear deformities*

        Any malformations on the ear can cause interference in how the body receives sound. These are usually treated with surgery.

Speech/Language Disability

Speech or language disability can affect a person's ability to communicate. *Speech disability* refers to the inability to speak verbally, while *language disability* refers to the person's inability to learn a language and use it to communicate.

Some children are born without the ability to speak. Some experience traumatic events, illnesses, or other challenges that prevent them from developing a language. For some children and adults, speech and language disability may be developed due to stroke, head trauma, or damage to vocal cords and other relevant body parts.

Speech and language disability can severely affect a person's ability to integrate into society. Treatment for speech and language disability can include medical treatment and therapy.

Developmental Delay

A *developmental delay* is a condition where a person has failed to gain the appropriate knowledge and skills for their age. It can affect the person's ability to speak, communicate, think, socialise, and perform physical tasks. Developmental delays must be addressed in childhood to prevent further problems in the person's adulthood.

Developmental delays can affect a person's motor skills, speech, use of language, cognition, social skills, and emotional control. Children with severe developmental disorders are at risk of global developmental delays, or conditions where the child suffers from delays in more than one of these development areas.

Developmental delays are typically addressed through different forms of therapy.

1.2.3 Handicap and Discrimination

When a person with an impairment interacts with society, they often must endure difficult experiences that are typically indicative of discrimination. *Discrimination* is the unjust, unfair, and prejudicial treatment of people on the grounds of sex, race, background or, in this case, disability. Based on the Disability Discrimination Act 1992, discrimination comes in two forms:

- **Direct disability discrimination** occurs when a person with disability is treated worse than another person. The following conditions must be met for an action to be considered as direct disability discrimination:

  - The discriminator treats (or proposes to treat) the aggrieved person less favourably than the discriminator would treat a person without the disability in circumstances that are not materially different.

  - The discriminator does not make (or proposes not to make) reasonable adjustments for the person.

  - The failure to make reasonable adjustments has (or would have) the effect that the aggrieved person is, because of their disability, treated less favourably than a person without the disability would be treated in circumstances that are not materially different.

- **Indirect disability discrimination** occurs when a policy or requirement disadvantages a person with disability. The following conditions must be met for an action to be considered as indirect disability discrimination:

  - The discriminator requires (or proposes to require) the aggrieved person to comply with a requirement or condition, but:

- because of the disability, the aggrieved person does not or would not comply, or is not able or would not be able to comply, with the requirement or condition.

- the requirement or condition has (or is likely to have) the effect of disadvantaging persons with the disability.

- because of the disability, the aggrieved person would comply (or would be able to comply) with the requirement or condition only if the discriminator made reasonable adjustments for the person, but the discriminator does not do so or proposes not to do so.

  o The failure to make reasonable adjustments has (or is likely to have) the effect of disadvantaging persons with the disability.

Based on the Federal Register of Legislation on 26 July 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au. Disability Discrimination Act 1992, used under CC BY 4.0.

People with impairments and disabilities can often recall experiences involving discrimination and their feelings because of such events. Their experiences can include:

- being denied service or entry to an establishment due to their condition.

- not being considered for job posts and openings due to their condition.

- receiving substandard or inappropriate service at hospitals, schools, restaurants, hotels and other business establishments.

- not having access to aids, equipment, and assistive technologies for sports, education, recreation, and other daily activities.

- having to endure hurtful remarks and inappropriate language.

- being physically excluded from others, such as with separate entrances or sections in a public establishment.

Further Reading

SHUT OUT: The Experience of People with Disabilities and their Families in Australia is a report that contains a summary of experiences that people with disability had to go through in 2010. The report can be accessed through the link below:

SHUT OUT: The Experience of People with Disabilities and their Families in Australia

The experiences listed above can make it more difficult for a person with disability to function normally. In extremely unpleasant cases, these experiences can make it harder for a person to cope with their impairment. In such scenarios, the person's impairment creates a disability and a handicap.

When a person experiences a handicap, their impairment does not change. However, the experience changes their self-image, confidence, relationships, and overall capability.

For example, consider an employee with an impairment in the form of loss of control of their legs. This impairment causes a disability in the form of not being able to walk and move around. The disability can easily be fixed by using a wheelchair. However, when they use a wheelchair to go to work, they may encounter barriers such as:

- not being able to access public transport due to not enough buses and taxis that accommodate people in wheelchairs.

- not having access to elevated areas due to a lack of ramps and lifts.

- being made to feel by their employer that they are not healthy enough to do the required work.

- being assigned to do work that they cannot do without using assistive technology such as positioning equipment but not receiving support to access these resources.

The person's impairment—the loss of control over their legs—stays the same. The disability—not being able to walk—was already addressed. The handicap, on the other hand, creates difficulties for the person that can be very difficult to fix and address. These difficulties can adversely affect a person's motivation, drive, and outlook on life, as the person must accept that they are powerless to remove these difficulties by themselves.

Other conditions or health problems that can result from unaddressed handicaps and difficulties include:

- mental health problems, such as depression

- overeating and obesity

- undereating

- fatigue and physical injury

You will be responsible for preventing the development of these additional health problems. You can do this by upholding social justice to ensuring that a person with disability does not experience a handicap or suffer from discrimination and harm.

1.2.4 The Level of Impairment Experienced by Persons with Disabilities and Social Justice

A person's impairment is constant. The loss of physical, cognitive, or anatomical function is not something that changes at different times of the day or in the presence of different people. What can be changed, however, is the person's disability and handicap.

The previous discussion on impairment, disability, and handicap supported the idea that disabilities are affected by societal factors. This idea is also supported by the social model of disability discussed in the previous subchapter. Recall that the social model of disability states that disabilities are not borne because of physical conditions. Rather, physical and medical conditions only contribute towards the creation of impairments, while disabilities are caused by barriers, attitudes, and exclusive practices by society.

When others place barriers to create handicaps for a person with disability, the person may feel that their impairment is more severe, limiting, or disadvantageous than it truly is. At the same time, when others remove these barriers and aid a person with disability, the person may feel that their impairment is not significant to their daily tasks and activities. The level of impairment of a person with disability is, therefore, tied to the amount of support that they receive from society.

It can be said that the concept of disability itself, as well as the many barriers that can be used to create the disability, are all social constructs. That is, disabilities and the barriers that are used to create them are not part of the objective truth but are rather produced by human involvement and effort. As such, a person with an impairment is disabled and handicapped not because a person has an impairment but because others are using the impairment to keep the person away.

In the table below are examples of barriers that may cause disabilities:

Impairment	Barrier	Result
Vision loss	Lack of tactile signs and bumps on footpaths	Persons with the impairment are unable to navigate the path when walking outside
Paraplegia	Lack of ramps at the entrance of a public building	Persons with the impairment are denied access to the public building
Leukemia	Lack of flexible learning arrangements for children who need to miss classes	Children with leukemia are denied access to high-quality education

Social Justice

Social justice is fairness among people regardless of gender, race, ethnicity, age, social status, sexual preference, religion, and disability. It is the central driving concept affecting social work and is a commitment to help and protect the most marginalised members of society. It is both an application and a way of safeguarding the moral values that guide all people.

Social Justice has four essential principles:

Equity
all Australians must benefit from fair distribution of resources

Access
all Australians must have fair access to goods and services

Participation
all Australians must be able to participate in decisions affecting them

Rights
all Australians must enjoy protection through equal legal, industrials, and political rights

A support worker is expected to uphold social justice during all interactions. When caring for a person receiving additional support, a teacher-aide can show their commitment to upholding social justice by doing the following:

- recognising the different needs of persons with disabilities and allowing them to share their insights on how they can be best supported.

- informing persons with disabilities of their rights.

- encouraging persons with disabilities to participate in decision-making.

- assisting persons with disabilities to have equal and fair access to resources, goods and services.

- taking measures to remove barriers that affect the participation of Persons with disabilities in social activities.

A teacher-aide who upholds social justice respects each client as an individual capable of making decisions and taking control of their life. Respecting each client is an individual is vital to providing effective care services, as it provides the following benefits:

- The unique needs of the client are identified and recognised; thus, allowing support workers to create more effective individualised support strategies.

- The client is shown that the service is fully committed to addressing all their needs; thus, boosting client satisfaction and overall happiness.

- The client is provided with more opportunities to provide their own opinion and insights; thus, further empowering the client.

- The support workers get access to additional opportunities to learn more about their clients and create stronger relationships based on trust and acceptance of each other's differences.

Outside their work commitment, a person who aims to uphold social justice can be expected to do any of the following:

- advocating for people with disabilities and other marginalised groups.

- joining alliances and groups that are visible or vocal about social inequalities.

- lobbying for changes regarding distribution of resources and policies affecting marginalised members of society.

- actively supporting legislation and policies that promote social justice.

- educating social workers and other members of the public about social justice.

As an education support worker (i.e. a teacher-aide), you must strive to promote and uphold social justice in all aspects of life. Doing this is vital in ensuring that persons with disabilities will be able to live in a society that respects them and provides for their needs.

If social justice were upheld by everyone, then persons with disabilities would need not worry about barriers that can restrict their access and participation in societal activities. Instead, they will receive appropriate support to minimise the level of impairment that they experience.

Doing Further Studies on Ways Society Affects the Level of Impairment of Others

Social justice is a developing concept. Changes to the principles and application of social justice can occur, just as social, legal, and political frameworks affecting people with disabilities occurred in recent years. As an education support worker, you must make sure that you have up-to-date information about social justice and how society affects the level of impairment experienced by Persons with disabilities and other marginalised members of society.

You can learn how society affects the level of impairment experienced by a person with disability, as well as different strategies to shield your students from such effects through various resources. Some resources that you can access to help you identify this information include:

- research articles by the Australian Human Rights Commission, United Nations, government agencies and other bodies, organisations, and individuals who are tasked to conduct research and case studies involving Persons with disabilities.

- reports by advocacy groups, national and state authorities and other organisations with direct access to the experiences of Persons with disabilities.

- updates and reports from news organisations, government declarations, and other official sources.

- articles and blog posts from highly reputed academic or professional websites.

- other sources of information identified in the previous subchapter, under *Implications to Community Services Workers.*
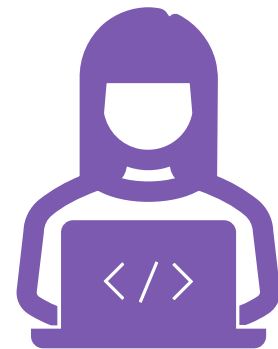
As you access resources to identify the effects of society on the level of impairment experienced by a person with disability, you must remember that not all persons with disabilities go through the same experiences. You must not base your care plan and strategies on outside information. Instead, you must use this outside information to help you understand the experiences and struggles of persons with disabilities.

Additionally, you must use these resources to adjust both your work practices and your personal values and attitudes regarding disability. The next subchapters of this Learner Guide will help you achieve these.

Further Reading

You can find new information on social constructs of disability, the effect of society on the level of impairment experienced by Persons with disabilities, and other topics relevant to social justice through news articles by the Australian Human Rights Commission. You may access their site through the link below:

Australian Human Rights Commission – News

1.3 Reflect on Personal Values and Attitudes Regarding Disability and Acknowledge Their Potential Impact When Working in Disability Contexts

You have a variety of personal values and attitudes that affect the way you regard and work with Persons with disabilities. Knowing these personal values and attitudes is crucial to your role in ensuring the security and wellbeing of these people.

Personal values refer to **objects and things** that you see as important and necessary in your life. They motivate you and guide your attitude, beliefs, practices, and behaviours. A person can have multiple personal values that affect the way they work and interact with society. Some examples of personal values are honesty, authenticity, and respect for others.

Attitudes are thoughts, feelings, dispositions, or positions towards certain ideas. An attitude is a state of mind or opinion that affects how a person talks about or interacts with a certain object or person. Attitudes can be negative (e.g. disinterested, indifferent, and disgusted) or positive (e.g. humble, caring, and trusting).

Personal values and attitudes are shaped through various events, interactions, and experiences. They are malleable and can change over time. Having the proper personal values and attitudes will allow you to provide appropriate assistance to Persons with disabilities. It will allow you to make correct decisions more quickly and will help you determine the correct response to every situation.

Some personal values and attitudes that you must have when working with Persons with disabilities include:

Personal Values	Attitudes
Compassion	Courtesy
Justice	Cooperation
Openness	Empathy
Respect	Professionalism
Responsibility	Sincerity

As you reflect and develop your personal values and attitudes towards Persons with disabilities, you must ask yourself the following questions:

- **Do your personal values allow you to see Persons with disabilities as your equal?**

    A common mistake for education support workers and professionals is developing values and attitudes based on their role at work. Unfortunately, this creates a situation where the person with disability is placed in a lesser position that requires help. This creates a helper-helped relationship where there is only one direction of effort. For you to truly assist students with disabilities to integrate into society, you must see them as just another normal person—impaired but not incapable.

- **Do your personal values help you make good decisions?**

    Values are often ranked, i.e. some values may be more valuable than others. When making decisions, you will almost always decide based on which option adheres to the value ranked highest. As such, you must reflect on what kind of decisions your values will tend to prioritise.

- **Are your attitudes based on how you understand their lives?**

    You can never truly understand what a person with disability is going through unless you immerse yourself in various experiences with them. Doing this allows you to build familiarity and a personal understanding of what a person with disabilities goes through.

- **Are your attitudes based on assumptions?**

    A good practice to have when assisting a student with disabilities is asking relevant questions. Assuming the kind of help that they need can make you seem

condescending and uncaring. Instead, you must ask if the person needs help and what kind of help, they need.

Potential Impact of Personal Values and Attitudes

Persons with disabilities may react differently to actions and behaviours that stem from personal values and attitudes. They may react negatively to some actions, even if the actions were done with good intentions. They may also appreciate gestures and actions that did not require much effort. For example, a mother with vision impairment may take offence to an offer to help her position her baby for breastfeeding. In contrast, the mother may find it thoughtful to be left in private with the child so that she can take care of the baby in her own way.

The personal values and attitudes of others may drive persons with disabilities to react in various ways. Persons with disabilities may:

- conceal their disability or symptoms related to it.

- reach out to support groups and advocacies.

- refuse to cooperate or receive help due to a lack of trust.

- express their need for respect verbally or through other means.

- avoid interacting with others.

As an education support worker, you must be aware of the possible impact of your personal values and attitudes on the people you are assisting. Awareness will allow you to:

- be prepared to address the student's frustration.

- decide on appropriate questions and suggestions that you can give to the student.

- act in a way that provides comfort and develops trust between you and the student.

You will have to acknowledge the potential impact of your attitudes and values on the student's behaviour to provide effective care. You can do this by:

- being conscious of your use of words, mannerisms, gestures, and other actions that may express or represent your attitudes and values towards the student.

- providing details of what your attitudes and values will be when performing certain tasks in your care plan through:

o   explicitly stating what behaviours or actions you will display or avoid when using strategies or providing day-to-day assistance.

o   anticipating any effects that your attitudes and values may have when determining goals and looking at indicators of happiness or satisfaction.

o   including making changes to attitudes and values to improve the quality of service.

- collaborating with other support workers or staff to assess or evaluate your personal attitudes and values.

- seeking and taking opportunities for personal development.

Your awareness of your personal values and attitudes and the potential impact of these on students with requiring support will allow you to develop and adjust your approaches at work to facilitate empowerment.

1.4 Develop and Adjust Own Approaches to Facilitate Empowerment

An empowering approach allows others to become included in society. It involves giving people the freedom and power to pursue their goals and make their decisions. An education support worker who uses an empowering approach is expected to help in the form of education, appropriate care strategies, and the use of assistive equipment.

Education support workers and professionals across various industries and occupations have varying approaches to facilitating the empowerment of persons with disabilities. While all approaches allow persons with disabilities to have more control over their lives and the service they receive, some differences are present due to their varying age, needs, and goals. The following examples show the differences between approaches that can be used.

- An education support staff facilitating the empowerment of children with disability in primary school may use an approach that involves plenty of hands-on care and direct guidance.

- A support worker in a community home may use an approach that involves communication and assistance with only their most crucial needs.

- A support staff at a hospital may use an approach that involves educating patients so that they can use techniques and equipment to make everyday life easier.

It is advisable to create your own approach for facilitating empowerment instead of adopting another person's approach. This is because your approach must be based on your responsibilities and the needs of the people you will be working with. Your approach will also reflect your personal values and attitudes.

As you develop your approach, you must ensure that:

- you have the proper personal values and attitudes for assisting persons with disabilities or requiring additional support.

- your approach will address all your job responsibilities.

- your approach values the safety of the person you are supporting.

- your approach provides the immediate needs of the student while assisting them in developing the skills or behaviours they need for the future.

- your approach allows you to be flexible and capable of adapting to various situations.

- your approach involves elements of communication that are appropriate to your role.

- you take into consideration the various legal and ethical considerations relevant to your role.

1.4.1 Approaches to Communication with Persons with Disability

Communication is one of the key areas of your duty that will be primarily affected by your approach. Education support workers are expected to communicate with all students both those with disabilities or exceptional needs, and the more general group of students. An education support worker working with a student with disability must communicate appropriately, based on the person's age, type of disability, gender, and ethnicity. Doing this involves using appropriate verbal and non-verbal communication techniques.

Verbal Communication

Verbal communication with a young person with disabilities may be significantly different from communicating with other students. Students with disability may have sensory impairments that limit their ability to receive or produce sound. Some forms of impairments may also affect a client's ability to process sensory information.

As such, education support workers must be careful when verbally communicating with their students. As an education support worker, you must choose appropriate words, avoid the use of discriminatory phrasing, and use a tone and pace that is appropriate to the student's abilities.

Education support workers must also respect the client's individuality. When communicating with a client, never assume that they would behave, respond, or react similarly to any other student. You must respect the preferred language and choice of words of each individual sstudent.

The following are some general tips for successful communication:

- use a normal tone of voice—do not raise your voice unless asked to.

- be polite and patient—do not rush the conversation.

- speak directly to the person rather than the person with them.

- ask the person what will help with communication.

- do not pretend to understand—let the person know you are having difficulty; try asking yes or no questions.

- be flexible—reword rather than repeat anything that is not understood.

- only refer to the person's disability if necessary or relevant.

- offer to assist if it appears necessary but respect the person's wishes if they don't accept your offer.

- avoid saying anything that implies the person with disability is superhuman, courageous or special.

- relax; apologise if you believe you have embarrassed someone.

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Further Reading

A way with words details the different dos and don'ts for communicating with persons with disabilities. It lists words that must be avoided, guidelines on how to speak to someone with an interpreter or assistance dog and proper etiquette when holding interviews. You may access it through the link provided below.

