Supporting Disability Support Workers

A Self-Paced Learning Guide

Workbook

spina bifida
association
western australia

NDS
National Disability Services

This guide has been created to assist in training Disability Support Workers who will be supporting people with a disability in a community setting. This guide may be copied in its entirety, or in sections, to assist in the training of Disability Support Workers.

Throughout this guide the term 'coordinator' has been used to represent the Disability Support Workers direct line manager. Other terms that may represent this role include team leader, supervisor, manager or administrator.

The term 'association' has been used to refer to the agency or organisation that employs the Disability Support Worker.

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Introduction

Disability Support Worker Training Package
A Self-Paced Learning Guide for Disability Support Workers

Congratulations on becoming a Disability Support Worker. There are several things you already know about your new job. You know who you are employed by, you know that you will be working with someone who has a disability, you know that the work you do can be very flexible both with when you work and maybe where you work, and you know that the work will be fun and interesting.

There are also many things you probably don't know. You may have lots of questions to ask now but you may also have more questions as time goes by. This guide will help you to understand why you do the things you do, it will cover some of the basic philosophy around disability work, it will cover basic legal requirements of your work and it will also cover the things you need to know to be successful in your job both for you and the person you will be working with.

Like the general population, each person with a disability is an individual. They all have their own hopes, dreams, likes and dislikes. Even people with the same type of disability are different and cannot be treated the same way. For this reason, this guide presents a general approach to working with people with a disability. As you work your way through the guide you will need to identify how it applies to your situation. If you have any questions or concerns, your coordinator will be able to assist you.

As mentioned in the title, this is a Self-Paced Learning Guide. That means you work through the guide at your own pace. This could mean a couple hours a day or a few hours 3-4 times a week. The guide contains an introduction to each section outlining what you need to know and understand. This is followed by some questions or activities for you to complete to assist in your understanding of what you have read, but also your understanding of how you can apply it to your working situation. It is not hard or difficult and our aim is to see you succeed in your role. This guide is designed to complement the training your coordinator provides. Your coordinator is available to answer any questions or concerns you may have.

This symbol indicates the introduction to each section.	This symbol indicates the questions or activities to each section.

Disability Support Workers are people who have a genuine interest in improving the lives of people with a disability. The role of a Disability Support Worker is varied and can include many different roles and duties. Disability Support Workers work with people with a disability who may;

- Live in their own home in the community
- Live with their families
- Be of any age, from young children to older adults
- Have a wide range of disabilities that have different origins or causes
- Have a range of personalities, likes and dislikes
- Have some life experiences or no life experiences
- Have a lot of family support or no family support
- Have many friends and interests
- Have no friends, no hobbies and no day activities
- Be employed either full-time, part-time, casually or voluntary.

Disability Support Workers may help people with a disability with;

- Attending to personal care (toileting, showering, teeth cleaning)
- Movement within the home – transferring from bed or chair to wheelchair or toilet
- The opportunity to maintain participation in hobbies, recreation, employment or relationships
- The opportunity to participate in new experiences (hobbies, recreation, leisure, employment, volunteering, making friends, learning new things)
- The opportunity to develop socially
- Transportation
- Emotional support
- Socialisation

And indirectly provide families and carers with a break from their caring role (respite).

Disability Support Workers are always:

- Role models
- Focussed on the individuals interests and rights
- Respectful of a persons culture, privacy and dignity
- Professional in their approach to the person with a disability, their family and within the community
- Friendly and approachable
- Willing to learn and ask questions
- Aware of community attitudes
- Objective with any reports
- Up to date with all administrative tasks

Facts about disability

It is estimated that 405,500 or 20.6% of the Western Australian population have a disability. Of the 405,500 people with a disability approximately 28.6% have a severe or profound core activity limitation. A further 62% of this number is under 65 years of age. This means that 71,600 West Australians are aged under 65 and have a severe or profound core activity limitation.[1] Core activities refer to those activities of daily living and include self-care (bathing, dressing, eating, toileting), mobility (moving around home and community, using public transport, getting out of bed or a chair) and communication (understanding others and being understood by others). A severe core activity restriction may mean that they sometimes need assistance to perform a core activity. A profound restriction may mean that they are unable to perform a core activity or always need assistance.

Definition of disability

Disability as defined by the Disability Services Act 1993[2] is:

"Disability –
   a) Which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments;
   b) Which is permanent or likely to be permanent;
   c) Which may or may not be of a chronic or episodic nature; and
   d) Which results in –
      a. A substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
      b. A need for continuing support services."

Facts about Carers

Carers are family members and friends who provide care and support to another family member or friend with a disability, chronic illness, mental illness or who is frail aged. Carers are not employed in their role (either paid or voluntarily), but are often a parent, partner, spouse, sibling, son or daughter, other relative or family friend. There are about 246,800 people in Western Australia caring for a family member or friend. This equates to about 1 in every 5 people in WA. Many carers do not identify as a carer so it can be assumed to be an underestimate of the number of carers. Approximately 16% of carers are primary carers, that is, they assume the main responsibility for meeting the daily needs of the person they care for. Approximately 45% of primary carers (or 17,300 carers) have a disability. Approximately 70% of all assistance required by people with a disability is provided by the informal network of family and friends.[3]

Carers report many reasons for caring for a family member with a disability. Many carers are, and will be, mothers, fathers, grandparents, sisters or brothers before they identify themselves as a carer. Some of the reasons they take on the caring role include:
- it is their job/responsibility as a parent/sibling/family member (47.4%),
- they believe that they could provide better care than someone else (36.9%) or no one else was available to provide care (26.8%).[4]

Carers are any age. There are young carers looking after a parent or sibling and older carers looking after a partner or adult child. The Australian Bureau of Statistics (ABS) indicates that approximately 26% of primary carers are parents caring for a son or daughter with a disability. Many primary carers, 12%, are aged 65 and over. Within Australia, there are over 4000 carers over the age of 65 caring for a son or daughter with a disability living at home.[5]

The ABS shows that just over 40% of the primary carers who live in the same household as the person they care for, provide greater than 40 hours of care per week. 54.4% of West Australian primary carers list their main source of income as a government pension or allowance.[6] The Carers Payment and Carers Allowance are the two main types of pensions that carers may be eligible for.

Why Carers need respite

Respite is defined as a delay or cessation for a time, especially of anything distressing or trying; an interval of relief.[7] In relation to carers, respite means taking a break from the caring role. The ABS shows that over 40% of carers provide greater than 40 hours of care per week.[8] Taking a break from the caring role ensures that carers are able to continue in their caring role by taking a rest from the physical and emotional demands of caring, refreshing their mind and body and having time to improve relationships with their partner, other children and friends.

Caring for a family member with a disability often becomes all encompassing. Many carers find that they become isolated from friends and other family. Over 50% of primary carers are not in the workforce, therefore reducing their opportunity to interact with work colleagues as well as their earning capacity.[9]

In addition to enhancing relationships and building friendships, respite gives carers the opportunity to take a rest from the physical demands of caring. Over one third of all carers report that they have on-going neck, back and shoulder injuries.

Why are Disability Support Workers needed?