A way with words – Guidelines for the portrayal of people with a disability

Non-Verbal Communication

Using non-verbal communication will also be vital in assisting students with disabilities. Non-verbal communication strategies help to make a person feel at ease, comfortable and empowered.

Non-verbal communication strategies refer to ways that you can communicate without speaking. It involves doing the following:

- maintaining or breaking eye contact.

- using hand gestures.

- using appropriate facial expressions.

- conveying an appropriate overall body language.

Non-verbal communication strategies must match your verbal strategies to prevent confusion or miscommunication. In worst-case scenarios, young people may feel that you are mocking them or being sarcastic because of the mismatch between your verbal and non-verbal behaviour.

Touching is also one way of non-verbal communication. Touching, when used to express and communicate empathy or compassion, can be therapeutic. Take note, however, that some clients may feel that touching is intrusive or inappropriate. It will take practice to learn when touch is appropriate and how to touch appropriately.

Additionally, always remember that the effectiveness of non-verbal cues will depend on the impairment or the disability of the young person in your care. For instance, when assisting a visually impaired student, using gestures and facial expressions will be ineffective, while distance or touch can effectively convey your message. On the other hand, when assisting a student with a hearing impairment, using different tones will be ineffective, while using body language will effectively highlight your message.

The following table lists different scenarios where non-verbal communication can assist in delivering an important message. Take note of the different examples of inappropriate and appropriate non-verbal communication behaviours for each scenario.

Scenario	Inappropriate Non-Verbal Communication Behaviour	Appropriate Non-Verbal Communication Behaviour
At school, an education support worker is explaining to a fourth grader with spina bifida that he will need to take alternative activities in lieu of the ones outlined in his physical education class.	- Standing up while talking down to a student who is sitting in a wheelchair. - Sitting very close to the student while directly facing him.	- Sitting down and facing the student at an angle where the student can see the education support worker's entire upper body. - Sitting away from the student to allow room for gestures and modelling of physical movements.
At school, an education support worker must inform a student with cognitive impairment of the death of a favourite class pet.	- Looking away from the client and not using any gestures to keep the interaction professional. - Hugging the client to reassure them that everything will be fine.	- Maintaining eye contact and using small, slow hand gestures to show sincerity and care. - Keeping your hands away from the client and letting them process their emotions. - Hugging or touching the client only when it

		seems necessary or when they ask for it.

Both verbal and non-verbal communication is vital to providing empowering service. Using verbal and non-verbal communication techniques will allow you to assist your client in choosing the service they wish to receive from among all available options.

As an education support worker, you must also communicate effectively to facilitate a student's access to all available options.

Further Reading

Stickley's Model for Non-Verbal Communication is a model for non-verbal communication used by nurses and medical support workers. It is used as a reference for determining non-verbal communication strategies when developing or adjusting personal approaches. You may access it through the link provided below.

From SOLER to SURETY for effective non-verbal communication

1.4.2 Ethical and Legal Considerations in Working with Persons with Disability

As an education support worker, you are expected to adhere to various legal and ethical requirements and considerations. These requirements and considerations will allow you to provide high-quality service and guarantee the safety of the students in your care. They will also help you perform your duties in a professional and person-centred manner.

The following are the various legal and ethical considerations for working with Persons with disabilities:

Code of Conduct	Duty of Care	Mandatory Reporting	Work-Role Boundaries

Work Health and Safety

Code of Conduct

A code of conduct is an organisational policy that lays out the organisation's principles and standards. It also outlines various expectations that all education support workers must adhere to. Codes of conduct for education support workers and professionals typically include:

- obligations as an education support worker.

- minimum standards for appropriate behaviour.

- example scenarios and situations that require workers to evaluate their actions.

- policies expressing zero tolerance of abuse and neglect.

The NDIS Code of Conduct is one of many codes that can be used by education support workers. This code sets out expectations for safe and ethical service and support. The code requires workers and providers delivering NDIS support to:

- act with respect for individual rights to freedom of expression, self-determination, and decision making in accordance with relevant laws and conventions.

- respect the privacy of Persons with disabilities.

- provide supports and services in a safe and competent manner with care and skill.

- act with integrity, honesty, and transparency.

- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to persons.

- take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse.

- take all reasonable steps to prevent sexual misconduct.

Sourced from NDIS Code of Conduct (Workers), used under CC BY 3.0 AU.
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Your school or state may also have its own code of conduct in place for workers and professionals helping and supporting persons who require additional support. Refer to your school's documents for additional information.

Duty of Care

A duty of care is a legal obligation that requires education support workers to always act in their client's best interests.

A worker with a duty of care to a person with disability must always act to prevent the person with disability from suffering any form of harm, including but not limited to physical, emotional, and mental harm. Acting (or not acting) to protect a person with disability from harm constitutes a breach of duty of care and can have consequences depending on your organisation's policies and procedures.

A duty of care outlines standards of reasonable and appropriate care. It also provides a legal basis for determining how to make the best decisions regarding the care of a person with disability. These standards can vary depending on your school's role in supporting a person with disability. For example, an education support worker in a special school may need to make decisions based on standards that consider:

- health risks to other patients.

- the overall aim of improving the student's health and quality of life.

- the rights of the person with disability.

- limits and restrictions related to the facilities of the special school.

Further Reading

The Australian Government Department of Health provides case studies that contain responsibilities, decisions and issues concerning the duty of care for workers working with young people. The case studies are available through the link below:

Duty of Care Issues

Mandatory Reporting

Mandatory reporting is a requirement that obligates carers and workers to report any reasonable belief of abuse to the proper authorities. Any person with a duty of care over another person must determine whether the person needs immediate help or is suffering from significant harm. This may be heightened in some situations for a person with disabilities.

Mandatory reporting is applicable in any situation where an education support worker believes that a person is at risk of:

- neglect

- exposure to domestic violence

- physical, emotional and/or psychological harm

- sexual harm

- financial abuse

- abandonment

All Australian states and territories have active laws that require mandatory reporting for education support workers. However, the laws and authorities are not the same across all jurisdictions. Education support workers will need to follow varying protocols and procedures when reporting suspected cases of abuse and harm.

For example, education support workers who work closely with children are legally obligated to report cases of abuse and harm to the following reporting authorities:

State/Territory	Reporting Authority
Australian Capital Territory	Child and Youth Protection Services
New South Wales	Department of Family and Community Services
Northern Territory	Territory Families
Queensland	Department of Education
South Australia	Department for Child Protection

State/Territory	Reporting Authority
Tasmania	Department of Communities Tasmania
Victoria	Department of Health and Human Services
Western Australia	Department of Communities, Child Protection and Family Support

If a worker is employed in a residential aged care service subsidised by the Australian Government they must adhere to the Serious Incident Report Scheme. This means that they must report cases of abuse and neglect through the My Aged Care Provider Portal on the Department of Health website.

Further Reading

Additional information on the reporting requirements for people working closely with children are available through the link below:

Mandatory Reporting of Child Abuse and Neglect

Additional information on the reporting requirements for support workers who work closely with elderly people are available through the link below:

Serious Incident Response Schemet

Work-Role Boundaries

Providing care to young people with disabilities raises many challenges. Education support workers often find themselves in personal situations with clients and their friends or family. They will have access to private or confidential information. They will also sometimes be asked to provide services or support that are beyond their role.
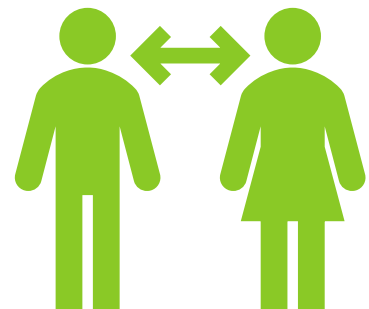
As such, it is necessary to set clear boundaries on what you can and cannot do when working with a person with disability. Work-role boundaries are used to define your exact responsibilities when working with such students. They act as limitations on what a student can ask from you and as restrictions that prohibit you from going beyond your duty and responsibility.

Setting clear boundaries have the following benefits:

- You will be able to provide effective and goal-directed service.

- You can avoid running into awkward situations with your students and their loved ones.

- You can avoid having to balance a personal and professional relationship with students.

- You can prevent students from exhibiting inappropriate behaviour or making excessive or unnecessary demands, thus helping you avoid being stressed or burnt out.

- You will be able to secure your own information and that of your students.

- You will maintain professionalism when interacting with and caring for your students.

- You will not have to experience emotional pain when students leave or pass away.

The following practices will allow you to establish a clear boundary between yourself and your students:

- Maintain a professional relationship with your students.

- Limit the services you provide to what is specified in your job description.

- Do not discuss personal or sensitive information about yourself or other people in your organisation with your students.

- Do not disclose information about your students to other people.

- Do not take advantage of your students' kindness by selling or asking for items and other favours.

Multimedia

Professional boundaries can vary according to the nature of your job and the age or needs of your students. The following video provides information on professional boundaries between support workers and clients in a home care setting:

Professional Boundaries for Caregivers

Further Reading

Work-role boundaries cover various aspects of your personal and professional life, such as punctuality, information disclosure and money lending. Discover other boundaries through the link below:

Building Good Boundaries in Support Work

You must also set boundaries regarding your use of social media to ensure professionalism and manage expectations about workplace behaviour. You may access a list of relevant practices through the link below:

Understanding Boundaries and Privacy

Work Health and Safety

As an education support worker, you must make sure that your approach safeguards yourself and others from harm and illness. No part of your approach must endanger others or create scenarios that can lead towards harm or illness to students with disability, coworkers, and other people at your workplace. As such, your approach must incorporate work health and safety practices.

Work health and safety practices ensure that support workers, students with disability, their families, and other members of the public are protected from illnesses and harm that may be caused by elements in their immediate environment.

Workplace health and safety is twofold:

- Workplace health refers to the prevention of illnesses and other medical conditions.

- Workplace safety refers to the prevention of harm resulting in injuries or death.

The Work Health and Safety Act 2011 provides a balanced and nationally consistent framework to secure the health and safety of workers and workplaces. Under the WHS Act, an education support worker is required to:

- take reasonable care for their own health and safety.

- take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons.

- comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act.

- co-operate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

Sourced from the Federal Register of Legislation on 13 September 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au. Work Health and Safety Act 2011, used under CC BY 4.0.

Compliance with the Work Health and Safety Act 2011 helps in preventing injuries, illness, and harm caused by workplace hazards. Some examples include:

- physical pain and injury from performing unsafe tasks.

- injuries from slips, trips, or falls because of unsafe working conditions.

- damages caused by workplace violence, falling objects, or operation of motor vehicles and equipment.

- injuries resulting from handling of electrical wiring or equipment.

- illness from radiation, exposure to chemicals, extreme temperatures, and noise.

- illness resulting from stress.

As an education support worker, you are expected to take measures to manage your own health and safety. You can prevent injuries and illnesses to yourself and to others by doing the following:

- Eat well, exercise regularly before coming to work. Make sure that you get seven to eight hours of sleep every night.

- Always make sure that someone knows your whereabouts, especially during work hours. When going on breaks, have a coworker know when you will be back.

- Have a mobile phone with emergency numbers always saved in your contact list.

- Do not assist your students with tasks that are beyond your responsibility. Additionally, tasks that require more than one person must not be attempted without help.

- Maintain professional boundaries with your students by not sharing personal details, contact information, food, drinks, and personal items.

- Report any hazards to your immediate supervisor and organisation. Follow up on your report to make sure that the hazard is addressed immediately.

- For additional information, refer to your organisation's policies and procedures on work health and safety.

Different states and territories have their own variation or version of the workplace health and safety law. You must check the workplace health and safety law that applies to your state or territory to view the specific requirements that you need to comply with.

Access the following state or territory legislation on workplace health and safety by clicking on the links provided.

State/Territory	Reporting Legislation
Australian Capital Territory	Work Health and Safety Amendment Act 2021
New South Wales	Work Health and Safety Regulation 2017
Northern Territory	Work Health and Safety (National Uniform Legislation) Regulations 2011
Queensland	Department of Children, Youth Justice and Multicultural Affairs
Victoria	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2017
Western Australia	Occupational Health and Safety Act 1984 Occupational Health and Safety Regulations 1996
South Australia	Work Health and Safety Act 2012
Tasmania	Work Health and Safety Act 2012

1.4.3 Developing and Adjusting Own Approach to Facilitate Empowerment

Once you are aware of the different elements that you need to consider when making an approach, you can then start piecing together an approach that you will use in assisting your students. When developing your approach, you must do the following:

1. **Make a list of all important factors to consider.**

   This includes your personal attitudes, values, job responsibility, and the various legal and ethical considerations for working with persons with disabilities.

2. **Create simple statements on how you will address issues or difficulties that you may encounter.**

   It is vital to determine which factors must be prioritised when dealing with different situations. You must keep your approach general to allow you a degree of flexibility in performing your duties.

3. **List down specific scenarios as a way of providing a detailed explanation of how you will use your approach.**

   These scenarios can be based on past experiences or hypothetical cases. They should help you make decisions for cases where the issue is complex, or there are multiple ways to address a certain issue.

4. **Keep a written copy of your approach that you can access when dealing with difficult situations.**

   Take note not to show this copy when talking to your students, as it will make your assistance seem less genuine. Instead, use this copy to remind yourself before and after your work time of what you should do to empower your students.

There will be times when an approach that you are using will appear to be inadequate or inappropriate. In some cases, your student may provide feedback that can make you aware of the shortcomings of your approach. You must adapt and adjust your approach to address these shortcomings to be effective at your job.

Adjusting your approach involves doing the following:

- **Find out what areas of your approach are lacking or inappropriate.**

  This information can come from feedback from your school, your supervisor or from a person with disability. The adjustment may be as simple as avoiding the use of a loaded word such as 'suffering' or as complex as needing to make changes to procedures.

- **Look for various ways to provide proper assistance.**

  Communicate with support groups, advocacies, and other professionals to hear about what others who went through the same problems did.

- **Listen to your client.**

  In most cases, a person with disability has a clear goal in mind. Let them provide their insights and share their ideas on what you can do to help.

- **Evaluate your capability.**

  Do not develop an approach that you know you are incapable of carrying out. If you feel that you need additional help to carry out your approach, ask for assistance from other members of your organisation and find avenues for personal development.

As you adapt your approach, remember that your goal is to empower the student by assisting them in reaching their goals using a variety of options. You must remember to provide them with choices on what support they can ask from you and the school.

For example, an education support worker who is assisting a student with disability can give options on how the student can receive assistance with their lessons. These can include:

- the use of disability-specific tools such as positioning chairs.

- additional scaffolding in the form of comprehension aids.

- having an adult scribe or note taker and reader.

- being given frequent cues to task and redirection strategies.

- having additional break times.

- using adjusted language and being provided with social stories.

- being provided with one-on-one conferencing.

- having reduced writing requirement.

- being provided with explicit instruction regarding social skills.

It is important always to prioritise your student's needs and desires as you provide empowering services and provide options for them. Remember that the best approach is always the one that the student chooses.

Checkpoint! Let's Review

1. Over time, new changes will be made to existing frameworks to accommodate persons with disabilities further. You must update your knowledge of these frameworks to provide your students with excellent service and comply with the legal, political, and social standards of the community.

2. The concept of disability and the many barriers that can be used to create it are all social constructs. Disabilities and barriers are produced by human involvement and effort. A person with an impairment is disabled and handicapped not because a person has an impairment but because others are using the impairment to keep the person excluded.

3. Persons with disabilities may react differently to actions and behaviour that stem from personal values and attitudes. They may react negatively to actions that are done with good intentions and may react positively to gestures and actions that did not require much effort. Being aware of the potential impact of your personal values and attitudes on these students will allow you to develop and adjust your approaches at work to facilitate empowerment.

4. The approaches of education support workers and professionals across various industries and occupations vary based on their clients' age, needs, and goals. All approaches must keep the student's best interest at heart.

Learning Activities 1

Activity 1.1

Matching Type

Listed below are considerations for working with persons with disability.

a. Code of conduct

b. Duty of care

c. Mandatory reporting

d. Work role boundaries

e. Work health and safety

Match each to their definition below, by writing the letter that corresponds to your answer in the space provided.

	Considerations for Working with Persons With Disability
	i. a requirement that obligates carers to report any reasonable belief of abuse to the proper authorities
	ii. a legal obligation that requires a support worker to prevent their client from suffering any form of harm
	iii. a set of practices that ensure that support workers, clients, their families and other people in the workplace are protected from illnesses and harm
	iv. a consideration used to set limitations on what a client and a support worker can ask or request from one another
	v. an organisational policy that sets expectations for safe and ethical service and support

Activity 1.2

Define the following terms:

  i.   Impairment

  ii.   Disability

  iii. Handicap

i. Impairment	
ii. Disability	
iii. Handicap	

II. Foster Human Rights

Human rights are standards that are used to recognise and safeguard the dignity of all humans. These rights are part of the larger basis of laws and acts for governing people and communities.

The following definition is provided by the Australian Human Rights Commission (2019):

Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives.

The Australian Government respects and upholds many human rights treaties, including:

- United Nations' Universal Declaration of Human Rights

- International Covenant on Civil and Political Rights

- International Covenant on Economic, Social and Cultural Rights

- Convention on the Elimination of All Forms of Racial Discrimination

- Convention on the Elimination of All Forms of Discrimination against Women

- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

- Convention on the Rights of the Child

- Convention on the Rights of Persons with Disabilities.

Sourced from What are human rights?, used under CC BY 4.0.
© Australian Human Rights Commission 2017.

As an education support worker, you must take note that these treaties supplement basic human rights. The existence of multiple treaties does not mean that there are different sets of rights for different kinds of people. Rather, these treaties are only meant to emphasise the rights of certain groups or parts of the demographic whose rights are misunderstood or ignored by the state.

The rights of persons with disability can be found in two separate declarations and treaties:

- The basic human rights that apply to everyone, including persons with disabilities, are provided in the Universal Declaration of Human Rights (UDHR).

- The fundamental rights that apply to persons with disabilities are provided in the Convention on the Rights of Persons with Disability (CRPD).

All education support workers, even those who do not work with persons with disabilities, are required to know and understand the basic human rights outlined in the UDHR.

Additionally, education support workers must know and understand the different rights enumerated within the CRPD. The convention contains many basic human rights that are also found in the UDHR. In addition, it contains general and specific obligations that aim to protect different types of rights of all people with disability.

The CRPD contains two documents—one document outlining the actual rights of Persons with disabilities that must be upheld and an additional document containing an optional protocol for upholding these rights and addressing complaints. It is crucial to note that Australia has signed and accepted both documents, with the CRPD being signed on 17 July 2008 and the optional protocol being signed on 30 July 2009.

The convention explains what rights persons with disabilities are entitled to, what actions that affect these persons must be avoided, and what these persons must be supported with.

Further Reading

The Universal Declaration of Human Rights details the basic rights and freedoms that must be afforded to all people. It is the foundation of many legislations on the rights of men. You may access it through the link below:

Universal Declaration of Human Rights

The CRPD recognises the rights set forth by the UDHR. It details the obligations of governments and all people in upholding and safeguarding the rights of Persons with disabilities. The two documents that make up the CRPD can be accessed through the link below:

Convention on the Rights of Persons with Disabilities

Human rights are vital to providing empowering service. Remember that empowerment involves recognising that all persons with disability have the capacity and capability to take control of their lives and make decisions for themselves. Now, consider that a person with disability who knows their rights can select from a wider variety of options. A person with disability who knows their rights has a better understanding of what they are entitled to, what others are not allowed to do, and what the state or country is required to do to accommodate them.

Therefore, any education support worker who truly wishes to empower a person with disability must help them learn about their rights so that they can have a better understanding of how they can control their lives and what decisions they can make.

In this chapter, you will learn how to foster human rights by doing the following:

- assist the young person with disability in understanding their rights in age-appropriate ways.

- deliver services that ensure the rights and needs of the person are upheld in the context of person-centredness.

- ensure the cultural needs of the person are identified, accepted and upheld.

- identify breaches of human rights and respond and report according to organisation procedures.

- identify indications of possible abuse and/or neglect and report according to organisation procedure.

2.1 Assist the Person with Disability to Understand Their Rights

It is imperative to help persons with disabilities become aware of their rights to truly empower them at age-appropriate levels. Doing so allows young people to make informed decisions and understand what options are available to them. A young person with disability who does not understand their rights may experience difficulties in:

- making goals for themself

- finding appropriate support

- identifying when they are being taken advantage of

- identifying instances of abuse or discrimination

- developing a positive self-image

- taking part in everyday tasks

- standing up for themselves.

As an education support worker, you must assist your students with disability to understand their rights. Doing so involves:

- using a media format that the person with disability will understand (e.g. using Auslan or Braille texts to communicate with clients who have hearing or vision loss).

- using simple terms and avoiding the use of technical, medical, or legal jargon.

- providing example scenarios to explain each right and how they are essential to the individual.

- providing a list of steps that a person with disability must take when they feel that their rights are being infringed upon (e.g. procedure for reporting discrimination or harassment). Again age-appropriateness is essential in this arrangement.

- answering questions about rights clearly, respectful, and tactful.

- in cases where children are involved, speaking about the child's rights with their parents or primary caregivers.

- using a rights-based approach to uphold the rights of students with disability in various areas of service.

2.1.1 Rights-Based Approaches in Assisting Persons with disabilities to Understand Their Rights

Human rights-based approaches turn human rights into actual policies and practices. A human rights-based approach transcends the *what* of human rights (the rights themselves) and focuses more on the *how* (the implementation and exercise of these rights). Mainly, human rights-based approaches use human rights as a basis for taking care of people with disability.
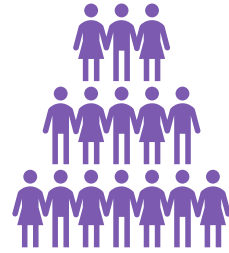
Human rights-based approaches have five common principles, namely:

- **Participation**

  Everyone has the right to participate in decisions that affect their human rights. Participation must be active, accessible, and meaningful. It must give attention to issues of accessibility, including access to information in a form and a language that can be understood.

- **Accountability**

  Accountability requires effective monitoring of compliance with human rights standards and achievement of human rights goals, as well as effective remedies for breaches of human rights. For accountability to be effective, there must be appropriate laws, policies, institutions, administrative procedures, and mechanisms of redress to secure human rights.

  The effective monitoring of compliance and achievement of human rights goals also requires the development and use of appropriate human rights indicators.

- **Non-discrimination and equality**

  A human rights-based approach means that all forms of discrimination in the realisation of rights must be prohibited, prevented, and eliminated. It also means that priority should be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.

- **Empowerment**

  Everyone is entitled to claim and exercise their rights and freedoms. Individuals and communities need to be able to understand their rights and to fully participate in the development of policies and practices which affect their lives.

- **Legality**

  A human rights-based approach requires that:

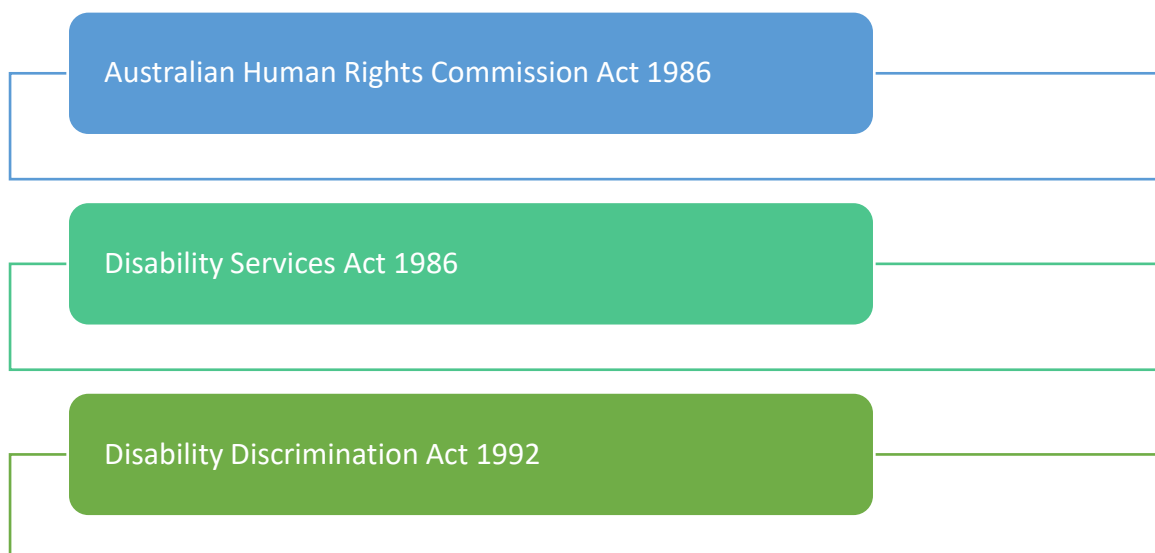 i. the law recognises human rights and freedoms as legally enforceable entitlements, and

ii. the law itself is consistent with human rights principles.

Using a human rights-based approach will allow you to provide appropriate service and will help you in determining if a student knows their rights. As you use human rights-based approaches, always be mindful of your student's age, level of legal responsibility, needs and behaviours. How you use an approach for an 8 year old will be very different to that used for a 17 year old . Listen to their stories and see how they interact with others to look for cues that they need assistance.

2.1.2 Rights of Persons with disabilities

Before attempting to talk about rights, you must first have a satisfactory level of knowledge of the different rights that students are entitled to. Rights of persons with disabilities that were derived from the UDHR and CRPD are provided through the:

Australian Human Rights Commission Act 1986

Disability Services Act 1986

Disability Discrimination Act 1992

If the student has a primary caregiver or parent, then often these discussions will be started at that level.

Australian Human Rights Commission Act 1986

The Australian Human Rights Commission (AHRC) is responsible for monitoring and upholding the rights of all Australians. The commission was created through the Australian Human Rights Commission Act 1986. The rights of all Australians, including different groups, are enumerated and defined through this Act.

The rights of disabled persons, as stated under Schedule 5 of this Act, are as follows:

1. The term 'disabled person' means any person unable to ensure by themself, wholly or partly, the necessities of a normal individual and/or social life, because of deficiency, either congenital or not, in their physical or mental capabilities.

2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination based on race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person themself or to their family.

3. Disabled persons have the inherent right to respect their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

4. Disabled persons have the same civil and political rights as other human beings; paragraph 7 of the Declaration on the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.

5. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.

6. Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.

7. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.

8. Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning.

9. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as their residence is concerned, to differential treatment other than that required by their condition or by the improvement which they may derive therefrom. If the stay of a disabled person in a specialised establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of their age.

10. Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

11. Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.

12. Organisations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.

13. Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration.

Sourced from the Federal Register of Legislation at 18 August 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au. Australian Human Rights Commission Act 1986, used under CC BY 4.0.

Disability Services Act 1986

The Disability Services Act 1986 lists flexible provisions that are responsive to the needs and goals of persons with disabilities. It assists persons with disabilities by allocating funds for services that will allow them to participate as members of the community fully.

The following list contains the different types of funding that services may apply for:

- accommodation support services

- independent living training services

- information services

- print disability services

- recreation services

- respite care services

- services included in a class of services approved by the Minister under Section 9 of the Disability Services Act 1986.

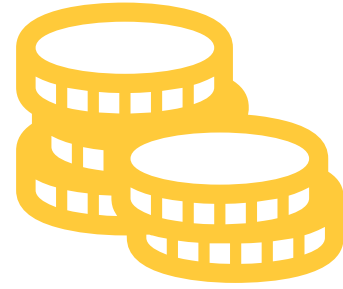*Based on the Federal Register of Legislation at 9 August 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au. Disability Services Act 1986, used under CC BY 4.0.*

Further Reading

Details of the different types of funding under the Disability Services Act 1986 are available through the link below:

Disability Services Act 1986

Disability Discrimination Act 1992

The Disability Discrimination Act 1992 aims to prevent discrimination in all its forms against persons with disabilities. The Act covers both indirect and direct discrimination (refer to Section 1.2.3 of this Learner Guide for an explanation of direct and indirect discrimination).

Based on the Act, a person with disability cannot be discriminated against in the following areas:

- Employment, including:

  o As a commission agent or contract worker

  o Partnerships

  o Conferring, renewing, extending, revoking or withdrawing an authorisation or qualification

  o Registered organisations under the Fair Work Act 2009

- Education

- Access to premises

- Goods, services, and facilities

- Accommodation

- Land

- Clubs and incorporated associations

- Sport

- Administration of Commonwealth laws and programs

Based on the Federal Register of Legislation on 9 August 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au. Disability Discrimination Act 1992, used under CC BY 4.0.

Further Reading

The exact prohibitions under the Disability Discrimination Act 1992 are provided through the link below:

Disability Discrimination Act 1992

The Implication of the Laws on Discrimination

The Disability Services Act 1986 and Disability Discrimination Act 1992 let persons with disabilities fully participate in community activities. As an education support worker, you must assist your students in understanding the following:

- A person with disability is not a burden to any service or organisation. Any service or organisation that cares for or works with persons with disabilities is afforded additional funding to allow them to procure the appropriate materials or resources to assist a person with disability.

- A person with disability cannot be discriminated against. Any form of discrimination against a person with disability, if proven true, can be grounds for legal action.

- A person with disability has the full support of the law. They do not need to ask others to respect them. Instead, they must be treated with the respect and dignity afforded to all Australians.

The laws on discrimination provided in this section were also used as a basis for identifying other rights of persons with disabilities. These rights are expressed through the following requirements:

- Dignity of Risk

- Privacy, Confidentiality, and Disclosure

2.1.3 Dignity of Risk

One of the rights of persons with disabilities indicated in Schedule 5 of the Australian Human Rights Commission Act 1986 is the right to enjoy a full, normal, and decent life. This right is the basis for the concept of dignity of risk.

Dignity of risk refers to a client's right to take part in activities that may come with risks. It is a concept that upholds the autonomy of persons with disabilities to make their own choices and become independent persons.

The following are some example scenarios involving the dignity of risk:

- A secondary student with an impairment affecting their ability to walk wants to play wheelchair rugby.

- An elderly person with poor vision wants to walk to the bakery every day.

- A child with cerebral palsy wants to try riding a dodgem car at a local fair.

In all the given examples, the person with disability is facing serious risks. However, if they are to be truly empowered and allowed to make their own choices, the workers caring for them must allow them to take these risks.

Of course, there is a glaring issue that needs to be addressed — negligence. An education support worker may be liable for any harm that befalls their student because of their duty of care. They must always look out for their student's best interests while protecting their safety and wellbeing. Given that a student who is allowed to engage in risky behaviour is exposed to harm, it is understandable to hesitate to give the person the freedom to do as they please.

As an education support worker, you can address this issue by doing the following:

- **Checking that the activity meets the school's or education systems risk management profile and is permitted by the school.**

  Just because a young person with a disability wants to undertake an activity does not override the curriculum management risk policies of the school.

- **Explain the risks associated with the activities that the student wants to take part in.**

  Help the student make an informed decision. Ensuring that your student knows the risks that can occur because of their choice frees you from being charged with neglect.

- **Do your part in mitigating the risks that the clients are exposed to.**

  Create strategies or procure materials that will keep the student safe from harm. Perform due diligence and gain approval from the parent or caregiver. Identify what you need to do to keep the client safe, e.g. wearing a soft helmet.

- **Listen to the client.**

  A person with disability may want to take part in an activity based on a misunderstanding or misconception. Listening allows you to fully ensure that the student knows exactly what they will be doing.

- **Plan how you will document the client's participation in the activity.**

  Documentary evidence will be crucial in proving that any harm that befalls the student is a result of their own informed choice at an age-appropriate level.

With experience, you will learn how to balance your obligations under the dignity of risk and duty of care.

2.1.4 Privacy, Confidentiality, and Disclosure

According to Schedule 5 of the Australian Human Rights Commission Act 1986, persons with disabilities have the right to human dignity and protection against exploitation. This right serves as the basis for persons with disabilities' rights under privacy, confidentiality, and disclosure through the Privacy Act 1988.

The Privacy Act 1988 details various prohibitions on what information organisations can collect and how organisations handle all relevant information. These prohibitions are based on the Australian Privacy Principles.

The Australian Privacy Principles are:

- Australian Privacy Principle 1—open and transparent management of personal information.

- Australian Privacy Principle 2—anonymity and pseudonymity.

- Australian Privacy Principle 3—collection of solicited personal information.

- Australian Privacy Principle 4—dealing with unsolicited personal information.

- Australian Privacy Principle 5—notification of the collection of personal information.

- Australian Privacy Principle 6—use or disclosure of personal information.

- Australian Privacy Principle 7—direct marketing.

- Australian Privacy Principle 8—cross-border disclosure of personal information.

- Australian Privacy Principle 9—adoption, use or disclosure of government related identifiers.

- Australian Privacy Principle 10—quality of personal information.

- Australian Privacy Principle 11—security of personal information.

- Australian Privacy Principle 12—access to personal information.

- Australian Privacy Principle 13—correction of personal information.

Sourced from the Federal Register of Legislation at 6 August 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au. Privacy Act 1988, used under CC BY 4.0.

Further Reading

Information on the Australian Privacy Principles, including all legal obligations and restrictions, can be accessed through the link below:

Privacy Act 1988

Privacy

Privacy is a human right that protects a person from unwanted occurrences and circumstances. It gives a person control over who can interact with them and what others can know about them. Privacy allows a person to create boundaries and limitations to how others can affect their lives.

This right is fundamental to children with additional needs and their families. These people are already struggling and trying to cope with everyday challenges associated with the child's condition. The last thing they need is for people or organisations to approach them with questions, give them unsolicited advice, and use them as a subject in studies or discussions.

Clients and their families need to have their own privacy. As such, you must remember to adhere to your organisation's privacy policy and take measures to ensure confidentiality whenever you interact with doctors, specialists, therapists, and other professionals who may not be privy to the information available to you and your coworkers.

A privacy policy must be in place as you collect important information regarding the client. A privacy policy is *'a statement that explains in simple language how an organisation or agency handles your personal information'* (Office of the Australian Information Commissioner, n.d.)*.* Your organisation's privacy policy must reflect how all data will be handled. These policies must be updated to match changes to procedures on the documentation, sharing, storage, and use of information.

Confidentiality

Confidentiality involves ensuring that records and documents are free of information that can be used to identify a person or group. Confidentiality and privacy are directly linked.

Ensuring the confidentiality of information involves identifying, replacing, or removing personal and sensitive information from relevant documents. *Personal information* refers to data that can be used to identify a person. On the other hand, *sensitive information* relates to data on a person's background, preferences, lifestyle, associations, and beliefs.

The following table lists examples of personal information and sensitive information:

Personal Information	Sensitive Information
- an individual's name, signature, address, phone number or date of birth - photographs - employment details - voiceprint and facial recognition biometrics (because they collect characteristics that make an individual's voice or face unique) The Privacy Act 1988 does not cover the personal information of someone who has died.	- racial or ethnic origin - political opinions or associations - religious or philosophical beliefs - trade union membership or associations - sexual orientation or practices - criminal record - health or genetic information - some aspects of biometric information Generally, sensitive information has a higher level of privacy protection than other personal information.

Based on What is personal information?, used under CC BY 3.0 AU. Office of the Australian Information Commissioner website – www.oaic.gov.au

Support workers who seek to make confidential documents and forms must:

- assess the information in the papers to check if it identifies the client.

- remove direct identifiers in documents (e.g. names and addresses).

- use aliases or placeholders to refer to the client and other relevant people.

Further Reading

Confidentiality is a requirement under the Privacy Act 1988. For more information on confidentiality, you may access the link below:

Confidentiality – Australian Government Open Data Toolkit

Use and Disclosure of Information

An entity uses personal information every time they handle or control the handling of your information. Using personal information, in this sense, includes:

- searching up a client's information

- accessing and reading their records containing your information

- making a copy of a document containing your information

- giving a copy of your information to a department within your organisation.

An entity discloses your personal information every time they allow others from outside the organisation to access it. This applies regardless of whether the agency or organisation receiving the information has already collected and filed its own copy of the information.

According to Australian Privacy Principle 6, an entity can use and disclose personal information for the purpose it was collected, except in cases where:

- the individual has consented to a secondary use or disclosure.

- the individual would reasonably expect the APP entity to use or disclose their personal information for the secondary purpose, and that purpose is related to the primary purpose of collection, or, in the case of sensitive information, directly related to the primary purpose.

- the secondary use or disclosure is required or authorised by or under an Australian law or a court/tribunal order.

- a permitted general situation exists in relation to the secondary use or disclosure.

- the APP entity is an organisation, and a permitted health situation exists in relation to the secondary use or disclosure.

- the APP entity reasonably believes that the secondary use or disclosure is reasonably necessary for one or more enforcement related activities conducted by or on behalf of an enforcement body.