- To provide respite to family members and carers
- Improve social participation of people with a disability
- To support people with a disability to participate in their community, develop hobbies and friendships
- Develop and enhance socially valued roles and independence
- Participate in peer based activities
- Expand friendships and networks and maintain existing relationships

Impact of having a family member with a disability

All individuals react differently to having a family member with a disability. The initial diagnosis is often a shock and commences the grieving process. How people respond to this is very different, even within the same household and between couples who know each other very well. They experience grief and loss for themselves and for their family member with a disability. They experience feelings of loss over the dreams and hopes that they have had for their family member, often a child, and try to find a reason or cause for the disability. For parents of a child with a disability they often feel guilty that they did something wrong during pregnancy to cause the disability and seek to identify what it was. For many, there is no reason or cause, and it takes some families years (or even a lifetime) to accept this.

Having a child with a disability can impact on many aspects of the family and family life. Relationships within the family are often stretched with the child with a disability taking up most of the family time. Parents often spend a significant portion of their time caring for their child with a disability, attending doctor's appointments, attending therapy appointments, etc. An added stress is managing the financial situation of the family. The families often have added costs of doctor's appointments, transportation, taking time off work or giving up work, therapies, equipment and more. This often impacts on the parent's relationship and their relationship with other children. The siblings often feel left out and miss out on childhood activities such as having friends over to play, having sleepovers, and they often take on more adult duties.

As well as being tired, emotionally drained from looking after the child and all of the services they require, the primary carer often gains a lot more insight into who their child is and who they are. They gain new skills in management (they often feel they are case managers), learn to manage a household on a tight budget and find inner strength.

For the siblings of a child with a disability, they may gain an ability to empathise with others, understand the diversity within people and can be more compassionate.[10, 11]

Values and Attitudes

Everyone has different values and attitudes. What one person may value may be different from another person. A person's attitudes are reflected in their response to situations, activities or people. They are the actions or thoughts about others that reveal what a person values or does not value. A person's actions are often unconscious. Attitudes can be viewed as positive, negative or neutral. As a Disability Support Worker it is important to have a positive attitude towards people with a disability, and the role of a Disability Support Worker, to ensure that your actions and thoughts are enhancing. Many people do not fully understand their own attitudes or values until those attitudes or values are challenged. Values are the beliefs that guide a person's behaviour. They are influenced by a person's family upbringing, educational background, socioeconomic status, religious beliefs and by society. Positive values are those that the majority of people in society believe are worth striving for or emulating.

As well as the differences between the values and attitudes of people, there are also differences within a society or culture. What one society or culture values may be different from another. Positive values are those that are culturally appropriate. Within Australian society many things are valued. Some of the things that are culturally valued include; obtaining an education, maintaining good health, having physical beauty, owning your own home, being employed and having friends. When a person values these things, their attitudes reflect this by creating opportunities to develop further. Someone who values an education would go onto tertiary education, someone that values good health would exercise regularly and have a healthy lifestyle and someone who values home ownership would strive for a well paying job. These often unconscious values are portrayed in a person's attitudes and actions. These attitudes and actions influence those of other people, and this is often done without even being aware of it. A person can influence their children, friends and wider society by being seen as a role model, having friends with similar values, being happy and by projecting their own attitudes and values onto others. So something that is culturally valued is something that the majority of people within a society strive to achieve.

List five things that you value. _____
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How do you think that you got these values? _____
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How do you think that your own values are influenced? _____
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What would it take to change your attitudes or values? (What would it take to convince you that something you believe is negatively valued (eg. Homelessness), should really be seen as positively valued?) _____
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There are a range of things that are valued by both individuals and society. There are also many things that are not valued by the society in which a person lives. The things that are negatively valued are referred to as 'devalued'. Things that are devalued are often the opposite of what society values. Because the most powerful people in society usually determine the values, the least powerful people in society are often the ones that are devalued or have devaluing experiences. It is sometimes much harder to gain value than to lose value.

There are many things that can be devalued; this includes people, roles or jobs, locations, living situations and experiences.

Some things that may be perceived as devalued by the majority of people in Australian society may include people with a disability, criminals, janitors, garbage men, people who do not own their own home, people receiving a pension, people who cannot read or write, people who have no choice of were to live and people who do not have any friends or family.

Remember, value and lack of value are culturally determined and often by the most powerful people in a society. Things that are valued or devalued can also change over time. A person may also value something that is not valued by the majority of people in society.

List some people that can be viewed as culturally devalued? _____

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List some roles or jobs that are culturally devalued? _____

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List some experiences that are culturally devalued? _____

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List some living situations that are culturally devalued? _____

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Make a list of some of the roles and experiences that people with a disability may have that are devalued. _____

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People have a range of perceptions or assumptions about people with a disability. These perceptions are a result of the values of a society. For most of society the values have developed over many years, the last 150 years in fact. Some of the values are based on untrue beliefs about people with a disability. Some beliefs about people with a disability include;

- People with a disability are children (and will always be children)
- People with a disability cannot learn new things
- People with a disability cannot make their own decisions
- People with a disability need help from other people
- People with a disability cannot live independently
- People should feel sorry for people with a disability
- People should donate to charities to ease the suffering of people with a disability

Each one of these beliefs is prevalent within Australian society and are also the myths about people with a disability, that is, they are often untrue. Myths create stereotypes that become self-perpetuating. If someone believes that all people with a disability are children, they will treat them as children and they may never be given the opportunity to grow and develop and live as an adult. To treat an adult as a child can mean that they are not perceived to have rights, that they are not responsible for their actions, that they do not understand, they are talked down to and that they do not have the ability to make decisions. Imagine how it would feel to have everyone believe this about you.

The reality is much different. The following statements are in response to the above myths.

- Some people with a disability are children, but others are teenagers, young adults and adults and should be treated as such
- People with a disability can learn new things given the right information, education and support
- People with a disability can make their own decisions; they can range from what to wear to where to live. They should be given all of the relevant information to be able to make an informed decision
- People with a disability may need support from other people to enable them to accomplish what they wish. The support they require will vary from person to person
- Many people with a disability live independently within the community and with the right support to make it successful
- People should not feel sorry for people with a disability, they are just like everyone else
- People with a disability do not suffer from their disability, they live with their disability. Their disability is part of who they are.

Disability Support Workers are employed to improve the quality of life of people with a disability. One way to do this is to improve their value within the community. In order to successfully improve a person's value it is important to understand what is valued by the community and what is not valued by the community. The previous sections provided an overview of what is valued and devalued. Having positive or enhancing attitudes and beliefs about people with a disability are essential to improving a person's value. As mentioned previously, the attitudes and values a person has are often portrayed unconsciously (without knowledge of), so by having positive attitudes and values towards people with a disability, a Disability Support Worker can ensure they are being portrayed positively without even being fully aware of it.

There are many ways that a Disability Support Worker can ensure that people with a disability are seen as valued members of the community. They include:
- being a positive role model
- using appropriate language
- ensuring people with a disability
- participate in appropriate activities
- treating each person as an individual
- respecting each person as an individual
- offering the support they need to accomplish what they wish.

A positive attitude towards people with a disability can also have a positive impact on the individual. Individuals will have the opportunity to have new experiences, gain greater respect, gain friendships, experience the feeling of being part of the community and develop self-esteem and self-confidence.

Think back to the first time you met a person with a disability. How did you feel? Was it positive or negative? Was your experience influenced by anyone else? _____

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Why do you think myths and stereotypes can impact badly on a person?