- the APP entity is an agency (other than an enforcement body) and discloses biometric information or biometric templates to an enforcement body, and the disclosure is conducted in accordance with guidelines made by the Information Commissioner for the purposes of APP 6.3.
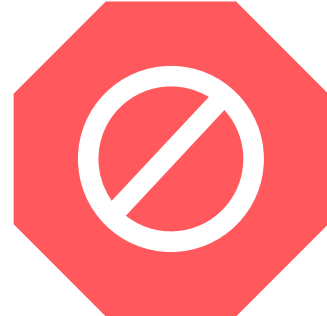
Based on Chapter 6: APP 6 — Use or disclosure of personal information, used under CC BY 3.0 AU.
Office of the Australian Information Commissioner website – www.oaic.gov.au

2.2 Deliver Services That Ensure the Rights and Needs of the Person are Upheld in the Context of Person-Centredness

Person-centredness means putting the person in the centre of care delivery. This means that all actions and decisions pertaining to their care will be based on what they need and want. In a professional care setting, *person-centred care* means treating a person with compassion, dignity, and respect by using appropriate care strategies and having policies and procedures that support the person's choice within the context of age-appropriateness and capacity for informed decision making.

A person-centred approach:

- Supports the person, at the 'centre of the service', to be involved in making decisions.

- Considers each person's life experience, age, gender, culture, heritage, language, beliefs and identity.

- Requires flexible services and support to suit the person's wishes and priorities.

- Is strengths-based, where people are acknowledged as the experts in their life with a focus on what they can do first and any help they need second.

- Includes the person's support networks as partners.

Sourced from What is a person-centred approach?, used under CC BY 4.0. © State of New South Wales NSW Ministry of Health. For current information go to www.health.nsw.gov.au.

The following table shows how person-centred support differs from traditional services:

Traditional	Person-Centred
- service is based on clinical or medical advice. - clients are required to comply with the staff's instructions. - care strategies prioritise the management of illness and medical condition.	- service is based on the client's personal goals and preferences. - clients are empowered to make their own choices and decisions. - care strategies focus on improving the overall quality of life of the client.

Further Reading

Person-centred care and service can follow different principles, depending on the nature of your work. The principles of person-centred health care are provided through the link below:

What is person-centred health care? A literature review

It is critical to provide person-centred services because it allows a carer or support worker to uphold the rights of the young person with a disability. Providing person-centred has the following benefits:

- Person with disability will generally have an easier time trusting support workers who provide person-centred care.

- Persons with disability will be more compliant with routines, activities, and programs that are designed based on their needs and wants.

- Education support workers will not have a difficult time coming up with support strategies or complicated care procedures.

- Education support workers will not need to spend a lot of time and effort in managing students' behaviour and convincing them to participate in certain activities.

For you to deliver person-centred services, you must:

- ensure the rights of the young person with disabilities are upheld…

  - by letting the student make age-appropriate choices on how they should be cared for and what activities they should participate in.

  - by allowing students to engage or participate in age-appropriate tasks and activities if you explain the risks and take steps to mitigate them.

  - by following organisational procedures on privacy and confidentiality when filling out forms and updating the records of the student.

  - by encouraging students to speak up on any concerns that they might have.

- ensure that the needs of the student are upheld…

  - by encouraging students to ask questions about your care and treatment plans.

  - by having students involved in planning and making decisions about their care.

  - by using strategies that make full use of the student's capability.

  - by having students provide feedback on the level and quality of service being provided.

  - by delivering appropriate care that balances person-centredness and appropriate assistance and support based on the student's condition by seeking support from more experienced and qualified staff if necessary.

For example, when an education support worker is tasked with helping a student with disability learn about conversational techniques, the student must be allowed to:

- attempt to engage in conversation with others despite the risk of being discriminated against or failing to communicate well.

- have their name and personal information left out from observation forms and other documents.

- develop their communication skills using appropriate techniques and strategies based on their capability and as indicated in their individual education plan.

▪ give their insights and ideas on what they need to be helped with.

When assisting your students, the most important consideration must always be their condition. The next section will explain some common conditions of young people with disabilities and the different ways that an education support worker can assist young people based on these conditions.

2.2.1 Delivering Support Practices Based on Client's Condition

Different conditions are associated with different challenges and difficulties. As a support worker, you may be tasked with caring for a young person who has:

▪ Genetic disorders

▪ Physical trauma

▪ Psychological trauma

▪ Chronic lifestyle conditions

▪ Acquired brain injury

Each of these conditions has corresponding appropriate care practices that you must learn prior to providing engaging with the child. As you read through each condition, always remember that persons with disabilities are not to be defined by their condition. Be sure to use all information in the following discussions in combination with specific information regarding the client, e.g. their personal background, care plan, goals, and preferences.

Genetic Disorders

A genetic disorder is '*a disease caused in whole or in part by a change in the DNA sequence away from the normal sequence*' (National Human Genome Research Institute, 2018).

Genetic disorders can be caused by a mutation in one or multiple genes. They can also be affected or initiated by environmental factors that affect genes or by damage to chromosomes.

You may encounter the following examples of genetic disorders and diseases as you perform your duty as an education support worker:

▪ **Attention Deficit Hyperactivity Disorder**

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurological disorder that affects mood, behaviour, learning, and social interaction. It primarily affects a person's self-regulation and attention span. Causes of ADHD include genetic factors, abnormal development, and brain injuries.

ADHD can sometimes be observed in conjunction with depression, anxiety, and sleep problems. In children and young adults, ADHD can be disruptive as it can cause problems with planning, memory, schoolwork, motor skills, social skills, control of emotions, and response to discipline.

Based on About Attention Deficit Hyperactivity Disorder. Courtesy: National Human Genome Research Institute.

- **Down Syndrome**

Down syndrome is a chromosomal condition affecting chromosome 21. Around 1 in 800 to 1 in 1000 infants are born with Down syndrome.

Down syndrome can be detected before birth. Most cases of Down syndrome occur as random events during the formation of reproductive cells. Some cases do exist where Down syndrome is inherited, but these cases are rare and few.

Down syndrome is characterised by learning and intellectual disability. People with down syndrome have a characteristic facial appearance. Infants with Down syndrome also have poor muscle tone (hypotonia).

In addition, people with Down syndrome are at an increased risk of experiencing cardiovascular problems, digestive problems such as gastroesophageal reflux or celiac disease, and hearing loss. In some cases, people with Down syndrome have low activity of the thyroid gland (hypothyroidism), causing low hormone production.

Based on About Down Syndrome. Courtesy: National Human Genome Research Institute.

- **Cri du Chat Syndrome**

Cri du chat (cat cry) syndrome is a rare genetic condition. It is characterised by a high-pitched cat-like cry that diminishes with age, intellectual disability, delayed development, distinctive facial features, small head size, and widely spaced eyes. Infants born with Cri du chat syndrome also have low birth weight and weak muscle tone (hypotonia).
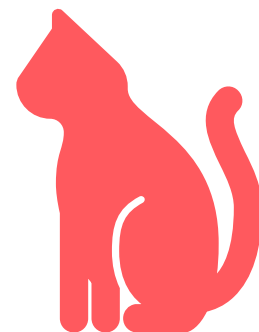
Many people with cri du chat syndrome have trouble learning a language and communicating with others. Around half of all children with cri du chat syndrome will develop the necessary verbal skills to communicate. In some cases, a person with cri du chat syndrome will use short sentences, utter a few basic words, or use gestures and sign language.

Cri du chat syndrome can also be accompanied by conditions such as difficulty in feeding and walking, hyperactivity, scoliosis, serious organ defects, and other life-threatening medical conditions.

Despite the many challenges and symptoms, children and adults with this syndrome are usually cheerful, friendly, and sociable.

Based on About Cri du Chat Syndrome. Courtesy: National Human Genome Research Institute.

- **Cystic Fibrosis**

    Cystic fibrosis (CF) is a common but dangerous genetic disease. CF causes the body to produce viscous mucus that can clog a person's lungs, cause infections, and block the pancreas from sending enzymes to the intestines for food digestion. These can result in fatal complications in children and adults.

    Mutations in a single gene—the Cystic Fibrosis Transmembrane Regulator (CFTR) gene—causes CF. Since the discovery of this gene in 1989, more than 900 mutations of this single gene have been identified.

    CF has a variety of symptoms, including very salty-tasting skin, a persistent cough, and excessive appetite with little weight gain. Having high salt levels in your sweat is usually indicative of CF.

    Based on About Cystic Fibrosis. Courtesy: National Human Genome Research Institute.

- **Fragile X Syndrome**

    Fragile X syndrome is an inherited intellectual disability that is caused by a mutation in the FMR1 gene. Boys are more likely to be severely affected by Fragile X syndrome, as boys have only one X chromosome. Boys who have the full FMR1 mutation will have fragile X syndrome and moderate intellectual disability. On the other hand, girls who have the full
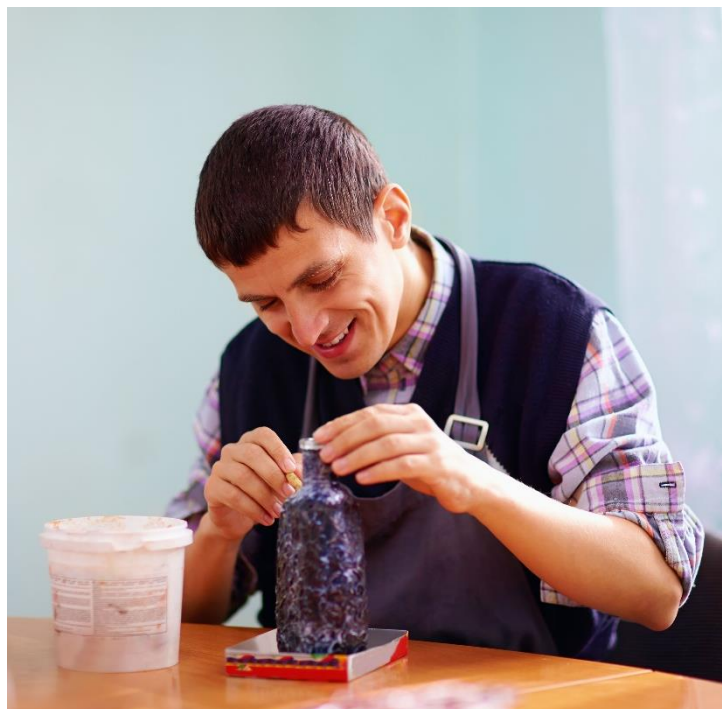
FMR1 mutation will have a mild intellectual disability.

Fragile X syndrome is characterised by a particular facial appearance, which includes having a large head, a long face, a prominent forehead and chin, and protruding ears. Males with fragile X syndrome have loose joints and develop abnormally large testes during puberty. Other physical problems that are observed in people with fragile X syndrome include eye problems, orthopaedic problems, cardiovascular problems, and skin problems.

Boys with fragile X syndrome can have autism and a variety of behavioural problems, including having a short temper, hyperactivity, hand flapping, and violence. They may also have difficulty maintaining eye contact, have perseverative speech, have difficulty controlling their impulses, and have trouble focusing on tasks.

Some people with fragile X syndrome may not have intellectual disability but may have other problems, including premature menopause, difficulty becoming pregnant, tremors, and poor coordination.

Based on About Fragile X Syndrome. Courtesy: National Human Genome Research Institute.

▪ **Huntington's Disease**

Huntington's disease (HD) is an inherited neurological illness. Patients with HD experience involuntary movements, severe emotional disturbance, and rapid cognitive decline. HD is usually fatal after up to 20 years.

Scientists in 1993 discovered that HD is caused by abnormalities in the HD gene on chromosome 4. A defect in this gene results in brain degeneration due to clumping and the death of nerve cells. This often affects the basal ganglia and cortex; thus, affecting body coordination and perception, respectively. There is no cure for HD.

Based on About Huntington's Disease. Courtesy: National Human Genome Research Institute.

▪ **Sickle Cell Disease**

Sickle cell disease is an inherited red blood cell disorder caused by a genetic mutation.

Sickle cell disease can also be inherited from parents. A baby whose parents have the disease has a 25 per cent chance of being born with sickle cell disease.

People with the disease have their red blood cells destroyed more quickly than they can be replaced, causing anaemia. The sickle-like appearance of affected red blood cells is what gives the disease its commonly known name—sickle cell anaemia.

The sickle-shaped red blood cells can block the flow of blood through vessels, resulting in damage to the lungs, spleen, kidneys, and liver. These can cause chest

and body pain, bacterial infections, stroke, and priapism (painful, prolonged erection).

Based on About Sickle Cell Disease. Courtesy: National Human Genome Research Institute.

An education support worker caring for a person with a genetic disorder must provide appropriate care that will allow the client to manage symptoms and fully participate in all activities. Assistance must always be based on health advice from doctors. Your duty, as an education support worker, involves the following:

▪ Educating the student on how to use assistive equipment and strategies for dealing with symptoms and other effects of the disorder.

▪ Monitoring the student's health and report any development of symptoms or general condition.

▪ Administering medication and apply therapeutic techniques as necessary and as advised by the client's health professional and in accordance with the school's administration policies and procedures.

▪ If applicable, provide the student's family with tips on what they can do to help the person with disability in managing discomfort or pain.

Physical Trauma

Physical trauma is a body wound caused by injury from violent events, such as car accidents or falling from high places. There are two main types of physical trauma.

- Blunt force trauma refers to instances when an object or force strikes the body and causes cuts, broken bones, and other injuries that do not involve open wounds.

- Penetrating trauma occurs when an object pierces the skin, causing an open wound.

The extent or severity of physical trauma can vary from case to case. Some forms of physical trauma can cause minor discomfort, while some can be life-threatening. The type and location of injury are often used to determine the severity of physical trauma.

Persons who experienced physical trauma will often suffer from serious complications, including:

- Pain.

- infection of wounds.

- blood loss and complications stemming from having a low blood count.

- organ failure.

Students who experienced physical trauma may need support in managing pain and performing activities that they cannot normally do due to their injuries. Support workers caring for young persons who experienced physical trauma must provide the following assistance:

- Provide a safe and clean environment.

- Assist the young person with pain management through exercises, use of supports, and medication. Replace bandages and apply ointments as necessary.

- Orient, where appropriate, the student's family or loved ones about how they can help the student in their education journey.

- Provide physical support to assist the person in doing certain tasks (e.g. going to the bathroom or moving around).

- Provide psychological support, especially for students who may have gone through traumatic experiences.

- Provide emotional support for people who people whose injuries will require them to discontinue activities that they used to enjoy or perform, such as participating in sports or playing musical instruments.

Further Reading

Care institutions such as hospitals provide various support services for trauma patients and their families. You can view some of these support services through the link below:

Trauma - Patient and family support services

Psychological Trauma

Psychological trauma is caused by an event that exposes a person to extremely stressful circumstances. Trauma can persist for an extended period — in some cases, lasting for the entirety of a person's life. Most people go through some form of traumatic experience at one point in their life, but not all people respond to trauma positively.

Psychological trauma is becoming more common. From 2017 to 2018, around 2.4 million or one in eight adults experienced high or very high levels of psychological distress, an increase from 2.1 million or 11.7% of all adults in 2014 to 2015 (Australian Bureau of Statistics, 2018).

Some common traumatic events experienced by Australians are:

- seeing or mourning the death of a close relative or loved one.

- witnessing a violent and horrific injury or death.

- surviving a serious car accident or any life-threatening accidents.

- having to endure sexual abuse or other forms of abuse.

- war or terrorist attacks.

- natural or man-made disasters.

Take note that not all people succumb to traumatic events immediately. A person may endure a traumatic event but may be so weakened by it that any future minor stressful events may cause an extreme reaction. In such cases, a person develops post-traumatic stress disorder (PTSD).

PTSD is typically characterised by the following:

- re-experiencing the traumatic event or events in vivid intrusive memories, flashbacks, or nightmares, typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations.

- avoiding thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event or events.

- persistent perceptions of a heightened current threat, which, for example, might lead to hypervigilance or reacting beyond what would normally be expected to something like an unexpected noise.

Source: Australian Institute of Health and Welfare,
used under CC BY 3.0 AU.

Aside from PTSD, trauma can cause the development of many other forms of mental disorders and issues, including but not limited to:

- anxiety

- depression

- eating disorders

- personality disorders

- psychosis

- schizophrenia

- substance abuse

Persons who experience psychological trauma will generally need psychological and emotional support. Education support workers working with students who experienced psychological trauma should provide the following assistance:

- Provide a safe and comfortable environment with little noise and some personal space.

- Assist the student with any prescribed medication and activities included in their treatment plan.

- Allow the student to talk about their experiences. Listen and engage in discussions.

- Give the student privacy by respecting their wishes if they choose not to talk about their traumatic experiences.

- Provide physically engaging activities that can help ease tension and produce positive hormones.

- Ensure the student's family or loved ones are aware of what occurs during school time.

Further Reading

Engaging Touch and Movement in Somatic Experiencing® Trauma Resolution Approach by Sonia Maria Gomes Silva provides an in-depth explanation of what trauma is, what the different kinds of psychological trauma are, and what a support worker or professional can do to help people who experienced psychological trauma. It can be accessed through the link below:

Engaging Touch and Movement in Somatic Experiencing® Trauma Resolution Approach

Chronic Lifestyle Conditions

Many people tend to have poor lifestyles due to a variety of reasons. You may know someone who has unhealthy indulgences that they simply cannot let go of. Some of these unhealthy lifestyle choices or indulgences are:

- tobacco use

- high body mass

- drug use

- high alcohol use

- physical inactivity

- high blood pressure.

Source: Australian Institute of Health and Welfare,
used under CC BY 3.0 AU.

When these lifestyle choices and indulgences are not balanced with healthy practices, a person runs the risk of developing a chronic lifestyle condition or chronic disease.

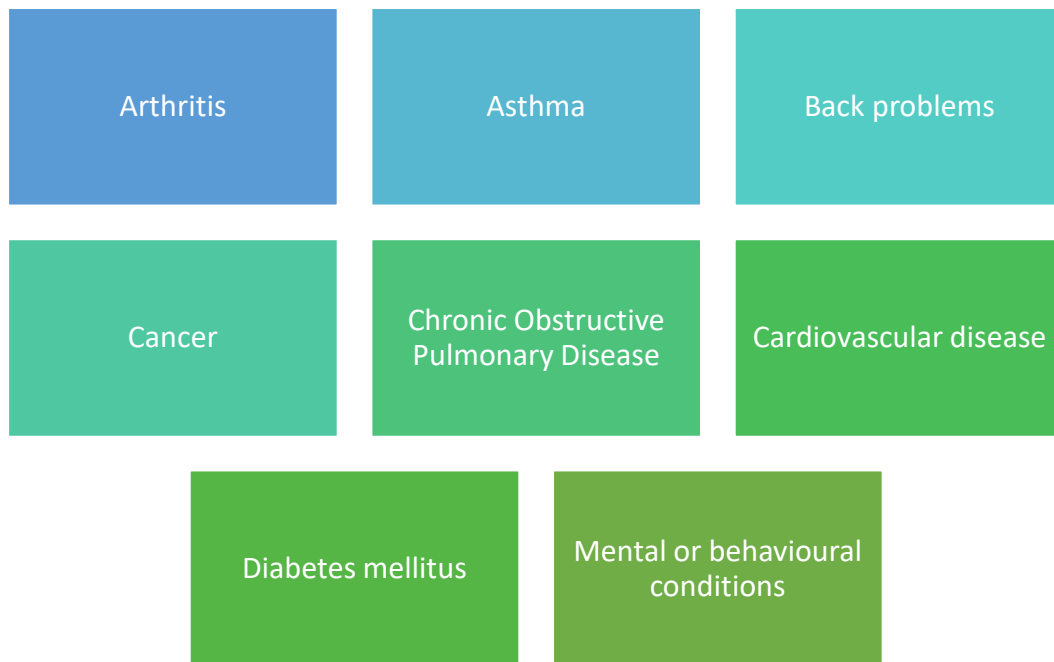Chronic conditions are used to refer to a broad range of health conditions across a spectrum of illnesses. These conditions are defined as:

- having complex and multiple causes.

- affecting individuals on their own or as comorbidities.

- usually having a gradual onset but can also occur suddenly or have acute stages.

- occurring across the life cycle but becoming more prevalent with older age.

- compromising the quality of life and creating limitations and disability.

- being long term and persistent, with often gradual deterioration of health and loss of independence.

- not usually immediately life-threatening but the most common and leading cause of premature mortality.

Source: *Australian Institute of Health and Welfare,*
used under CC BY 3.0 AU.

The most common chronic conditions are:

Arthritis	Asthma	Back problems
Cancer	Chronic Obstructive Pulmonary Disease	Cardiovascular disease
Diabetes mellitus	Mental or behavioural conditions	

Source: *Australian Institute of Health and Welfare, used under CC BY 3.0 AU.*

Around 47.3% of all Australians had at least one chronic condition. In 2017-2018, out of 24 million Australians:

- 4.8 million people (20.1%) had mental and behavioural conditions.

- 4.0 million people (16.4%) had back problems.

- 3.6 million people (15.0%) had arthritis.

- 2.7 million people (11.2%) had asthma.

- 1.2 million people (4.9%) had Diabetes mellitus.

    o 144,800 people (0.6%) had Type 1 Diabetes.

    o 998,100 people (4.1%) had Type 2 Diabetes.

- 1.2 million people (4.8%) had heart, stroke, and vascular disease.

- 924,000 people (3.8%) had osteoporosis.

- 598,800 people (2.5%) had Chronic obstructive pulmonary disease (COPD).

- 432,400 people (1.8%) had cancer.

- 237,800 people (1.0%) had kidney disease.

Based on ABS data. 'National Health Survey: First results,
used under CC BY 4.0. Australian Bureau of Statistics

Chronic conditions are typically not life-threatening immediately. However, they can become more serious if appropriate care is not provided. For the past few decades, including the present, chronic diseases have been and continue to be the leading cause of ill health and death in Australia.

Persons who have chronic conditions will need assistance with monitoring their health and preventing further complications. Support workers caring for clients who experienced ==psychological trauma== must provide the following assistance:

- Monitor risk factors and track changes such as blood sugar levels, blood pressure, the colour of urine, heart rate, etc.

- Implement prevention programs that will help reduce the risk of chronic disease. This may involve using a special diet or assisting the client in engaging in physical exercise.

- Provide emotional support and encouragement for students who may be hesitant to make changes to their lifestyle.

- Administer maintenance medication based on the individual's care plan and medication schedule. Administer emergency medication and provide immediate emergency assistance as necessary.

- Educate the student and their family or loved ones about the importance of maintaining a healthy lifestyle.

Further Reading

Additional information on chronic conditions can be accessed through the link below:

About chronic conditions

Acquired Brain Injury

Acquired brain injury (ABI) occurs when external forces cause damage to the brain. ABI is used to refer to any damage to the brain that occurred *after a person was born*. When an ABI is caused by a violent blow to the head, it is referred to as a traumatic brain injury (TBI).

ABI or TBI commonly occurs when a person:

- hits their head on the windshield during a car crash.

- falls and strikes their head due to an accident at work or sporting injury.

- develops a degenerative neurological disease.

- suffers an injury while serving in the military, where shrapnel, bullets, or other foreign objects violently enter the skull.

- suffers a stroke or any medical emergency where their brain was deprived of oxygen.

People with ABI can have different symptoms, depending on the area of their brain that has been affected. These symptoms include:

- migraine or frequent headaches

- blurred vision

- difficulty balancing or coordinating their body

- motor impairment or inability to move normally

- personality changes and frequent mood swings

- memory impairments

- bouts of struggle with logic, concentration, or attention span

- less control over bowel or bladder movement

- difficulty speaking

- difficulty sleeping

- reduced sexual function

In 2003, around one in 45 Australians (432,700 people) had ABI with activity limitations or participation restrictions due to disability. The following are based on data from that same year:

- Almost three-quarters of these people were aged less than 65 years.

- About 20,000 children aged under 15 years had ABI.

- People with ABI tended to have a complex disability. They reported more disability groups and more health conditions than the average person with disability.

- People aged 65 years or over were more than twice as likely as those aged under 65 years to have ABI with activity limitations or participation restrictions.

- Prevalence rates were higher for males than females of all ages.

- ABI was the main disabling condition reported by about 27,300 people aged under 65 years.

- A traffic injury was the main cause for more than half (55%) of these people.

- More than one in three people with ABI aged under 65 years needed help with cognitive and/or emotional tasks.

- From 2004 to 2005, there were almost 21,800 hospital stays relating to traumatic brain injuries or brain injuries caused by traumatic events, such as traffic accidents or violent blows to the head.

- The age-standardised hospitalisation rate for traumatic brain injury was more than twice as high for males as females.

- Between 1999 to 2000 and 2004 to 2005, the age-standardised rate of traumatic brain injury hospitalisations among children aged less than 15 years fell by more than one-fifth.

Based on Australian Institute of Health and Welfare material,
used under CC BY 3.0 AU.

Adults with TBI often find that TBI disrupts important developmental processes, such as becoming independent, completing higher education, starting a career, and forming meaningful social networks. The result is loss of confidence, social withdrawal, and becoming a burden to families.

As an education support worker, you must assist students with TBI by doing the following:

- Assess your student's abilities using one or more diagnostic scales.

- Educate your student and their families on how to adapt to changes in the student's attitude, capability, physical functioning, and other personal traits as expressed in an education setting.

- Collect and use the information on what the student was like (e.g. what they liked to do or how they interacted with others) to determine how to provide appropriate care.

- Use appropriate resources (e.g. assistive equipment and technological tools) to provide appropriate care based on the student's symptoms.

- Note and report changes in the student's condition, including their relationships and sociability, to their teacher, school specialist teacher, physician or therapist.

2.2.2 Determine When to Seek Help

An education worker can find it challenging to work with students with various symptoms and sensitive medical conditions. Various factors can pose challenges for an education support worker who aims to uphold their rights and needs through person-centred approaches. Consider the following examples:

- An education support worker can find it difficult to support the education of a student with traumatic brain injury about their rights and needs if the young person's memory and ability to process information have been affected by their condition.

- An education worker can struggle to motivate a young person with Type 2 diabetes to participate in physical activities if the individual is unwilling to engage in lunch or recess activities.

- An education support worker may not be able to help a child with Down syndrome in developing basic social skills if their parents do not wish for their child to interact with others.

- An education support worker who has no experience assisting a stuent with visual impairment may use practices that are not person-centred, act inappropriately (e.g. by grabbing the client's arm to lead them) or be unsure of how to communicate properly (e.g. being overly worried about the use of certain statements such as *'I see what you mean'*).

For less experienced education support workers, the challenges that come with caring for such students can cause stress and strain to their mental health. The added stress and strain can contribute towards the delivery of substandard or inappropriate care and can endanger a student.

It would be best to seek assistance from more experienced and qualified staff for this to be prevented. It would be much better to ask for help rather than risk endangering the student or adversely affecting their wellbeing.

More experienced and qualified staff refer to any person in the workplace who may have a better understanding of the student's needs and may have worked with similar clients in the past. These staff can include:

- the teacher assigned to that student (always the first point of contact and source of help/advice).

- other education support workers who have roles similar or identical to yours

- other staff members who may not have a similar role but may have more experience working with persons with disability (e.g. guidance officer, school nurse, etc.)

- other professionals who have a better understanding of the student's condition (e.g. visiting occupational therapist).

You can refer to the following procedures when seeking support from more experienced and qualified staff:

1. **Identify what you need help with.**

   Do you need assistance procuring assistive equipment for your student? Is there something in the student's care plan that you are not familiar with? Is the student simply unresponsive to your attempts to encourage or motivate them?

2. **Identify experienced and qualified staff that can assist you.**

   You must seek help from staff whose responsibilities or expertise covers your concern from the previous step. For example, a support worker who is unsure of what tactile images are must seek help from the teacher. On the other hand, a support worker looking to find a harness and other positioning equipment must seek help from the equipment custodian, not from the teacher.

3. **Politely ask for assistance.**

   You must seek help in a polite manner regardless of the position or rank of the staff member you are talking to. Remember that it is you who approached them for help and that you may be causing an inconvenience. You may also schedule a formal meeting if necessary.

4. **Describe your issue clearly, briefly, and honestly.**

   Do not use euphemisms or use overly long explanations. Instead, state your concerns in as few words as possible, with enough details. For example, you can simply say, *'I have no idea how to manage (student' name) fine motor skill development',* or *'I am not sure if I understood this part of the individual learning plan correctly.'*

5. **Let the more experienced and qualified staff member guide you.**

   Do not be ashamed of needing help. Rather, take it as a chance to learn and use it to develop your professional knowledge.

2.3   Ensure the Cultural Needs of the Person are Identified, Accepted and Upheld

Cultural needs refer to a wide variety of needs that are based on a person's social and ethnic identity. Culture, in this context, can refer to how a person identifies themself and their group. As such, cultural needs can be based on ethnic background combined with sexual orientation, religion, and other forms of group identification.

Providing a student's cultural needs is a requirement for providing person-centred care, as discussed in the previous subchapter. Additionally, students have the right to require service that does not discriminate based on their cultural background. Support workers must make sure to identify, accept, and uphold these needs as they care for their clients.

Some examples of cultural needs are:

- physical
    - food and eating schedule
    - preferred clothing
- social
    - communication style, language, and choice of words based on cultural background
    - preferred visitors and times of visit
- spiritual
    - religious symbols and items
    - prayers and other religious traditions

Providing the cultural needs of clients have the following benefits:

- It allows clients to recover more easily from stress.
- It distracts clients from their medical problems or condition.
- It helps clients recover and heal more quickly.
- It reduces the risk of depression and other emotional problems.
- It improves the relationship between the client and the support staff caring for them.

Upholding Social Justice for Aboriginal and Torres Strait Islander People

Education support workers must remember to uphold social justice, especially when caring for Aboriginal and Torres Strait Islander peoples. When caring for these clients, an education support worker must recognise the distinctive rights that these peoples hold, including:

- the right to a distinct status and culture, which helps maintain and strengthen the identity and spiritual and cultural practices of Indigenous communities.

- the right to self-determination, which is a process where Indigenous communities take control of their future and decide how they will address the issues facing them.

- the right to land, which provides the spiritual and cultural basis of Indigenous communities.

Sourced from Social justice and human rights for Aboriginal and Torres Strait Islander peoples, used under CC BY 4.0. © Australian Human Rights Commission 2017.

Multimedia

Knowing about Aboriginal and Torres Strait Islander people is vital to providing them with excellent care. Find out more through the video below:

Who are Aboriginal and Torres Strait Islanders

Further Reading

Additional information on Aboriginal and Torres Strait Islander peoples can be accessed through the links below:

Aboriginal and Torres Strait Islander Cultures

Identifying, Accepting, and Upholding the Cultural Needs of the Client

The following steps show how an education support worker can identify, accept, and uphold the cultural needs of the student:

1. Secure a good understanding of the student's cultural needs.

   - Do not make assumptions based on the colour of their skin or their clothing.

   - Refer to their file or running record to identify their preferences.

   - Ask the student or parent/caregiver directly. Listen to them and take note of all their preferences.

   - Provide the student/parent/caregiver with what they can expect from you and the school. Identify what needs you will have problems providing and collaborate with the student or their representative. This would find out how to secure some of the items or resources that are not available to you and other education support workers.

2. Provide the student's cultural needs daily.

   - Build trust between you and the student through constant communication.

   - Provide the student's needs while following the organisational policies and procedures.

   - Assist students who will have difficulty accessing their needs due to their disability, e.g. they have mobility problems but need to take certain positions and stances for traditional prayer.

3. Adjust service based on the student/caregiver's feedback and reactions.

   - Listen to the feedback and determine what needs were missed or not addressed properly.

   - Adjust the process to address problems found in the support.

- Consider other factors that may affect how a student perceives the work they are involved in, e.g. fears, possible sources of trauma, grief, and emotional instability.

- Seek assistance from other education support personnel when necessary.

2.4 Identify Breaches of Human Rights and Respond and Report According to Organisation Procedures

It is necessary to make a distinction between breaches of human rights and discrimination.

Breaches of human rights refer to acts by the state or federal government that infringe upon the rights of all people. *Discrimination*, on the other hand, refers to acts by civilians and private organisations that infringe upon the rights of others. Breaches of human rights follow a uniform procedure that does not require the assistance of a lawyer, while cases of discrimination usually involve legal processes that involve lawyers.

An education support worker caring for a person with disability must always be on the lookout for breaches of human rights. The proper identification and reporting of breaches to human rights have the following benefits:

- Education support workers can prevent acts or conditions that can adversely affect a student's physical or emotional wellbeing.

- Education support workers can do their part in upholding social justice and can fulfil their obligations under their duty of care, code of conduct, and other policies and procedures outlining their responsibilities.

- Education support workers will be able to assist the government in improving its services to provide better assistance to Persons with disabilities.

Further Reading

The AHRC is the authority on matters involving human rights and breaches of these rights. You may view the different functions of the AHRC through the link below:

Australian Human Rights Commission Act 1986

Identifying Breaches of Human Rights

Breaches of human rights are actions that follow these criteria:

- The organisation performing the action must be the Commonwealth or one of its agencies.

- The action must breach or infringe a right recognised in the international human rights instruments scheduled to or declared under the AHRC Act.

Based on Complaints about breaches of human rights, used under CC BY 4.0. © Australian Human Rights Commission 2017.

In summary, a breach of human rights is an act by a representative of your state or of the country that infringes upon one of the rights of a person with disability provided in Section 2.1.2 of this Learner Guide.

Any breach of human rights must be properly documented and reported to the AHRC. Education support workers must take the initiative and file a report ***while complying with their organisation's policies and procedures***. Some organisations may have procedures that specify:

- What personal or sensitive information to include or leave out from the report.

- Who to include as signatories in the report.

- What evidence or other documents to attach to the report.

Your school/organisation may also have its own template for reports of breaches of human rights. Be sure that you check your organisation's policies and procedures for additional information on identifying breaches of human rights and reporting them. Always follow your school's policies and procedures. Often such suspected breaches are reported by parents/caregivers who can advocate for their dependents.

Responding to Breaches of Human Rights

Once a breach of human rights is identified, it is critical to respond properly while making the report or waiting for a response from the AHRC. Responding properly means providing temporary assistance. This assistance must allow the student to participate in activities that they are being excluded from.

Responding properly can include:

- explaining the situation or the identified breach to affected students.

- providing updates on what has been done and what can be expected after the breach has been identified.

- reassuring students that their best interest is being considered during the entire reporting process.

- providing alternatives or additional assistance to minimise the negative effects of the breach on the student's wellbeing.

- communicating and empathising to prevent frustration and emotional backlash.
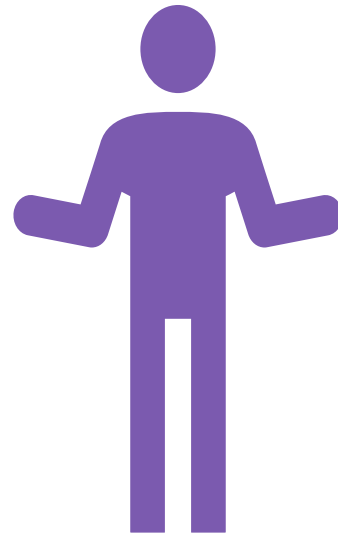
For example, a special school may offer counselling and therapy for young people with physical disabilities and severe health conditions but may not offer the same services for young people with mental health problems. An education support worker working with a student with multiple challenges of both physical disabilities and mental health problems may be confused to find only one form of assistance and support being offered.

In this scenario, there is a clear breach of the client's right under Schedule 5 of the Australian Human Rights Commission Act 1986:

> *Disabled persons have the right to medical, psychological and functional treatment … aid, counselling… and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.* (Federal Register of Legislation, 2018)
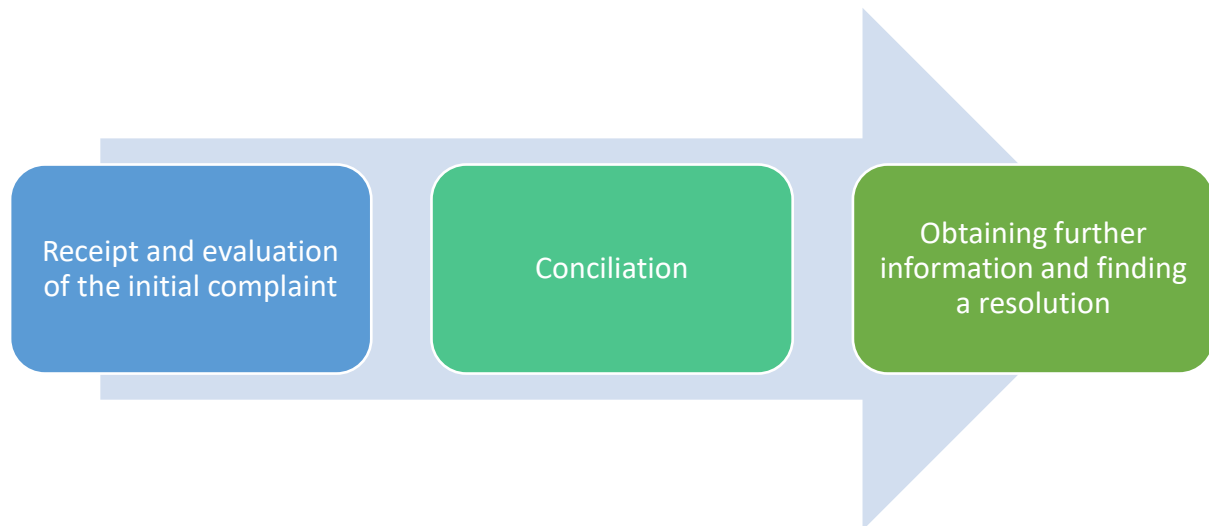
Since special schools are controlled and funded by the State and Territory governments, the lack of counselling services for people with mental health problems is considered a breach of human rights. It is, therefore, necessary to report this breach to the AHRC through your employing organisation or by the student's caregivers. However, while waiting for a response and resolution, education support workers caring for clients with mental health issues must respond by:

- providing a clear explanation of the breach.