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What is it essential that Disability Support Workers have to improve the perceived value of people with a disability? _____

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In what practical ways can a Disability Support Worker ensure that people with a disability are seen as valued members of their community? _____

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Social Role Valorisation

Social Role Valorisation is a term that you may hear when working in the disability sector. It is a term used to understand how disability services should be run. Social Role Valorisation, or SRV for short, is a complex theory that takes time to fully understand. This guide will not go into SRV, except to raise your familiarity with the term. There are several websites that can give you more information, just enter Social Role Valorisation into a search engine; alternately, your coordinator may be able to provide you with some more information.

Social Role Valorisation was originally defined in the 1960's using its original term of Normalisation. The Principle of Normalisation gained worldwide momentum throughout the 1970's, but unfortunately the use of the term 'normalisation' created some confusion as people tried to define what was 'normal'. In 1982, Dr. Wolf Wolfensberger proposed to rename the Principle of Normalisation to Social Role Valorisation. Wolfensberger defined that the aim of SRV must be the creation, support and defense of valued social roles for people who are at risk of not being valued by their society. And that if a person's social role was valued, and then other good things would be accorded to that person almost automatically, at least within the resources and norms of his/her society.[12]

SRV means that the goal of Disability Support Workers, and disability services, must be to create, support and defend roles that are valued by society for people who are at risk of being devalued. It implies that if a person is seen as valued by the community in which they live, and then a person will have good things happen to them. Social Role Valorisation has been applied to the lives of people with a disability but it is applicable to any group of people who are devalued or at risk of being devalued by society.

SRV has several underlying messages or themes that provide a way to understand how people are seen and treated positively or negatively. If a Disability Support Worker shows an awareness of the messages or themes of SRV, and actively works to improve a person's perceived value, community attitudes towards people with a disability will improve and people with a disability will be afforded the good things in life.

The Themes are:

Unconsciousness – Most of society's attitudes and values are unconscious. That is, most people are unaware of their own attitudes and values and how they can impact on other people in society.

Imagery – Imagery refers to the visual images that are portrayed by people who are not valued that maintain negative stereotypes about them. This includes the way people look, where and how they spend their time, who they spend their time with, where they live, etc. Visual imagery, or social imagery, is often unconscious.

Expectancy – "If we believe you are like it, and we treat you like it, you will become like it." This is a self-fulfilling prophecy, and this means that if people keep expecting people to behave a certain way, they will eventually live up to that expectation.

Competency and the developmental model – This refers to the belief, and expectation, that all people can grow and develop.

Participation and integration – All people should participate within their community in a positive way. Community expectations of people with a disability are reduced if they are not seen as positively participating in the community.

Modeling – Modeling is one of the most powerful ways in which people learn. People learn from others through observing how someone else responds to a particular situation, and how someone relates to another person. Disability Support Workers are role models for the person they support and also to the wider community.

Relationships – All people need positive relationships. Having positive relationships mean that there are people who have a genuine interest in the person's welfare and this can prevent bad things happening to that person.

Positive Compensation – Is about doing what you can to prevent further devaluation. People who are viewed as devalued are at a greater risk of further devaluation. Being seen by others in a positive way can help to remove or reduce some of the negatively valued characteristics. It is easier to acquire negative value than to remove negative value.

What is the main aim or goal of Social Role Valorisation? _____

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Why is it important for a person who is devalued, or at risk of being devalued, to be seen as valued? _____

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List 5 things that are valued by society?

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List 5 things that are not valued by society?

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Do you think that a person can go from being seen as valued to being seen as devalued? Why? _____

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Do you think that a person can go from being seen as not valued (devalued) to being seen as valued? Why? _____

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Which of the following statements indicate that a person with a disability is a valued member of their community?

1. John works part-time at the local deli and knows most of the locals by name. Valued or Devalued. Why? _____

   _____

2. Pete works in a sheltered workshop for people with a disability and catches the workshop bus at 7.30am each day. He arrives home on the workshop bus at 5.30pm each evening. Valued or Devalued. Why? _____

   _____

Being a Role Model

People who are employed as Disability Support Workers also have the additional task of being a role model. As a role model Disability Support Workers provide both a positive role to the person they support as well as to the community showing positive interaction with a person with a disability. As a role model it is important that you take care, and be aware, of your own appearances and actions while working with the person you support. This applies to the clothing you wear, your interactions with the person you support and your interactions with members of the public.

The clothing that Disability Support Workers choose to wear should be appropriate to the occasion and the activities you undertake, clean and in good repair, not containing offensive language or pictures and show that you value the job you do.

Role modelling is one of the most significant ways that people learn. As mentioned at the beginning of this guide, the majority of people's attitudes and values are unconscious. People learn their values through their family, the society in which they live, through the media and through personal experiences. Disability Support Workers showing a positive attitude towards the person they support can assist in changing attitudes. If a Disability Support Worker shows positive interaction with a person with a disability, the observers will gain a positive perception. If a Disability Support Worker models inappropriate or devaluing attitudes towards someone with a disability, this will confirm or reinforce a devaluing perception and negative expectations of people with a disability.

The following are examples of role modelling. Identify those that portray a good role model, and those that devalue the person with a disability. Explain why you chose each one.

Adam and Joe attend the local gym three times a week to work out. They both wear gym clothing, have a water bottle and towel that they each carry and go about their workout with limited talking but enough to encourage each other.

Chris and Rachel attend a local drama group together. Rachel enjoys the class and participates in all activities and skits. Chris, the Disability Support Worker, sits at the rear of the class reading a book.

What would you do in the following situations to ensure the interaction is positive and valuing to the individual?

Sandy assists Rob to do his shopping each Saturday morning at the local grocery store. When they go to pay for his shopping, the clerk takes the money from Rob and gives the change to Sandy.

Language

Everyone has values, attitudes and a philosophy of how we live and work. Often people are unaware of their values, attitudes or personal philosophies. Not being aware of them means they are unconscious, but they are reflected in the language a person uses and in their behaviours. The language or words people use can either enhance a person's image or devalue a person.[14, 15]

Language incorporates many things including the words used, the context in which they are used, the tone and the non-verbal accompaniments. Within disability services, language is important as it portrays attitudes. Often people are not even aware of the impact of the language that they are using. People with a disability have had many negative 'labels' over the last century including 'imbecile', 'retarded', 'feebleminded', 'mentally retarded', and 'incurable' and these labels were used to define who the person was. Imagine the expectations of someone who was labelled 'incurable'. There would not be many positive expectations.

The language that is used and the labels that are attached to people, create stereotypes. **Stereotypes are** a set of inaccurate, simplistic generalisations about a group of individuals which enables others to categorise members of this group and treat them routinely according to these expectations. Stereotypes are often as a result of prejudices or create prejudices.[16] **Prejudice is** defined as any preconceived opinion or feeling, favourable or unfavourable; disadvantage resulting from some judgement or action of another; resulting in injury or detriment.[17] Disability services aim to enhance the value of people who are devalued or at risk of being devalued. One way to improve a person's value within the community and to the person is to use positive and enhancing language.

There are certain strategies that you can use to make sure you use the most enhancing language when speaking to someone with a disability or speaking about people with a disability.

- The most valuable one is to see the person first. All people are individuals and to define a person by their disability is to imply that they are the disability first and a person second. An example of this is "The Downs boy". This defines the boy by his disability. It is preferable to say "A boy with Down Syndrome", thus seeing the person first and their disability second.

- It is important to be aware of how to address people appropriately for their age and in a respectful manner. Use appropriate language to match their age. Avoid language that is demeaning, childish (unless they are a child), patronising or talks down to the person. For example, avoid saying to an adult "Come on Benny, lets go for a ride in the car", and try "Ben, would you like to come with me to the shops?"

- Include people in conversations that are about them or that are taking place around them. Introduce the person you are supporting to the person you are speaking with and include them in the conversation. Be respectful when introducing them to someone else. For example, avoid "This is Ben, I help him to do his shopping" and try "This is Ben" or "This is Ben, we are doing a bit of shopping today". Much more of an explanation is usually not required.

- People with a disability are generally not sick or diseased (unless they have a cold or illness). Their disability is who they are and they are not 'suffering' from their disability. Many people who use a wheelchair view their wheelchair as an extension of who they are. They do not feel like they are suffering, or limited in their abilities. Avoid language like "Jim, who suffers from cerebral palsy, works at the printers down the road" and use language that acknowledges the person for who they are. Such as "Jim works at the printers down the road." Does it really matter that he has cerebral palsy?

Consider the language used in the following examples, what perception or image does each one give.

- Saying 'Good boy Timmy' to a 42 year old man.
  What does this imply? _____
  What alternative could you use? _____

  _____

- Sara is a spastic.
  What does this imply? _____
  What alternative could you use? _____

  _____

- Bill suffers from mental retardation.
  What does this imply? _____
  What alternative could you use? _____

  _____

- Louise is wheelchair bound.
  What does this imply? _____
  What alternative could you use? _____

  _____

- The disabled people.
  What does this imply? _____
  What alternative could you use? _____

  _____

Can you see a difference in these examples? What perception is given in these positive examples of language?

- Betty has spina bifida.
  What does this imply? _____

- Joseph uses an electric wheelchair.
  What does this imply? _____

- Well done John, I like the way you…
  What does this imply? _____

Over the next week, become aware of the language that you hear and whether it is positive (enhancing) or negative (devaluing). Some places you may consider include your friends and family, television shows or news reports, your colleagues, or the family of the person you support. List some of the examples you have found.

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Appearance

If language can have a large impact on the attitudes towards people with a disability, appearance can have an even greater impact on changing attitudes or reinforcing negative ones. This includes the appearance of both the person with a disability and the Disability Support Worker. People with a disability are often cast into many historic roles. These historic roles are very unconscious and many people are unaware of them until they learn about them. Some of the roles are perpetuated by myths about disability, but are also perpetuated because they have been around for so long and many people have never met someone with a disability.

Appearance incorporates many things about a person including how they dress, their make-up and haircut, whether they are clean/dirty/smelly/shaven, where they go, what they do and who they are with.

To be able to create and maintain valued roles for people with a disability, to ensure their rights are met and to ensure they have good life experiences it is important as a Disability Support Worker that the negative attitudes and perceptions are not reinforced and the valued roles and characteristics are reinforced.

At the beginning of this book, we mentioned some of the myths surrounding people with a disability. The myths included that people with a disability are children that are unable to grow up (the historic role of the eternal child), that they are unaware of their feelings so it is ok to laugh at them (the historic role of an object of ridicule), that they are violent (the historic role of an object of menace), that they suffer from their disability (seen as sick or diseased) and that they are not human and not entitled to the same rights as other people (non – human). Some of these are quite dramatic but if you keep a look out and an ear open you will hear some of these mentioned by members of the general community. Unfortunately, this is unconscious and people will be unaware they are perpetuating negative stereotypes and myths about people with a disability.

Tom is 8 years old and has cerebral palsy. He has no verbal communication but makes his needs known through sounds and gestures. Tom is interested in a community based gymnastics class for children aged 6-10 years. The class is called "Animal Antics" and they are required to wear an Animal Antics T-shirt with a goofy monkey on it. What do you think this situation would do for Tom's image and that of people with cerebral palsy?

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A group of 12 Disability Support Workers who work with people with significant disabilities work for the same Association attend a staff meeting every 6 weeks. The staff meeting is organised by the coordinator. At the meeting the Disability Support Workers discuss getting together with the people they support for a picnic. This will create a grouping of 24 people, half of which have significant disabilities. What do you think members of the community would think of this if they also turned up for a picnic?

_____

_____

_____

_____

_____

Bethany has a favourite pair of pants that her mother made for her and she loves to wear them. It is often difficult to get them washed as she wishes to wear them everyday. The pants are made of sparkly rainbow fabric. Bethany is 38 years old. What would people in the community think of Bethany if she was wearing her favourite pants? Remember that thoughts are often unconscious.

_____

_____

_____

You arrive at Ben's house to collect him for an afternoon out. Ben is 35 and lives with his aging parents. Ben's disability means that he has difficulty swallowing. As Ben comes out of his room to go you notice that he is wearing Bob the Builder socks and a bib to keep his shirt dry. What image is this portraying? Is it positive? What would you do?

_____

_____

_____

_____

_____

These are fairly extreme examples, but not unknown. They are also fairly simple things that can have a profound impact on the individual and community reactions to people with a disability in general.

Physical appearance can reinforce negative roles and so can where people go. One of the main underlying duties of a Disability Support Worker is community inclusion and acceptance. It is important to consider where you go, what you do and how this can create or maintain a persons perceived value. Which of the following are positive (appropriate or enhancing) examples, which are negative (inappropriate or devaluing) and why?

- A 53 year old lady attending a craft group. Positive or Negative? Why _____

- An 18 year old man attending the local lawn bowls club at 10am three times a week. Positive or Negative? Why _____

- A 6 year old girl browsing in a ladies clothing store. Positive or Negative? Why _____

- A 14 year old girl browsing at a surf-n-skate shop. Positive or Negative? Why _____

- A 28 year old man watching pool at the local tavern. Positive or Negative? Why _____

- A 49 year old man joining the men's group at the local senior citizens club. Positive or Negative? Why _____

- Two Disability Support Workers taking the people they support out for an evening meal. They are all in their 30's. Positive or Negative? Why _____

How are the rights of people with a disability protected?

People with a disability have the same rights as everyone else within society. Unfortunately, in the past, people with a disability did not have any rights. This is evident in the way they were treated. Historically they were seen as unproductive members of society and locked away to live in large institutions. Many of the people who lived in institutions had other negatively valued characteristics and were all housed together. This included people with a disability, people with a mental illness and others. Because of the attitudes of society towards people with a disability throughout history, they were not afforded any basic rights. The introduction of several pieces of legislation aimed to recognise people with a disability as individuals with rights.

Disability Discrimination Act 1992[18]

The objects of the Disability Discrimination Act are:
> (a) to eliminate, as far as possible, discrimination against persons on the ground of disability in the areas of:
>> (i) work, accommodation, education, access to premises, clubs and sport; and
>> (ii) the provision of goods, facilities, services and land; and
>> (iii) existing laws; and
>> (iv) the administration of Commonwealth laws and programs; and
> (b) to ensure, as far as practicable, that persons with disabilities have the same rights to equality before the law as the rest of the community; and
> (c) to promote recognition and acceptance within the community of the principle that persons with disabilities have the same fundamental rights as the rest of the community.