- looking for other therapists, counsellors, and psychiatrists to provide counselling in the meantime.

- reassuring the client that the report will be of great benefit to them.

- constantly communicating to check on their condition and wellbeing.

Reporting Breaches of Human Rights

After submitting a report to the AHRC, the report will be treated as a complaint and will undergo a simple process that involves finding additional information and working towards a resolution.

The following steps outline the complaint process that follows the submission of a report of a breach of human rights:

Receipt and evaluation of the initial complaint	Conciliation	Obtaining further information and finding a resolution

1. **Receipt and evaluation of the initial complaint**

   The AHRC may contact you or others at your place of work to get further information about a complaint. You should provide the commission with relevant information as you understand. The provision of documents should be left to the school's management team or jurisdiction officer.

   Generally, the commission will tell the respondent about a complaint and give the respondent a copy of the complaint. The commission may ask the respondent to provide specific information or a detailed response to the complaint. The commission will let the person submitting the complaint know what the respondent has said in reply to the complaint.

   Lawyers do not need to take part in the complaint process. If a complainant wants a lawyer or advocate, they will need to organise this. Some services, such as Community Legal Centres, may provide free legal advice. They may also get advice from an advocacy organisation.

   Where appropriate, the commission will invite the complainant to participate in conciliation.

2. Conciliation

Conciliation is an informal process that allows the complainant and the respondent to talk about the issues in the complaint and try to find a way to resolve the matter.

Conciliation is not like a court hearing. The conciliator does not decide who is right or wrong, and the conciliator does not decide how the complaint should be resolved.

The conciliator is there to help ensure the process is fair and to help both sides discuss and negotiate an outcome. The conciliator can also provide information about the law and how it has been interpreted.

Conciliation can take place in a face-to-face meeting called a 'conciliation conference' or through a telephone conference. In some cases, complaints can be resolved through an exchange of letters or passing messages through the conciliator.

The conciliator decides how the conciliation process will run and who will participate. A person does not need a lawyer to participate in conciliation. If a person wants a lawyer or another type of advocate, they will need to discuss this with the conciliator before the day of the conference and obtain their permission. If a person needs special assistance such as a language or sign language interpreter, the Commission can arrange this for them.

Conciliation is a confidential process in that the president of the AHRC will not consider information about anything that is said or done in conciliation if the complaint does not get resolved, and the president is required to decide about the complaint. The complainant should not bring new documents or information that they want to rely on to a conciliation conference. This information should be provided to the commission before the conciliation conference takes place.

The law states that evidence of anything said or done by a person during the conciliation of the complaint is not admissible in any proceedings relating to the complaint.

Complaints can be resolved in many ways. The officer who is handling the complaint can provide the complainant with information about how other complaints have been resolved.

3. Obtaining further information and finding a resolution

If the complaint is not resolved, the AHRC may request more information from the complainant before making a final decision about the complaint.

The president of the commission may decide not to continue with a complaint where, for example, the president is satisfied that a complaint is lacking in substance or is satisfied that a complaint has already been adequately dealt with.

If the complaint is not resolved and the president is satisfied that a breach of human rights or discrimination has occurred, the president may report the matter to the federal Attorney-General. The president can make recommendations in this report to compensate a complainant for any loss or injury the complainant has experienced. The report may be tabled in Parliament.

Based on Information for people making complaints, used under CC BY 4.0.
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As an education support worker, you must respond when the AHRC seeks providing additional evidence and answering queries by the commission.

Further Reading

Additional information on how to submit reports on breaches of human rights can be accessed through the link below:

Complaints about breaches of human rights

2.5 Identify Indications of Possible Abuse and/or Neglect and Report According to Organisation Procedure

Abuse refers to all acts that cause physical, sexual, or mental injuries to a person. *Neglect*, on the other hand, refers to inactions that also cause the same injuries. Abuse and neglect are both serious offences that affect children, adults, and elders with and without disabilities.

Persons with disabilities often endure greater abuse and/or neglect. Many abusers take advantage of persons with disabilities due to their perceived helplessness and inability to speak out or ask for assistance.

Persons with disabilities are also targeted due to the following factors:

- A person with disability can find it difficult to escape an abuser's control if the abuser can threaten to harm the person's family or withdraw financial support.

- A person with disability that has very little contact with people aside from their personal caregiver and support workers may not have advocates who can speak on their behalf to help them file a case for abuse.

- A person with disability, especially mental health and cognitive issues, may find it difficult to convince others of their condition and struggles.

As an education support worker, you can look out for the indicators in the following table to check if your student is currently being abused. Take note that the following indicators are non-exhaustive. To be sure of your findings, always coordinate with others and try to encourage your student to trust you with critical information regarding their experiences.

Indicators of Physical Abuse	Indicators of Financial Abuse
- unexplained injuries, pain, or bruising - multiple injuries in different stages of healing - welts, rashes, blisters, lacerations, swelling, and signs of being restrained - delay in seeking treatment - over-sedation - stained, torn, or missing clothes - change in outward behaviour	- defaulting on payments for bills, rent, and other services - being overcharged for services such as repairs - inability to pay for necessities such as food and hygiene products - missing financial documents - unusual activity in bank accounts - drastic or questionable changes to a will or other documents - overdrawn or depleted financial accounts.
Indicators of Physical Abuse	**Indicators of Financial Abuse**
- bite marks and/or injuries in private areas, including genitals - difficulty sleeping due to persistent soiling or bed wetting - inappropriate sexual behaviour (for children and young people) - excessive masturbation, even in the presence of others - being wary of physical contact - aversion to being assisted with hygiene (e.g. changing diapers) - unexplained pregnancy - sexually transmitted diseases	- social withdrawal, including avoidance of family and friends - unusual and excessive fears, including lack of trust, fear of intervention, and fear of specific people - lying, stealing, crying, or display of self-destructive behaviour - poor self-image and self-esteem - secretive, demanding, attention-seeking, or disruptive behaviour - behavioural extremes, such as hyperactivity and depression - sleep and eating disturbance

You may also look out for the following indicators to check if your student is being neglected:

- developmental delay (in children and students with disability)

- excessive weight loss/gain

- prone to illness

- sallow or sickly appearance

- abnormally high appetite, stealing or hoarding food

- smelly or dirty appearance

- having untreated medical conditions

- reports of alcohol or drug abuse and devaluing attitude by a primary caregiver

The following examples show which behaviours are indicators of abuse or neglect and which ones are normal behaviours.

Example	Evaluation
A child with disability goes to school late every day with dirty clothes and bruises. The child constantly gets into trouble for attention-seeking and disruptive behaviour.	The child is most likely being abused and neglected. The education support worker at the child's school must report the case immediately using the respective education system's processes and procedures.
A patient with disability at a medical hospital who has recently undergone surgery and is under the care of a support worker is rapidly losing weight and showing signs of depression.	The symptoms are more likely to be a result of the patient's circumstances than of abuse or neglect from the support worker and medical staff.
An elderly person with disability starts to receive default notices and late payment notices after being put under the care of their younger sibling.	The elderly person is most likely financially abused. The support worker must communicate with the client and ask for additional information.
A young child with disability comes to the preschool with a bruise and a dressed wound. The child, however, is lively and participative in activities.	The child may simply be carefree and clumsy. The dressing on the wound indicates that the child is not being neglected, and their behaviour does not indicate any form of abuse.

When unsure of whether a behaviour indicates abuse or neglect, you can collect additional information **and then seek assistance** from other staff to verify your suspicions. After confirming that you have reasonable suspicions a student is indeed being abused or neglected, you must do the following:

- Ensure the safety of the person by providing a quiet space and some time to rest.
- Report your suspicions to your supervisor and the principal immediately.
- Explain what ground for the suspicions ae.
- Formally report the case following your organisation's policies and procedures.

Your school will follow state or territory procedures for reporting cases of abuse and neglect. The following information.

If the incident does not occur at a school nor within your role as an education support worker then, for example, the due processes are relevant to people in Queensland.

Type of Abuse	Procedure for Reporting
Domestic and Family Abuse	Phone Triple Zero (000) if domestic and family abuse (DFV) is happening now or if a life is threatened. If there is no immediate emergency, you can report to the police by phoning Policelink on 13 14 44. You can also make a non-urgent report of DFV by submitting an online form. Phone DVConnect on 1800 811 811 if you are escaping DFV and need a place of safety. Find information and support for DFV on the Domestic and Family Violence Portal.
Child Abuse and Neglect	Phone Triple Zero (000) if you believe a child is in immediate danger or in a life-threatening situation. If you have reason to suspect a child is experiencing or is at risk of abuse or neglect, contact: ▪ a Regional Intake Service (Monday to Friday, 9 AM to 5 PM) ▪ the Child Safety After Hours Service Centre on 1800 177 135 outside business hours.

Type of Abuse	Procedure for Reporting
Child Sexual Abuse	If you have reason to suspect a child is experiencing or is at risk of sexual abuse, contact: ▪ Child Safety Services on 13 QGOV (13 74 68) ▪ Child Safety After Hours Service Centre on 1800 177 135 outside business hours ▪ your local police station about criminal matters related to child sexual abuse ▪ ChildWise National Child Abuse Prevention Helpline on 1800 991 099. The Sexual Assault Disclosure Scheme provides survivors of child sexual assault with a non-threatening and anonymous way to register their experience with authorities officially.
Sexual Violence	If you've just been sexually assaulted, or are in immediate danger, get to a safe place and phone Triple Zero (000). Once you are out of immediate danger, you can contact the Sexual Assault Helpline on 1800 010 120 for counselling and referral. If you do not want to make a formal report to the police, but you do want to tell them about your assault, you can use the Alternative Reporting Option (ARO). This will not result in an investigation, but the information may be used to help identify repeat offenders and prevent them from assaulting others in the future.
Elder Abuse	Call the Elder Abuse Helpline (9 AM to 5 PM, Monday to Friday) for free and confidential advice for anyone experiencing elder abuse or who suspects someone they know may be experiencing elder abuse. Phone 1300 651 192 (Queensland only) or (07) 3867 2525 (rest of Australia). Seniors experiencing DFV can also seek help from a local DFV support service. Legal support is available for seniors experiencing elder abuse, as well as other support services.

Based on Reporting abuse, use under CC BY 4.0. © The State of Queensland 2021

The following table includes links that you can access to find out your state or territory's policies and procedures for reporting cases of abuse or neglect.

State or Territory	Information for Reporting Cases of Abuse or Neglect
Australian Capital Territory (ACT)	Abuse or neglect of a person with disability National Disability Abuse and Neglect Hotline
New South Wales (NSW)	Early response to abuse and neglect in disability services
Northern Territory (NT)	Your Rights, Crime and the Law
South Australia (SA)	Disability-related complaints and feedback
Tasmania (TAS)	National Disability Abuse and Neglect Hotline - TAS Children, Youth and Families - TAS
Victoria (VIC)	National Disability Abuse and Neglect Hotline
Western Australia (WA)	What do I do if I am concerned about the wellbeing or safety of a person with disability? People with Disability – Western Australia Police Force

Always remember if dealing with adult persons receiving support (i.e. disabilities, aged, etc.) to communicate with the person and discuss their options with them. You must reassure these persons that calling the authorities is the best way to prevent further abuse.

Mandatory Reporting

In cases where you suspect that a child is the victim of abuse or neglect, you are obligated to report the case to the proper authorities as a mandatory reporter. Mandatory reporters do not have to discuss their observations with the child's parents. Instead, they are expected to contact the authorities immediately after gathering enough evidence to suspect that a child is being abused or neglected.

The following are some professions that are required to be mandatory reporters:

- Health care – registered medical practitioners, specialists, enrolled and registered nurses, registered midwives, occupational therapists, speech pathologists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices.

- Welfare – registered psychologists, social workers, caseworkers and youth workers.

- Education – teachers, counsellors, principals, education support workers, etc.

- Children's services – childcare workers, family day carers and home-based carers.

- Residential services – refuge workers, community housing providers.

- Law enforcement – police.

- Disability services – education support workers and personal care workers.

Sourced from Who are mandatory reporters?, used under CC BY 4.0. © State of New South Wales (Department of Communities and Justice)

Professions that are required to be mandatory reporters can vary per state or territory. Refer to your school's or education authority's policies and procedures on mandatory reporting for more information.

Checkpoint! Let's Review

1. Human rights-based approaches have five common principles: participation, accountability, non-discrimination, empowerment and legality.

2. Providing person-centred support involves adjusting all actions and decisions pertaining to the client's care based on what they need and want. It involves treating a person with compassion, dignity and respect by using appropriate care strategies and having policies and procedures that support the person's choice.

3. Clients have the right to require service that does not discriminate based on their cultural background. Education support workers must make sure to identify, accept and uphold these cultural needs as they provide support to their clients.

4. Breaches of human rights refer to acts by the state or federal government that infringe upon the rights of all people. Discrimination, on the other hand, refers to acts by civilians and private organisations that infringe upon the rights of others.

5. Many abusers take advantage of persons with disabilities due to their perceived helplessness and inability to speak out or ask for assistance. If you suspect that your client is being abused or neglected, follow the proper reporting procedures and provide appropriate assistance.

Learning Activities 2

Activity 2.1

True or False

Review the statements below about rights of persons with disability. Indicate whether each statement is True or False.

Tick the box that corresponds to your answer.

☐ TRUE ☐ FALSE	i. The rights of people with disabilities are listed under Schedule 5 of the Australian Human Rights Commission Act 1986.
☐ TRUE ☐ FALSE	ii. According to the concept of dignity of risk, a disability support worker must always allow a client to participate in risky and dangerous activities
☐ TRUE ☐ FALSE	iii. A person's signature is an example of sensitive information.
☐ TRUE ☐ FALSE	iv. Generally, personal information has a higher level of privacy protection than sensitive information.

☐ TRUE ☐ FALSE	v. Protection of information provided by the Privacy Act 1988 does not extend to personal information of deceased persons.

Activity 2.2

Matching Type

Identify the genetic disorder being described in each statement below.

Genetic Disorders
Down Syndrome
Cri du Chat Syndrome
Fragile X Syndrome
Sickle Cell Disease
Turner Syndrome

Genetic Disorders	
	i. a genetic condition characterised by a high-pitched cry, intellectual disability, delayed development, small head size and widely spaced eyes
	ii. a condition that causes red blood cells to be destroyed faster than they can be replaced, resulting to damage to major internal organs
	iii. a chromosomal condition characterised by a large head, peculiar facial features, very large testes, orthopaedic, cardiovascular and skin problems, and mild to moderate intellectual disability
	iv. a chromosomal condition affecting females that is characterised by a short stature, infertility, a

126	webbed neck, minor cardiovascular, kidney and skeletal problems, and diabetes
	v. a chromosomal condition characterised by learning and intellectual disability, a distinct facial appearance and an increased risk of experiencing cardiovascular, digestive and hearing problems.

Activity 2.3

List three indicators for each type of abuse:

   i.   Physical abuse

  ii.   Financial Abuse

 iii.   Sexual Abuse

 iv.   Emotional Abuse

Indicators of Physical Abuse
i.
ii.
iii.

Indicators of Financial Abuse
i.

ii.
iii.

Indicators of Sexual Abuse
i.
ii.
iii.

| Indicators of Emotional Abuse |
|---|
| i. |
| ii. |
| iii. |

III. Facilitate Choice and Self-Determination

In the introduction of this Learner Guide, it was stated that empowered people are more motivated to achieve their goals. Motivation is an essential aspect of the wellbeing of a person with disability. Motivation will allow a person to engage in activities and become receptive to strategies that are designed to assist in their care.

One of the key factors that can affect the motivation of a person with disability is the concept of self-determination. *Self-determination* refers to a person's ability to make their own choices, actions, and decisions. Self-determination involves providing certain needs to allow a person to feel free to direct themselves. This feeling of freedom, in turn, enhances a person's intrinsic motivation.

The following needs must be addressed to allow a person to develop a greater sense of self-determination:

Competence	Relatedness

Autonomy
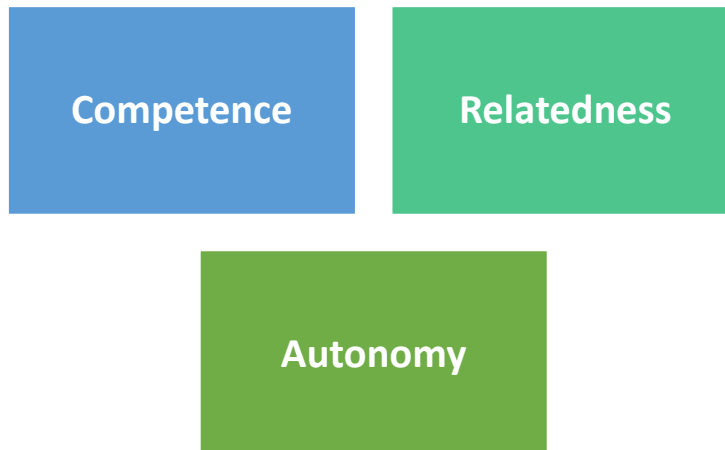
▪ **Competence**

Competence refers to a person's need to feel that they have sufficient skills and intellect. A person feels competent when they can achieve their goals within their environment.

Feelings of competence are enhanced when the difficulty of a task matches the person's skills or when the person receives positive feedback.

- **Relatedness**

  Relatedness refers to a person's need to feel a sense of attachment, closeness, and belonging to a social group. It allows people to feel that they have access to help and support from other members of the group.

  Feelings of relatedness are enhanced when a person is respected, valued, and appreciated by others in an inclusive environment.

- **Autonomy**

  Autonomy refers to a person's need to feel that they are in control of their own choices and decisions. This involves performing actions or making decisions that the person agrees with. It is associated with feelings of independence.

  Feelings of autonomy are enhanced when individuals are allowed to use their own approach in making choices and regulating their own behaviour. It also helps to have an environment where people encourage and assist you in doing these.

Self-determination is vital to empowering a person with disability. Support workers must make sure that their clients are intrinsically motivated to improve their own conditions. Failure to motivate clients can lead to situations where any effort to empower them does not create any meaningful change in their quality of life.