With Disability, in relation to a person, being defined as:

(a) total or partial loss of the person's bodily or mental functions; or

(b) total or partial loss of a part of the body; or

(c) the presence in the body of organisms causing disease or illness; or

(d) the presence in the body of organisms capable of causing disease or illness; or

(e) the malfunction, malformation or disfigurement of a part of the person's body; or

(f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or

(g) 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:
(h)presently exists; or
(i)previously existed but no longer exists; or
(j)may exist in the future; or
(k)is imputed to a person.

Disability Services Act 1993[19]

In December 1993 the Disability Services Act was established, it was
"An Act for the establishment of the Disability Services Commission and
the Advisory Council for Disability Services, for the furtherance of
principles applicable to people with disabilities, for the funding and
provision of services to such people that meet certain objectives, for the
resolution of complaints by such people, and for related purposes."

The Act consists of 6 parts:
Part 1: Preliminary
Part 2: Disability Services Commission
Part 3: Advisory Council for Disability Services
Part 4: Financial Assistance for Matters Relating to People with
Disabilities.
Part 5: Disability Services Plans by Public Authorities
Part 6: Complaints about Services Provided to People with Disabilities.

The Disability Services Act outlines the Principles and Objectives relating
to people with a disability. The Principles and Objectives can be found in
Appendix 1 and 2 at the end of this guide.

Disability Service Standards

The Disability Service Standards define what governments expect services to achieve when assisting people with a disability and their families. Western Australia adopted eight (8) Standards in 1993, and a 9th Standard was implemented in 2006, they describe how the principles and objectives of the Disability Services Act 1993 should be put into practice.[20, 21]

The focus behind the implementation of the Disability Service Standards is to provide a framework to assist service providers, people with a disability and their families to work together to improve the quality of services. All services provided by the Disability Services Commission or funded by the Disability Services Commission, are measured against the Standards. The two main ways that services are checked to see how they meet the Standards are a Self-Assessment or an independent Standards Monitoring Visit. One of these is conducted each year.

The nine Disability Service Standards [22, 23] cover:
1. Service Access
2. Individual Needs
3. Decision Making and Choice
4. Privacy, Dignity and Confidentiality
5. Participation and Integration
6. Valued Status
7. Complaints and Disputes
8. Service Management
9. Protection of Human Rights and Freedom from Abuse and Neglect.

Each Standard has a governing statement followed by several sub-standards to assist in understanding each one. The nine Disability Service Standards and their governing statements are:

1. Service Access: Each consumer seeking a service has access to a service on the basis of relative need and available resources.

2. Individual Needs: Each person with a disability receives a service that is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

3. Decision Making and Choice: Each person with a disability has the opportunity to participate as fully as possible in making decision about the events and activities of his or her daily life in relation to the services he or she receives.

4. Privacy, Dignity and Confidentiality: Each consumer's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

5. Participation and Integration: Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

6. Valued Status: Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community in an age-appropriate manner.

7. Complaints and Disputes: Each consumer is free to raise, and have resolved, any complaints or disputes he or she may have regarding the service provider or the service.

8. Service Management: Each service provider adopts sound management practices that maximise outcomes for consumers.

9. Protection of Human Rights and Freedom from Abuse and Neglect: The service provider acts to prevent abuse and neglect, and to uphold the legal and human rights of consumers.

In addition to meeting the Principles and Objectives of the Disability Services Act, the Standards also reflect the underlying philosophy of Social Role Valorisation.

Which services are expected to provide services that meet the Disability Services Standards? _____

_____

_____

_____

The Disability Services Standards were established to ensure that services for people with a disability meet the principles and objectives of what? _____

_____

Is the service you are working for required to meet the Disability Services Standards? How do you know this? _____

_____

_____

Ensuring that the person you support participates in activities that are relevant to their age belongs to which Standard (s)?_____

_____

_____

_____

_____

Ensuring that you do not talk about the private business of the person you support belongs to which Standard (s)? _____

_____

_____

_____

All services are evaluated each year on how they meet the Standards. What methods are used to do this?_____

_____

_____

_____

Community Inclusion

Inclusion refers to being involved within the local community in which a person lives and being seen as a valued member of that community. Being involved in the community means using the local shops, doctors, chemist, community centre, school and also includes working or recreating within the community. Many of us take participation in our community for granted.

For people with a disability, community participation is even more important. Historically, people with a disability have been removed from their community and lived in institutions where everything was provided. They had no need to go into the local community, but also, institutions did not give them the opportunity to participate in their community. As such, many people with a disability have had limited contact with their local community and local community members have had limited contact with people with a disability.

Some people with a disability need support to know what is available within their community, how to access it and how to participate within the community. Participation and inclusion is a large focus of many of the roles of a Disability Support Worker. Community participation, in some instances, is a planning process. For more extreme activities or those that come with more risk, it may take some time to plan for the activity to happen.

Participating positively within the community creates positive experiences, improves self esteem and self confidence, generates friendships and networks, encourages independence and creates a sense of worth.

Assisting someone to participate in their local community follows three general steps: 1. Identify their interests, 2. Identify what is available to meet their interests and 3. Support the person to participate.[24, 25]

Identifying a person's interests:
Many of us participate in activities that we enjoy, rarely would anyone choose an activity or hobby that they do not enjoy. It is through the activities and hobbies that people participate in, that they enjoy, that leads them to meet other people with similar interests and develop friendships. The same is true for people with a disability, although they may need some support to identify what they would like to do. Many times it will be trial and error, especially if they have not participated in activities or hobbies of their choice previously. Some ways to identify a person's interests include;

• Ask them what they would like to do or are interested in.
• Find out things they have participated in previously.

- Find out what the person likes or dislikes. They may not like crowds or loud noises, or they may like walking or extreme sports. Some people with a disability do not like going out with other people with a disability.
- Try some activities to gauge their interest. Are they smiling, interacting with others, actively participating or are they sitting alone, not responding to interactions and waiting to leave?
- A person may not understand an activity that you are describing. Show them photos of the activity or people participating in the activity.
- Continually ask the person what they would like to do.
- Speak with their parents or someone who has known them for a long time. What have they enjoyed previously, what have they disliked, and why.
- For someone who has limited verbal communication, non-verbal communication such as gestures or behaviours may indicate their like or dislike.

Finding out what is available:
Once a person's interest is identified, the next step is to identify places that can meet their interest. A Disability Support Worker, with the person they support, will need to investigate costs, accessibility, support levels required to participate, location and any other requirements that are specific to the individual.

There are a range of places that can be used to research what is available. This includes the white pages, community newspaper, local disability service providers, friends and family, sporting or hobby associations, notice boards and community centres.

Supporting the individual:
Supporting the individual to participate in the activity is as individual as identifying their interests. All people are different and so are their support needs. Asking the person how they would like to be supported is the first step. Getting to know the person is also essential, as you will understand their needs but also understand what role they would like you to take.

Once part of the activity, the role of the Disability Support Worker should be to:
- Identify a key person in which to direct any requests
- Identify people who show an interest in the person you support and may like to be an informal support
- Create opportunities for the person you support to work with others in the group – it is their hobby or interest not the Disability Support Workers
- Ultimately, the role of the Disability Support Worker should be to gradually withdraw from the activity and allow the group (or an individual in the group) to provide the support. If this is not feasible, a volunteer with similar interests may be found to offer the support.

The key point to understand with community inclusion is that everyone has right to participate in their community and such participation should be positive and based on a persons individual interests and wishes.

Why is community inclusion important for all people? _____

_____

_____

_____

What does community inclusion offer a person with a disability? _____

_____

_____

_____

What are the three steps a Disability Support Worker follows with community inclusion? _____

_____

_____

It is vital that community inclusion is based on the individual's interests. True or False?

How would you determine what a person's interests are? _____

_____

Would it be different if you new them for a long time?_____

_____

_____

Justin uses an electric wheelchair for mobility. He has a dream of sky-diving and asks you to help him achieve his dream. What are some of the things you would need to consider, in the planning process, to assist him to achieve his dream? _____

_____

_____

_____

_____

_____

_____

_____

Confidentiality

People with a disability and their families often have a lot of different people come into their lives for a wide range of reasons. This can include providing respite to the family, providing therapy services to the person with a disability, providing tutoring, and more. They often have much more external assistance than most of the general population. The variety of workers coming into a person's home can sometimes make them feel exposed and that their life is continually being assessed by strangers. When working with a person with a disability and their family it is important to respect their need for their personal business to remain personal or confidential. All workers, both paid and voluntary, are bound by a confidentiality agreement, that means that workers are not permitted to disclose (tell) another persons personal information to someone else. The association that you work for, and all other Disability Support Workers, is bound by a Confidentiality Agreement, you should have signed one when you commenced with the association. This is stipulated in one of the principles of the Disability Services Act and the Disability Services Standards.

Disability Support Workers are not permitted to:
- Tell another person the personal information of the person they support
- Discuss the person they support with another Disability Support Worker, family member or acquaintance
- Leave notes of a personal nature about the person they support and
- Leave personal files in an area where they can be accessed by someone else.

The exceptions to this rule are governed by the National Privacy Principles[26] and include:
- If they are under 18 and you have parental or guardian permission
- If the person is over 18 years old and gave you their consent
- If they are over 18 years old and have a nominated guardian and the guardian has given you permission
- If the information you have will be likely to cause harm or injury to the individual or to another person if it is not disclosed or
- If you are required to give the information as the result of a court order.

If there is more than one Disability Support Worker for a person, there may be a time when you feel it would be beneficial to disclose information about the person you support. This could be a personal accomplishment. There is a fine line about disclosing information and if you are unsure of the procedure to follow in any circumstances, your coordinator will be able to give you some guidance.

Which of the following breach (or break) a confidentiality agreement, which support a confidentiality agreement and why?

You are supporting Sam and see another Disability Support Worker who also supports Sam. You ask the Disability Support Worker if she has heard about Sam's parents separating. _____

_____

_____

_____

Steve is 21 years old and has a girlfriend that his mother does not know about. He has asked that you don't tell his mother. You follow his request._____

_____

_____

_____

An incident has occurred in the community that has upset some of the people involved. Joanne is embarrassed by it and has asked you not to tell anyone. You report it to your coordinator._____

_____

_____

_____

You have been supporting Patrick in the community for several months. Patrick has some inappropriate behaviour when he first meets people. You have been supporting him to acknowledge people appropriately when he is introduced. During one of his regular visits, he signs 'hello' to a person in the group and offers his hand. Would you share this information? _____

_____

_____

_____

Privacy and dignity

Privacy relates to all information and practices that a Disability Support Worker learns about or undertakes that are of a personal or sensitive nature. Disability Support Workers often get to know more about the person they support and their family than other people. They are also sometimes required to assist the person they support with some very intimate tasks such as personal care. Ensuring a person's privacy is respected assists in protecting the rights, dignity and value of the person being supported. Respecting a person's privacy relates to all areas of a person's life, including their home, personal life, family, working life and all other areas that a Disability Support Worker may or may not be involved in.

Many people find it best to treat others as they would wish to be treated in the same or similar circumstances.

There are many ways in which a Disability Support Worker can maintain a person's privacy and show respect. They include:
- Knocking on doors before entering a room, especially their home, bedroom or bathroom
- Not going into other areas of a person's home unless you are invited to
- Closing the door behind you if you are assisting with tasks of a sensitive nature
- Ensuring all exchanges of personal information are conducted in private
- Abide by your Confidentiality Agreement

Ways to show a person respect include:
- Maintaining open communication lines about the service and support that you provide
- Involving the person in all decisions that affect them
- Actively listening to the person you support
- Participating in activities of their choice
- If they do not have verbal communication, continue to include in conversations and encourage them to participate in decisions
- If the person has impaired vision, explain what you are doing to avoid 'surprises', the same for people who use a wheelchair when you are about to move them
- Do not talk about the person in front of them
- If they need some help at the end of the task only, come to an agreement on how they would let you know they are ready for help and
- If you are assisting with personal care, talk to the person or their family (if appropriate) about any routines or preferred methods.

List some other ways that you can respect a person's privacy? _____

_____

_____

_____

List some ways that people show you respect? _____

_____

_____

_____

Imagine for a moment that you are suddenly incapacitated and need someone to help you go to the toilet. What would be some of the feelings or fears that you have? _____

_____

_____

_____

List some of the ways you would like your Disability Support Worker to behave with you if you need assistance with toileting. _____

_____

_____

_____

_____

Safety at work

All employees have the right to a safe working environment. The workplace should be free of dangers or hazards that can cause harm or injury to another person. Occupational Safety and Health legislation places a responsibility on both employees and employers to ensure a safe working environment. It is the employer's responsibility to provide a safe working environment and to ensure the employees safety and health are not harmed. It is the employee's responsibility to report any hazards in their working environment, to look after their own safety and health and not to put others at risk of harm.

There are 3 principles of Occupational Safety and Health (OSH) that are used in workplaces to manage safety and health: Spot the Hazard, Assess the Risk and Make the changes.[27, 28, 29, 30, 31]

1. **Spot the hazard** – identify any hazards. Hazards are anything that can hurt you or someone else. They can be spotted by looking, listening, smelling or through your knowledge. Hazards can include manual tasks, noise, lighting, electricity, occupational violence, psychological issues with potential to cause psychological or psychiatric injury (stress), biological hazards, hazardous substances, sharps, slips, trips or falls, vehicle hazards or animals. Hazards can be found in the external environment – lighting, access, animals, route of travel; or the internal environment – floors, lights, facilities, electricity, tasks to be completed, working in isolation, health status of the person being supported, suitability of equipment.

2. **Assess the Risk** – Assessing the risk means to ask yourself: How likely is the hazard to hurt me or someone else? How badly could I or someone else be harmed? Injuries can include; strains/sprains, neck/shoulder injuries, back injuries, slips/falls/crushes, and cuts/bruises/broken bones, hernias, Occupational Overuse Syndrome (previously called RSI). Manual handling injury can cause pain and the inability to carry out many activities for an extended period of time.