Self-determination is also closely tied to human rights. Allowing a person to make their own choices and decisions contributes towards the fulfilment of these rights:

- Disabled persons have the inherent right to respect their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life as normal and full as possible.

- Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.

Sourced from the Federal Register of Legislation at 18 August 2021. For the latest information on Australian Government law please go to https://www.legislation.gov.au. Australian Human Rights Commission Act 1986, used under CC BY 4.0.

In general, persons with disabilities who are self-determined have a better quality of life than other persons with disabilities. This is because self-determined persons with disabilities are:

- Less prone to abuse

- Less dependent on others

- Capable of making choices that benefit their health

- Capable of doing well at school or landing better jobs

- More likely to seek assistance and want to help others

In this chapter, you will learn how to improve your client's sense of self-determination. You will accomplish this by learning to do the following:

- work in a manner that acknowledges the person with disability as their own expert using a person-centred approach.

- facilitate person-centred options for action on relevant issues and discuss with the person and/or family and/or carer and/or relevant other.

- provide assistance to the person with disability to facilitate communication of their personal goals.

- provide person-centred support in a manner that encourages and empowers the person with disability to make their own choices.

- assist with strategies to ensure that the person is comfortable with any decisions that are being made on their behalf.

- assist with accessing advocacy services and other complaint mechanisms as required.

3.1   Using a Person-Centred Approach Work in a Manner That Acknowledges the Person with Disability as Their Own Expert

Recall *person-centred approach* as discussed in Subchapter 2.2 of this Learner Guide. An approach is person-centred if:

- service is based on the client's personal goals and preferences.

- clients are empowered to make their own choices and decisions.

- care strategies focus on improving the overall quality of life of the client.

A person-centred approach only works if it truly puts the person in the centre of the decision-making process. In this regard, the person with disability is treated not only as the beneficiary but also the expert, or in this context, the source of care strategies and procedures for empowerment and appropriate care.

There is a tendency for support workers and other carers to not consider the opinions and ideas of persons with disabilities with the same gravity or seriousness as those of their parents, families, doctors, and therapists. However, this should not be the case. Persons with disabilities are more capable of stating what they need and what services they would like to receive due to the following reasons:

- They know and understand their own experiences better than anyone.

- They may have feelings or emotions that others may not understand.

- They may have desires or preferences that might not make sense to others.

- They can speak on a personal basis and thus may provide more detailed or specific information on what they need help with.

Acknowledging a person with disability as their own expert provides the following benefits:

- It frames persons with disabilities as capable of making active decisions rather than needing help all the time.

- It gives persons with disabilities an engaged role in shaping their lives and controlling narratives about disability.

- It motivates others to share their experiences and talk about what they are currently enjoying or struggling with.

Ways on how to use a person-centred approach were also discussed in Subchapter 2.2 of this Learner Guide. As you use a person-centred approach, you can improve the service you provide to your students by treating them as their own experts. Doing this involves the following practices:

- asking how the student feels about certain actions or decisions instead of directly endorsing one, e.g. *'How do you feel about using a special spoon? Do you think it is going to be helpful?'*

- answering students' questions honestly, e.g. *'You want to know what I think of the special spoon? I think these adaptive utensils are good for you. You have not finished your meals because your hands would get tired and go numb when you use a regular spoon, so I think using a special spoon would be great.'*

- helping students to elaborate or explain their choices and decisions through supportive questions, e.g. *'You say you do not want any adaptive utensils, and I truly respect that. But I would like to know why, so I can look for alternatives.'*

- listening attentively and verifying if you understood the student, e.g. *'Alright. Basically, you feel that you can use a regular spoon anyway and that you would much rather receive help with developing strength in your hands and arms. Is that right?'*

- respecting the student's decisions and using care strategies that are aligned with the student's wishes, e.g. *'I will come back to you with the options available to us once I talk to your teacher. We will try our best to see what exercises we can use to help your hands and arms get stronger.'*

Self-Advocacy

Acknowledging a person with disability as their own expert is a practice that is supported by the concept of self-advocacy. *Self-advocacy* simply means allowing and assisting the person with disability to speak up for themselves. When a student with disability is having trouble speaking up for themself, the student must be helped to access the various self-advocacy groups available to them.

Throughout Australia, many self-advocacy groups have been formed so that persons with disabilities can share practices and information with one another. The support from fellow persons with disabilities allows them to speak up for themselves, fight for their rights, and work together to make change happen.

Self-advocacy groups offer a wide range of activities and programs for persons with disabilities. As a support worker, you may need to assist your students in taking part in various activities. The following are examples of such activities:

- Participating in sharing sessions where members can talk about their experiences, challenges and issues in their lives.

- Reflecting and meditating on experiences and writing down insights.

- Attending educational sessions for self-growth, such as forming intimate relationships, caring for pets, and learning new hobbies.

- Raising community awareness by running training programs and events to discuss issues surrounding disabilities.

- Representing persons with disabilities and their families on advisory committees and other outlets.

- Lobbying or campaigning about specific issues and responding to queries by government agencies and other groups concerned with persons with disabilities.

- Conducting their own research and creating instructional materials such as videos and infographics.

- Participating in other activities that are interesting and fulfilling to the students.

Further Reading

A list of the different advocacy groups that offer membership and support to persons with disabilities is available through the link below:

Disability advocacy organisations

3.2 Facilitate Person-Centred Options for Action on Relevant Issues and Discuss with the Person and/or Family and/or Carer and/or Relevant Other

By now, you already know that providing empowering and person-centred service involves assisting students in choosing from a variety of available options. Doing this can be challenging, especially in cases where a student is having difficulty making their own decisions due to challenges in comprehending information. This is common in cases where a young person suffers from brain injuries or other cognitive disorders. In such cases, students will be unable to choose from options that provide different actions on relevant issues, such as:

- medical issues

- legal issues

- financial issues

- other life matters that require urgent or informed decisions

As such, when facilitating person-centred options, it is necessary to use a process known as supported decision-making.

Supported decision-making is *'the provision of support which enables people with cognitive disabilities to exercise their legal decision-making rights (also called legal capacity)'* (Office of the Public Advocate, 2020). It involves the appointment of supporters.

Supporters are people who will aid the young person in making age- appropriate decisions. They must spend time to assist the young person in weighing options that affect the support services they receive and other important matters.

Supporters can be:

- family members

- close friends

- primary caregivers

- partners or significant others

- relevant others, e.g. any person that the young person trusts to assist them in making correct decisions and has that authority provided by the parents/legal caregiver.

Supporters can take on specific, legally recognised roles. These roles are based on federal and state or territory legislation and may vary depending on your state or territory.

For adults receiving support within Victoria, the following are recognised roles:

- **Supportive attorney** (based on Powers of Attorney Act)

  A supportive attorney is appointed by a person to support them to make and act on their decisions. The person gives their supportive attorney power to:

  o access or provide information about them to organisations such as hospitals, banks and utility providers.

  o communicate with organisations.

  o communicate their decisions.

  o give effect to their decisions.

  The person decides what type of decisions they want support to make and act on, which can include personal matters, such as access to support services, and financial matters, such as paying expenses.

  A supportive attorney cannot act on decisions about significant financial transactions, such as selling a house.

- **Supportive guardian and supportive administrator** (based in Guardianship and Administration Act)

  Supportive guardian and supportive administrator appointments are very similar to supportive attorney appointments. The main difference is that the Victorian Civil and Administrative Tribunal (VCAT) makes the appointment.

The role of a supportive guardian or supportive administrator is to support a person with disability to make their own decisions.

They support the person to make, communicate, and/or give effect to decisions about:

- o the personal matters set out in the order (supportive guardian)

- o the financial matters set out in the order (supportive administrator).

Any person can apply to VCAT for a supportive guardianship or supportive administration order for an adult with disability. However, the application needs to propose someone for the role, and they need to agree to take it on.

For a supportive guardian or supportive administrator to be appointed, the proposed supported person needs to agree.

As well as other personal matters set out in the order, a supportive guardian can support the person to make medical treatment decisions if the supportive guardianship order states this.

- **Support person – medical** (based on Medical Treatment Planning and Decisions Act)

A person (including a child who has decision-making capacity) can appoint another person as their medical support person. The role of a support person is to help the person make, communicate, and act on their medical treatment decisions.

When the person does not have the decision-making capacity to make medical treatment decisions, their support person represents their interests in relation to their medical treatment. For example, explaining previous treatment preferences to medical staff. A support person does not have the authority to make a person's medical treatment decisions unless they are also appointed to be a medical treatment decision-maker.

- **Plan nominee** (based on National Disability Insurance Scheme [NDIS] Act)

A plan nominee is someone appointed in writing at the request of an NDIS participant or on the initiative of the National Disability Insurance Agency (NDIA) to act on behalf of someone participating in the NDIS.

A plan nominee has a duty to:

- o ascertain the wishes of the participant and only act if the participant is not capable of doing the act.

- o act in a manner that promotes the wellbeing of the participant.

- o develop the capacity of the participant.

- o avoid or manage conflicts of interest.

- **Nominated person** (based on the Mental Health Act)

A nominated person is chosen by a person receiving mental health services to represent their interests and support them if they become a patient under the Mental Health Act.

The role of a nominated person is to:

- o provide the patient with support and help to represent their interests.

- o receive information about the patient in accordance with the Act.

- o be one of the people who must be consulted in accordance with the Act about the patient's treatment.

- o assist the patient in exercising any right they have under the Act.

- o undertake the role until the nomination is withdrawn by the consumer.

A person who is nominated by a consumer may refuse if they do not want to undertake the role.

Based on Your supported medical decisions, used under CC BY 4.0.
*© Office of the Public Advocate (State of Victoria)*

As an education support worker, you will generally **not assist** the students in finding supporters and making decisions. It is important that you have some knowledge of this so that you understand the background of each student.

The role of a facilitator is as follows:

- They must be aware of all decisions made by the person receiving support and of how each decision was made.

- They must also provide additional information and assistance if the person receiving support and supporters have questions or concerns.

- They must guide discussions and act as a mentor to supporters if necessary or in cases where the chosen supporters are not capable of making informed decisions themselves.

- They must take immediate action if they have reason to believe that an agreement between the person receiving support and a supporter has been breached or broken.

As they facilitate discussions between the person receiving support and their supporters, they must note of the following:

- A supporter is not to be taken as a mentor. Supporters are only afforded a certain limited influence on a person receiving support's decisions and, therefore, must not act as an authority when assisting that person. Any supporter who also takes on a mentorship role in the person receiving support's life must use strategies to separate the two roles when assisting them in making decisions.

- A supporter who has other roles in the person receiving support's life must understand that during discussions pertaining to making decisions, they must only take on the role of supporter and nothing more. For example, parents or spouses must refrain from providing advice based on their roles in the family. Instead, they must provide advice based on the interest and wellbeing of the person receiving support.

- A supporter cannot assist a person receiving support in making decisions on elections, marriage, matters of religion, and other sensitive personal concerns. The person receiving support may, however, discuss these topics with their supporter as they would in a normal chat.

- A supporter cannot help a person receiving support in considering options that are illegal. Examples of such options are committing a crime, assaulting others, stealing, and using illegal drugs.
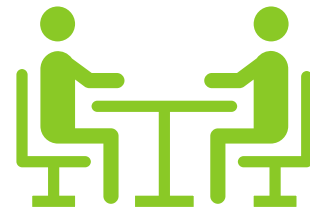
Once the roles of the person receiving support, supporters, and monitors are clear and agreed on, it is important to facilitate the discussion of options available. When facilitating such discussions, supporters must be reminded to approach the discussions only as a supporter. They can guide discussions so that others may not influence the person receiving support using their role outside of the context of supported decision making.

A facilitator must do the following:

- **Give the person receiving support and their supporters an appropriate space and enough time to discuss their options and make their decisions.**

  Keep track of all the person receiving support's scheduled activities and ensure that everyone is informed of when and where these discussions will take place.

- **Take note of all decisions that the person receiving support makes.**

  Keep a written record of these decisions and have all involved parties verify them, either through their signature or other means.

- **Be aware of every supporter's role.**

  Provide information on what a supporter can and cannot do based on their specific role.

- **Look out for possible instances of abuse or conflicts of interest.**

  Remember that the facilitator is still obligated to look after the best interest of the person receiving support and no one else. If you believe that the person receiving support is being taken advantage of or abused, refer to Subchapter 2.5 of this Learner Guide for steps on how to report suspicions to the proper authorities.

- **Remember that the person receiving support themselves is experiencing changes.**

  The person receiving support may have fluctuating or constantly changing needs. The facilitator must guide all supporters to understand this and help them focus on the immediate or pressing concerns of the person receiving support.

- **Remember th original goal of empowerment and self-determination.**

  Never allow the person receiving support to feel dependent on their supporters. The person receiving support must be reminded that their supporters are only there to help them in choosing their path and directing their lives.

Further Reading

Additional case studies similar to the one given above are available through the link below:

Your supported medical decisions

3.3 Provide Assistance to the Person with Disability to Facilitate Communication of Their Personal Goals

Assisting students to be self-determined starts with asking them for their personal goals. These goals may be short-term goals, e.g. learning how to write a good story, or long-term goals, e.g. getting an A in English class.

Helping students achieve their goals improves their self-determination and motivation to improve their quality of life. A self-determined and motivated student will be much easier to care for and will have an easier time communicating for assistance.

In Subchapter 1.4 of this Learner Guide, you were given tips on how to communicate effectively with a young person with disability. You must be careful to follow these tips to ensure that the student is allowed to communicate their goals freely.

When assisting students in expressing or listing down their goals, you may try to follow these additional tips:

- Prepare a communication-friendly environment beforehand. Pick a place where there are minimal distractions. Make sure that the young person is comfortable before engaging in any conversations about their goals. Also, consider getting assistance from a supporter or family member to assist in communication.

- Do not assume that the student's ability to communicate can be used to gauge their overall intelligence or capability. A student may not be able to communicate well but may be very talented in other areas such as arts or memorisation. Be patient with them but do not make them feel that you think lowly of them.

- State your intentions. Tell your student that expressing their goals can help you in assisting them to become self-determined and motivated. Help them understand that their responses will be used to improve the quality of service they receive.

- Identify the methods that the student uses to communicate. Not all students can communicate well using spoken words. Try to find out if they prefer to communicate through signs, gestures, pictures, or through a communication device.

- Use a combination of communication methods to gain a better understanding of what the student is saying. Sometimes, a young person may use words or expressions that do not match what they mean to say. Help them express themselves better by bringing flashcards, drawing pads, whiteboards, and other items which can be used for communicating ideas.

- Give the young person appropriate time and opportunity to respond. It is alright to let them stay silent as they pause to think. You may also use verbal cues or physical prompts to let them know that it is their turn to talk.

- Keep your questions short. Be specific and talk of one thing at a time. When asking a client to clarify their response, work through one response or idea at a time.

- Listen attentively. Show your interest by maintaining eye contact, using appropriate gestures and refraining from interrupting the client as they speak.

- If, at any point, the young person does not understand you:

  o repeat or rephrase the information.

  o reduce the amount of information in the message.

  o use visual supports.

- o seek help from communication partners who know the person well.
- On the other hand, if you do not understand the student:
  - o do not pretend to understand.
  - o calmly state that you have not understood what the client said or expressed.
  - o ask for clarification by requesting the client to repeat themselves.
  - o ask the client to show you what they meant through a drawing, image or other alternative means.
  - o check your understanding of the client's message by evaluating their non-verbal cues and expressions.

You can also have to adhere to the principles of the following concepts as you assist your student in communicating their personal goals:

- active support
- active listening
- strengths-based approaches

Doing so will allow you to understand your students better and make it easier for them to state their ideas. It will also let you show your students that you are fully committed to assisting them and that you care about their goals.

Active Support

A person with disability may find it condescending when a support worker offers help all the time. When a person requiring support feels that their education support worker does too

much, they tend to not provide as many details of their personal goals in fears that the worker will use these goals to provide excessive help.

Consider the following examples:

- A student with intellectual disability may not want to provide their education support worker with their personal goals if they are constantly excluded from normal classes to receive individualised and adjusted instruction, even for easy topics.

- A teenager with ADHD may not be willing to provide their personal goals to an education support worker who always tries to provide guidance and direct their efforts as they engage in daily activities.

- A young person with major depressive disorder may not want to provide their personal goals to a worker who approaches them will all sorts of activities and ideas in an effort to get them to cheer up.

Support workers must avoid these scenarios by adhering to the principles of active support. Active support means offering constant, round-the-clock assistance that is sufficient or appropriate for the client. An education support worker doing this is basically letting the student experience some degree of difficulty and using information from the student to provide assistance that will help the student without restricting their choices or capabilities.

An education support worker looking to ask young people requiring support about their personal goals may need to show that they will be using this information for active support. To do this, the support worker will have to abide by the following principles:

Belongingness	**Opportunity**
Respect	**Self-control**

- Belongingness refers to providing support that allows the student to be part of the community and have positive relationships with others.

- Opportunity refers to providing support that allows the student to have novel experiences and multiple avenues for self-directed learning and discovery.

- Respect refers to providing support that recognises and upholds the individuality and preferences of the student.

- Self-control refers to providing support that recognises and upholds the student's capability, especially for regulating their own actions, emotions, and behaviours.

Adherence to these principles involve:

- Helping the student without affecting their relationship with others.

- Assisting the student in a way that does not diminish their dignity or standing with their peers.

- Giving the client freedom to make significant choices.

- Respecting the client's desire to take on challenging or potentially risky tasks.

- Acknowledging the student's feelings.

- Avoiding making assumptions.

- Refraining from withholding information that may upset the student.

By adhering to these principles, you can assist the students in such a way that only the necessary assistance is given. In doing so, the students will be more willing to trust you with information about their professional goals.

Active Listening

There are times when a support worker can get overwhelmed with work and other personal issues that they fail to listen to their students truly. Sometimes, an education support worker can only listen to prepare a reply instead of listening to understand. Active listening is a concept that allows a support worker or any person to be *in the moment* as they interact with a young person receiving support.

Active listening follows the following principles:

Halt	Focus	Effort
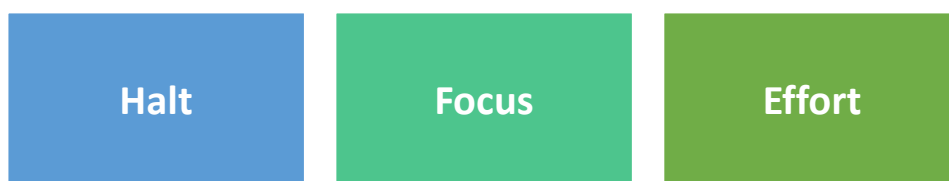
- Halt refers to stopping everything else you are doing while interacting with a student. It includes doing some other task (e.g. cleaning or filling out a form while a student speaks with you) or thinking about other things (e.g. making a mental plan of what you will be doing next after talking with the student).