3. **Make the changes** – this includes either fixing the hazard or telling someone that can. It is usually the employer's responsibility to fix any hazards. In some instances you will be able to fix the hazard yourself. Ways of fixing the hazard can include:
   a. Elimination of the hazard, eg: cleaning up spills
   b. Substitution of the hazard with a different item, tool or procedure
   c. Isolation of the hazard by removing it from use
   d. Adding safeguards of prevent hazards. This can include employers providing or workers attending training.

e. Using the safest way to do something. For example, using equipment such as a hoist for lifting.
f. Using personal protective equipment such as wearing gloves and aprons

The working environments of Disability Support Workers are usually the person's private home and the community. Disability Support Workers often work in an unpredictable environment and it can be difficult to ensure workplace safety.

To ensure a safe working environment it is important that Disability Support Workers;
- Inform the coordinator of any hazards no matter how small
- Ask for training to undertake any duties or tasks may put the workers health or safety at potential risk of harm
- Inform the coordinator of areas of work that they are unable to be completed
- Look after their own health and wellbeing
- Attend any training offered.

For any identified hazard or risk, the employer should;
- Act promptly on any identified dangers or hazards
- Provide relevant training and refresher courses
- Know the needs of the individuals that the Disability Support Worker with be supporting
- Fix any hazards or dangers
- If unable to fix the hazard or danger, examine alternatives such as modified equipment or work practices.

If in doubt about any situation, or unsure of what to do, always speak to your coordinator.

What are the three principles used in managing workplace safety and health?

_____

_____

_____

As a Disability Support Worker in a person's home you notice a puddle of water on the kitchen floor near the refrigerator. How will you apply the three principles?

What is the hazard?_____

Is there a risk of injury or harm?_____

What changes would you make?_____

As a Disability Support Worker in a person's home you notice a puddle of water on the kitchen floor near the refrigerator. You wipe up the spill as soon as you notice it to prevent someone from slipping and hurting themselves. About 2 hours later the puddle is back. It appears that the person's refrigerator is leaking. What do you do? How will you apply the three principles?

What is the hazard?_____

Is there a risk of injury or harm?_____

What changes would you make?_____

Manual Handling (Manutention)

Manual Handling is also referred to Manutention. Manual handling is defined in the WorkSafe Code of Practice as "any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain a person, animal or thing".[32, 33]

Disability Support Workers will often work with people with a disability who are unable to weight bear, have limited upper body ability or strength or whose ability is unpredictable. When working with people with a disability who have limited physical abilities, Disability Support Workers may be required to assist the individual to move within their home and within the community.

Each person who has difficulty transferring independently should have a detailed management plan outlining their capabilities and also what they need assistance with. Disability Support Workers should be provided with training specific to the individual they will be working with and it should be provided by a qualified person.

Inappropriate manutention skills can lead to severe injuries. People who have had injuries while undertaking manutention tasks experience on-going back pain, neck pain and shoulder pain. Some people are unable to maintain employment due to a workplace back injury.

A person's back is made up of 33 vertebrae that are shaped like a doughnut and are stacked on top of each other from the base of the skull to the pelvis. Running down the centre, and protected by the vertebrae, is the spinal cord. The spinal cord is made up of all the nerves in the body and conveys signals from each part of the body to the brain. Nerves enable us to feel pain, pleasure, and move our muscles. Injured or damaged nerves cannot be repaired. It is therefore vital that all workers ensure the protection of the spine in all work tasks.

Because of the manual nature of working with some people with a disability, back injuries are common. Approximately 33% of all family carers report ongoing back, neck and shoulder injuries. Approximately 50% of all injuries reported in the direct care industry are related to muscular stress – lifting or handling.[34]

There are strategies that can be employed to protect your back while undertaking manual handling tasks. These strategies should be employed with all manual handling tasks, even those you undertake outside of working hours. They do not override training specific to the individual or situation. The strategies include:

- Keep the back straight
- Bend the knees
- Tighten the abdominal muscles
- Lunge, don't twist

The three principles to ensure a safe working environment apply to manutention as well. Identify the hazard, assess the risk and make the changes.

What is manual handling defined as? _____

_____

_____

List the range of manual handling or manutention tasks that you carry out daily. Think about during your time at work and at home. _____

_____

_____

_____

What are some of the strategies you could use to protect your back while undertaking manual handling/manutention tasks? _____

_____

_____

_____

You have just started working with Ben who is a wheelchair user. Ben has always been very independent in his transferring and moving from his chair. A recent shoulder injury has interfered with his ability to independently manage his transferring. You are employed to assist Ben to get ready for work in the mornings.

List some potential hazards. _____

_____

What is their risk of injury or harm, and to whom?_____

_____

_____

What changes will you make? _____

_____

_____

What can your employer do? _____

_____

_____

Infection Control

When working directly with people who require assistance with personal care, there is a risk of cross infection. It is *not* essential to know if a person you are working with has an illness that is infectious. It is essential to ensure Standard Precautions are followed when coming in contact with potentially infectious materials (blood, bodily fluids, secretions, excretions, mucous membranes, and non-intact skin). Standard Precautions make the assumption that all blood and body fluids are infectious and should be applied regardless of the perceived risk. Cross infection occurs when infectious material gets into another persons body. Micro-organisms in infectious material can enter another person through the mucous membranes (eyes, mouth, nose) or through open wounds (cuts and scratches).[35, 36, 37]

The strategy behind following the Standard Precautions is to minimize the risk of cross-infection between infected and non-infected people. This relates to both Disability Support Workers and people with a disability, as being either infected or not.

To aid in the prevention of cross-contamination, Disability Support Workers should ensure they;
1. Keep hands and nails clean and in good condition
2. Limit jewellery on hands and wrists to prevent interference with correct hand washing procedures
3. Limit jewellery on hands and wrists to prevent injury to the person they are working with
4. Follow correct hand washing procedures AND wear gloves
5. Be aware of any cuts or scratches and keep them well covered
6. Wear protective gear such as gloves and aprons, as appropriate.

Hand washing

Correct hand washing is the single most important measure to reduce the transmission of micro-organisms.

Prior to hand washing, ensure the following items are readily available:
- Warm running water
- Paper towels in a dispenser or clean, dry hand towels
- Liquid soap in a dispenser, or bar soap kept in a soap dish (ensure it is rinsed prior to use)

Correct hand washing procedure

a) Wet hands under warm running water
b) Apply one pump of soap from the container to your hands
c) Rub the soap into a lather, massaging palms, between fingers, thumb, over the back of hands, around the wrists, finishing with rubbing the fingernails into the palms of each hand for 15 seconds.

d) Rinse hands under warm running water with the water running away from the wrists
e) Dry thoroughly with paper towels.
f) Use a clean paper towel to turn the tap off or the clean corner of a towel (remember, dirty hands turned the tap on)

It is essential to follow this procedure:
- Whenever hands are obviously soiled
- After attending to the needs of the person you are working with
- Between procedures on the same person
- After using the toilet
- When assisting people with meals
- Prior coming into contact with food
- Prior to eating and after smoking
- After removing protective gloves

Gloves

Disposable gloves provide an additional layer of protection to prevent cross contamination after sufficient hand washing. Gloves should not be worn in place of hand washing both are essential.
- Sterile gloves are to be worn when carrying out procedures that must ensure a sterile environment
- Gloves must be worn when carrying out any invasive procedures, such as suppositories or pessaries.
- Gloves must be worn when assisting someone with toileting
- Gloves must be worn when a dressing does not adequately cover a wound on hands
- Gloves must be worn when cleaning off soiled clothing or linen

Wearing of gloves does not eliminate the need to follow hand washing procedures. Gloves are to be changed after each procedure, even if with the same person, and disposed of appropriately.