- Focus refers to removing distractions and putting all your attention on the student. When a support worker focuses, they concentrate on what is important (e.g. the student's words) and block out everything else that is unimportant (e.g. background noises).

- Effort refers to expending energy and taking the time to communicate. This means purposefully using non-verbal cues and positioning yourself so that you are in a good position to talk with the student. This can include being at eye level, facing the student, and keeping your hands and feet still while the student is talking.

By adhering to these principles, you can have an easier time taking information about the student's personal needs.

Strengths-Based Approaches

A person with disability may also hesitate to provide information on their personal goals if they lack self-confidence or have a negative image of themselves. This is a common problem for persons with disabilities, as they have likely experienced difficulties or even discrimination because of their perceived deficits.

An education support worker using a strengths-based approach can restore the student's confidence and help them focus on moving forward instead of dwelling on their disability. A strengths-based approach basically highlights a person's strengths rather than their shortcomings and difficulties. Strengths-based approaches follow these principles:

- All care strategies must focus and draw on the client's strengths and capabilities.

- All clients have a responsibility to maintain and improve their wellbeing.

- All clients have the capacity to learn, improve, and change.

When using strength-based approaches, an education support worker must:

- assess the strengths and capabilities of the students and use them in planning care strategies.

- maximise the use of resources available to the students to improve their condition and create strategies that will benefit them.

- induce hope in the students by affirming their improvement and showing an appreciation for their capability.

- allow the students to make choices on what they want to do or how they want to work on their problems.

In doing so, the education support worker can show the students that their personal goals will be valued and used in creating strategies and care plans. When the student feels that their input is necessary, they will be more willing to provide detailed information and take part in decision making and planning.

Further Reading

Strengths-based approaches will be very helpful for assisting the client in other areas aside from communication of goals. Additional information on strengths-based approaches and how they can be used when working with individuals is available through the link below:

Strengths-based approaches for working with individuals

3.4 Provide Person-Centred Support in a Manner That Encourages and Empowers the Person with Disability to Make Their Own Choices

In assisting your students, always remember that they must be supported to take control of their life. In the previous subchapters, you learnt about person-centredness and how to use approaches that place the person with disabilities in the middle of the decision-making process. In this subchapter, you will be using these approaches to provide person-centred support.

Person-centred support allows persons with disabilities to live their life in a way that is most comfortable to them. It is a form of support that provides empowerment in the form of independence and autonomy. You must use person-centred support to help students to make decisions and choices for themselves.

Choices and decisions are similar but slightly different:

- Making a decision does not require the existence of alternatives. On the other hand, making a choice means that a person has a variety of alternatives available to them.

- A decision is dependent on facts and relevant information, while a choice is only dependent on a person's preferences, values, or beliefs.

- When a person makes a decision, they are going through a process of analysis and evaluation to determine the best course of action. On the other hand, when a person makes a choice, they simply use a mindset approach to pick a correct choice among a variety of choices.

- A person who is given control over all choices and decisions relevant to them tends to have a better quality of life than others who are not afforded the same control.
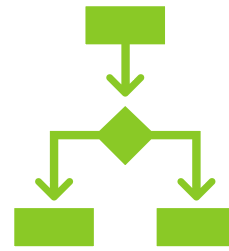
Encouraging a student to make their own choices involves doing the following:

- give the student all important options and information.

- use appropriate communication methods and techniques to guide the student in making a choice.

- give the student time to think about their choice.

- assist the student in searching for additional information regarding the choices.

- remind the student of the goals they set for themselves (refer to subchapter 3.3).

- assure the student that their choices and decisions are important and that it is alright to make mistakes every now and then.

- remind the student that they can assign supporters to help them in making choices and decisions.

Of course, there is a danger to letting students make choices for themselves. Sometimes, a student asked to make a decision will:

- take a long time making a choice, which, in turn, causes them to be stuck or unable to move forward.

- feel unsatisfied or wanting after making a choice due to the possibility that one of the other choices could be better.

- Endeavours to make a decision that is not within the framework of acceptability due to ae-appropriateness, legal boundaries

- make the wrong choice more often, as having more options also means having more chances to make a mistake.

Thus, you must empower students to make choices so that they do not fall victim to these dangers. Doing this involves the following:

- **Reduce the need for students to go through many options by using close-ended questions instead of open-ended questions.**

  This involves phrasing questions to contain the best or most suggested choices available. For example, instead of asking *'What would you like for breakfast?',* you can ask, *'Would you like toast or cereal?'*

- **Use appropriate modelling techniques to guide students towards making responsible choices.**

  Modelling will encourage students to imitate your behaviour and help them see the benefits of some of the better choices available to them. For example, when helping a student with disability to choose what activity to do in the afternoon, you may read a book or draw on a sketchpad to encourage the student to do the same.

- **Help students develop a personal method for making choices.**

  This personal method should help a student to:

    o build familiarity with the different options available.

    o find and analyse the benefits and consequences for choosing each option.

    o consider their personal goals, values, and beliefs in a step-by-step manner.

    o know the legal implications of their choices and avoid options that are illegal or not permitted within that context.

    o feel assured and confident in their choice.

- **Come up with a way for the students to communicate their choice.**

  Doing this will be crucial in helping students become self-determined. You may come up with strategies based on the student's capability and preferred way of communicating. For example, a student may use a variety of facial expressions or turn their head a certain way to point out the book that they want to read.

- **Provide opportunities to make choices every day.**

  Students can be assisted in developing their choice-making skills by incorporating choice making in activities that the student participates in. For example, you can provide opportunities for choice to a young student with disability by letting them choose what art materials to use for a project instead of deciding for them and providing them with a piece of paper and crayons.

Informed Consent

You must also remember to ensure that the student is able to provide their informed consent when they make choices that give others permission to provide them with services. Providing informed consent means that a person grants permission for others to use their personal information and any information that others can use to identify them. Permission is informed if the person or their parent/caregiver is below the appropriate age is given all important details about the decision being made and the other options available, including:

- possible outcomes of the decision,

- risks involved with the decision,

- effects that the decision may have on their financial or other assets.

Informed consent is necessary in all cases, except when:

- a court order requires you to provide information without the consent of the student.

- disclosing the information is necessary to assist law enforcement agencies and other relevant government agencies.

- there is reason to believe that the student is in grave danger or risk of harm and the information is necessary to file a report.

When ensuring that the client can provide informed consent, it will be necessary to:

- respect the student's or parent/caregiver's wishes.

- follow the rules and procedures on privacy, confidentiality and disclosure of information (refer to Section 2.1.4 of this Learner Guide for more information).

- discuss all important details with the student or parent/caregiver and answer all questions.

- identify if an option will present substantial risk for harm to the student.

- prevent others from forcing the student into making a decision they do not agree with.

- remind the student or parent/caregiver that they must provide specific information when consenting, such as circumstances and a time frame for when the consent applies.

- remind the student or parent/caregiver that they also have the capability to withdraw consent when necessary.

Further Reading

Additional information about informed consent can be accessed through the link below:

Consent to the handling of personal information

Some students may not be able to provide informed consent using conventional means. This is especially true for students with impairments affecting their ability to communicate verbally and non-verbally. For such cases, a student may need to be assisted using specialised strategies for communicating their choice.

When assisting these students in making their choices and decisions, it will be important to develop appropriate strategies based on what they can do. For example:

- When assisting a student who has difficulty speaking, seeing, moving their hands, and/or making gestures, an education support worker may use strategies that will allow the client to communicate through:

  o sign language and/or writing.

  o listing down their choices, (e.g. vocally or by Braille) and making them create a signal to identify their choice (e.g. by raising their hand as you list their options or by pointing it out in the Braille list).

  o encouraging the student to make drawings to illustrate what they think or want.

- When assisting students in finding information on topics they want to learn, you may assist them in reading books, journals, and even articles online. As you do this, you must use strategies to make sure that the student is comfortable and able to understand information from the material they are reading. Some strategies include:

  o asking questions to check on understanding.

  o adjusting lighting and ensuring that the environment is conducive to reading.

  o reading with the student and being ready to provide clarification on the meaning or interpretation of certain words and statements.

Multimedia

Clients with intellectual disabilities, despite their difficulty in comprehending information, must be provided with support to give informed consent. Find out more through the video below:

Supporting informed consent for patients with intellectual disabilities

Further Reading

Students who find it difficult to hear, speak, or communicate because of their disability may be assisted through the use of assistive technology.

You can use phones and reading or writing aids to assist your students in communicating their choices. You can click on the following link to view a list of such technology:

Browse – Communication, Phones, Reading and Writing Aids

3.5   Assist With Strategies to Ensure That the Person is Comfortable with Any Decisions That are Being Made on Their Behalf

At times, a person with disability can only be assisted in decision making by having another person make decisions for them. This is applicable in cases where:

- the person is totally incapable of rational thought or decision making.

- the person is temporarily unavailable to make a choice themself due to a medical procedure or the worsening of an existing condition.

- it is necessary to give legal authority to a person so that they can make decisions on behalf of the person.

- there are conflicts or disagreements between parties looking after the wellbeing of the person.

- there are concerns that the person is at risk or is being abused or neglected.

In such cases, it would be in the best interest of the person to have a guardian or administrator.

A guardian is a person with the power to make decisions about a person with disability about personal matters. A guardian must give effect to the person's will and preferences (if known) unless this would cause the person serious harm.

Guardians are counted on to do the following:

- exercise their powers in a way that is least restrictive of the person's ability to decide and act as is possible.

- protect the person from abuse, exploitation, and neglect.

- advocate on the person's behalf.

- act honestly, diligently, and in good faith.

- support the person to make their own decisions where possible.

- help the person to become able to make their own decisions again.

Sourced from Guardianship orders, used under CC BY 4.0. Victoria Legal Aid.

Guardians do not have the power to make financial decisions for the person once they reach adult age. If there is a need to have a person with legal authority to make financial decisions, a person can choose to appoint an administrator.

Administrators have similar roles to guardians, but with the added task of making decisions regarding the person's money.

Administrators are required to:

- act as an advocate.

- act in good faith and with reasonable skill and care.

- encourage and assist the person in developing their decision-making capacity.

- act in a way to protect the person from neglect, abuse or exploitation.

- not use the position for profit or have a conflict of interest (except in special circumstances allowed by law).

- not disclose confidential information gained in the role unless authorised by law.

- manage the property of the person.

- keep records and accounts and provide annual accounts to the relevant authorities.

Based on When you have been appointed as an administrator, used under CC-BY 4.0
© Office of the Public Advocate (State of Victoria)

Remember that guardianship and administration must be treated as a last resort. Support workers who wish to empower their clients must always seek the best way to involve persons with disabilities in decision making.

When other people are making decisions for the person, you must ensure that they are comfortable with any decision that is being made on their behalf. It can be challenging to do this, especially if that person needed a guardian or administrator specifically because they had problems communicating their decisions effectively. As an education support worker, you will have to use strategies that are appropriate to your student's needs and capabilities. The following are some example strategies:

- If the person can communicate effectively but lacks the capability to make decisions, you can check the person's self-talk. When people speak to themselves, it is often because they have a need to reassure themselves or make themselves become more comfortable. Look out for self-talk that indicates that the person is uncomfortable, such as *'it probably won't be that bad,'* or *'I hope I can be proven wrong.'*

- Look for changes in routine or behaviour. People usually behave a certain way or do certain things to distract themselves or cope with stress and anxiety. Look for sudden changes such as an increase or decrease in food intake, stopping midway through activities, or quickly shifting between tasks.

- Check for non-verbal cues that the person is not comfortable or anxious about the decision made by their guardian or administrator. Check if the person is frowning, avoiding eye contact, scratching a part of their body, sweating, or tapping their feet.

- Be alert for any signs that the person is being abused or neglected. Refer to Subchapter 2.5 for indicators that you can look out for.

If, at any point, you notice that the person is not comfortable with the decisions being made for them, you must do the following:

1. Help them calm down.

2. Ask them if they are uncomfortable with a decision made for them.

3. Based on their response, provide appropriate assistance:

   ▪ If they are comfortable with all decisions, find out the source of their discomfort.

   ▪ If they are not comfortable with any decision, go over the decisions made for them and have them identify which decision they are not comfortable with.

4. Explain to them why certain decisions had to be made. For example, a decision may have been taken because of legal reasons. Some might have been done because the guardian is looking out for the health and wellbeing of the person.

5. Go over the duties and responsibilities of the guardian and administrator to check if a decision has been made outside of what is legally allowed.

6. If necessary, assist the person in submitting a complaint to the proper authorities.

3.6 Assist With Accessing Advocacy Services and Other Complaint Mechanisms as Required

In some instances, a person with disabilities may feel that they can receive better assistance from an advocacy service. There will also be instances when a person of adult age may want to access other forms of complaint mechanisms to relay their concerns to appropriate authorities. As an education support worker it is not your decision or role to arrange access to these services. You may direct this request to other people who can provide assistance to do these as part of their duty in empowering persons with disabilities and upholding their rights to be seen and heard.

Advocacy services are a form of support for safeguarding the rights of a person with disability. Through advocacy services, an advocate can work with clients to help them understand their rights and represent them in important decision-making processes.

Advocates can also assist a person in:

- identifying and explaining the different options available to them.

- helping them develop their skills and knowledge for expressing themselves and standing up for their rights.

- speaking with service providers on behalf of them.

- relaying wishes and preferences to other service providers and institutions, e.g. the school and teaching staff.

- helping the person with disability in transitioning from one service to another, e.g. moving to a different aged care institution.

- resolving concerns or submitting complaints to service providers or authorities.

Under the National Disability Advocacy Program (NDAP), all Persons with disabilities have access to advocacy services through agencies that uphold and safeguard their rights and freedom to participate.

There are two types of agencies that are available through the NDAP:

- Generalist agencies provide advocacy support to people with any type of disability or cultural background.

- Specialist agencies may provide advocacy support to persons with disabilities:

   o with a specific type of disability

   o with specific issues such as housing, education or employment

   o from Diverse Cultural and Linguistic backgrounds, including Aboriginal and Torres Strait Island backgrounds.

Sourced from National Disability Advocacy Program, used under CC BY 3.0 AU.
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As an education support worker, you may provide information to the student and their parents/guardian to assist them in finding and choosing an appropriate agency or support service. Doing this involves:

- looking for specialist agencies that provide support to persons with disabilities that share the same type of disability, cultural or linguistic background, and types of issue or experiences as the person with disabilities.

- searching for additional information about these agencies and taking note of significant information that they may want to know about.

- presenting the list of agencies.

- searching for generalist agencies if no specialist agency is available.

Further Reading

A list of advocacy organisations is available through the link below:

Your supported medical decisions

Additionally, you may use the Disability Advocacy Finder to search for an advocacy service in the client's area. You may access it using the link below:

Disability Advocacy Finder

Persons with disabilities and their parents/guardians may also wish to receive help in submitting complaints due to certain limitations or barriers that they face as they try to participate as members of the community. This happens when they feel and believe that they were discriminated against or taken advantage of. In such cases, it is best for an education support worker to direct the person and their family/caregiver to appropriate advocacy services that may assist them in submitting their complaints to the Australian Human Rights Commission. Refer to the process in Subchapter 2.4 of this Learner Guide for more information.

Keep the following in mind:

- The commission will only investigate complaints that are related to human rights violations. If the person needs assistance to confirm if a complaint is valid, you may call the commission's National Information Service at 1300 656 419 or by email to infoservice@humanrights.gov.au.

- The commission may stop investigating the complaint for various reasons. The commission will usually contact the complainant to explain why they cannot do further investigation.

Based on Information for people making complaints, used under CC-BY 4.0.
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Further Reading

A person with disabilities may want to submit complaints regarding discrimination and other issues in private organisations.

The Australian Securities & Investments Commission has information on how to file a complaint against a private entity. Click on the link below and navigate to the page titled *How to complain about companies, organisations or people*:

Australian Securities & Investments Commission

Access this link to see how to file a complaint against a hospital or health institution:

Make a complaint about a health practitioner

Further Reading

The Aged Care Quality and Safety Commission has information on how to file a complaint against an aged care institution. Click on the link below and navigate to the page titled *Lodge a complaint*:

Aged Care Quality and Safety Commission

Checkpoint! Let's Review

1. Self-advocacy groups assist persons with disability in representing themselves. On the other hand, advocacy services offer aid by representing persons in important decision-making processes.

2. Supporters can take on specific, legally recognised roles that are based on legislation. Some of these roles are supportive attorney, supportive guardian and administrator, medical support person, plan nominee, and nominated person.

3. Education support workers must assist their clients in expressing their personal goals by providing active support, using active listening strategies, and using a strength-based approach.

4. You must ensure that the person with disabilities gives their informed consent when they allow others to provide them with services. A person with disabilities gives informed consent if they are given all important details about the decision being made and the other options available to them.

5. Guardianship and administration must always be treated as a last resort. Education support workers who wish to empower their clients must always seek the best way to involve their clients in decision-making.

6. Advocacy services are a form of support for safeguarding the rights of a person with disabilities. An advocate can represent persons with disabilities in important decision-making processes.

Learning Activities 3

Activity 3.1

True or False

Review the statements below about supporters. Indicate whether each statement is True or False.

Tick the box that corresponds to your answer.

☐ TRUE ☐ FALSE	i. Supporters are tasked with making all decisions in behalf of the client.
☐ TRUE ☐ FALSE	ii. Only blood relatives of the client can be appointed as their supporters.
☐ TRUE ☐ FALSE	iii. A supporter cannot assist a client in making decisions on elections, marriage, matters of religion and other sensitive personal concerns.
☐ TRUE ☐ FALSE	iv. A supporter cannot help a client in considering options that are illegal, such as committing a crime, stealing or using illegal drugs.
☐ TRUE ☐ FALSE	v. A supporter may not act as a mentor when assisting a client.

Activity 3.2

Matching Type

Listed below are principles of active support.

    a. Belongingness

    b. Opportunity

    c. Respect

    d. Self-Control

Match each to their definition below, by writing the letter that corresponds to your answer in the space provided.

160	Principles of Active Support
	i. providing support that allows the client to be part of the community and have positive relationships with others
	ii. providing support that recognises and upholds the individuality and preferences of the client
	iii. providing support that recognises and upholds the client's capability, especially for regulating their own actions, emotions and behaviour
	iv. providing support that allows the client to have novel experiences and multiple avenues for self-directed learning and discovery

Activity 3.3

Differentiate an administrator from a guardian.

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