Gloves are not to be washed and then worn again. Gloves may have flaws in them or may disintegrate after use (being stretched, coming in contact with substances), this can cause micro organisms to penetrate the gloves.

What to do if you come in contact with a bodily fluid?

Following the Standard Precautions is a just a precautionary measure to prevent cross-contamination, it is not foolproof. There still may be a chance of coming in contact with a bodily fluid, such as by splashing or the gloves ripping. If this does occur it is important to:
1. Immediately wash the area with soap and warm water
2. If there is a wound, let it bleed freely
3. Go to the nearest hospital immediately
4. Report the incident to your coordinator immediately
5. Follow any directions you were given by the hospital upon discharge.

What assumption do the Standard Precautions make? _____

_____

_____

_____

Why is it important to follow the Standard Precautions?_____

_____

_____

_____

What are the 6 steps for correct hand washing procedures? _____

_____

_____

_____

_____

_____

_____

Does wearing gloves mean that you are automatically protected and do
not need to follow correct hand washing procedures? Explain why? ____

_____

_____

_____

_____

_____

Cross infection can occur from what bodily substances? _____

_____

_____

_____

_____

Does following the Standard Precautions guarantee that another person
will not become infected?

_____

_____

_____

As a Disability Support Worker you are assisting someone to shave
before he goes to work. When cleaning the razor, you cut your finger
and it begins to bleed. What do you do?

_____

_____

_____

_____

_____

Decision-making and choice

People with a disability are individuals with their own needs and wishes. They are partners in the services that they receive and must be consulted regarding all decisions that affect them. Decision-making and choice can range from making small decisions about what to have for lunch or what to wear for the day through to where to live or the choice of their service provider.

Disability Support Workers have the role of supporting people who may have decision-making difficulties to be able to make appropriate decisions. Disability Support Workers do not make decisions for the person but help them to understand their choices and the consequences of each option. Disability Support Workers should take care to enhance the right of each person to make decisions that affect them and at the same time ensuring that any foreseeable risks that can cause loss or harm are avoided. In some instances, Disability Support Workers may be faced with a situation where the person they support is making a decision that can lead to harm. The worker should ensure that the person is aware of all of the potential consequences and are able to make an informed decision. In such circumstances, the Disability Support Worker should report the situation to their coordinator immediately by telephone and provide an objective written report of the situation.

If the person is unable to make decisions, and they are an adult, they may have a guardian who has been legally appointed to make decisions on their behalf.

People with a disability also have a right to ask for an independent person to help them with decision-making. This person, who would speak on behalf of another person, is called an advocate. Advocates are independent people whose whole focus is on supporting the rights and wishes of the person they advocate for.

You have been employed to support Clare to participate in a local pottery class. When you get in the car to go to the class, she says she hates pottery and never wanted to do it in the first place. She would rather go to the movies as her parents never take her to the movies and think that the movies are a waste of time. What do you do?_____

_____

_____

_____

_____

_____

Duty of Care

Duty of Care is a reasonably complex legal concept but is also of critical importance for Disability Support Workers to understand. Duty of Care means that person (A) has a duty to ensure that another person (B) does not come to foreseeable harm or loss as a result of something that person (A) did or failed to do. Negligence is when the person who has a duty of care to another person, failed to act according to a reasonable standard and that resulted in injury or harm. Some of the key words used in determining if a person has been negligent include that the harm, injury or loss was foreseeable, that is, that it was predictable, and that 'reasonable' care was taken. Reasonable is a subjective term and often relates to 'what a reasonable person would do in the same situation'.[38, 39, 40, 41]

Duty of Care becomes more complex when working directly with individuals. People with a disability are encouraged to make their own decisions and experience the consequences of their decisions. This is called the Dignity of Risk. Dignity of Risk is based on the fact that we all learn by our mistakes. A Disability Support Worker encourages people with a disability to develop the skills to be able to lead an independent life. Dignity of Risk is not about allowing people with a disability to take risks and chances that could harm them emotionally, physically or financially, this may be seen as a breach of your duty of care. There is a strong distinction between allowing someone to take a harmful risk and not allowing them to take any. Dignity of risk is about the happy medium that supports an individual's right to develop.

Duty of Care and Dignity of Risk require careful consideration when working with people with a disability. This is balancing the person's safety with the need to respect their right to freedom and to take risks. If a person with a disability makes a decision to participate in an activity that can cause harm to them, and it is reasonable to expect that the harm will occur, the Disability Support Worker should discuss the situation with their coordinator.

Example:
A Disability Support Worker is supporting a person to do their shopping. As they are shopping, the centre catches fire and the person with a disability suffers minor burns. As it was unforeseeable that the shopping centre would catch fire the Disability Support Worker may not be seen as breaching their duty of care. But, if the fire engines were outside and someone passing by mentions that smoke was seen in one of the shops, and the Disability Support Worker takes the person in to do their shopping, they may be seen as breaching their duty of care as it was foreseeable that the shopping centre could catch fire leading to injury. A reasonable person would see that this could lead to injury or harm.

Proof of negligence is required to prove that someone breached their duty of care to another person. To win a negligence case, the following must be proven:
1. That the person owed you a duty of care
2. That the person did something, or failed to do something, that a reasonable person would have done in the same circumstances, and
3. That you suffered harm or loss because of something they did or failed to do.

The decision of negligence is decided in court.

If a Disability Support Worker owes someone a duty of care, this means they can take reasonable steps to ensure that the person does not come to harm or loss, but it does not mean taking away their basic human rights or freedoms. The role of the Disability Support Worker should be to explain all of the dangers and risks associated with the decision and to show alternatives to prevent unreasonable danger. If the person is able to make an informed decision, knows and understands all of the risks and dangers involved, the Disability Support Worker cannot stop them from partaking in the activity unless they have the legal authority to do so. The role of the Disability Support Worker in any situation that can result in harm, injury or loss to another person would be to explain the situation they are in to their coordinator and gain some guidance from them. For any decisions made, the Disability Support Worker should remember their duty of care and be aware of participating in any activities that can result in harm or loss. Strategies to ensure that informed decisions are made include;

- Identifying an activity
- Investigating the potential dangers involved in participating in the activity
- Clearly explaining to the person they support all of the dangers involved
- Identify the consequences of the person going through with their decision
- Informing your coordinator of what you have done, immediately by telephone and in writing.

Read the following examples. Comment on which ones you feel show negligence on behalf of the Disability Support Worker and those that don't.

A Disability Support Worker has been assisting a person with a disability to learn how to safely cross the road using the traffic signals. The person has not been able to successfully demonstrate that they understand what is required. The Disability Support Worker then lets the person go out independently and is aware that they will need to cross the road. As they are crossing the road, they get hit by a car. Could the Disability Support Worker be in breach of their duty of care and be seen as negligent and why?

While John is supporting Rod to participate in a game of darts his mobile phone rings. As Rod is fairly unsteady with his balance, John lets his phone go to message bank and assists Rod to throw his next dart. Rod accidentally drops the dart and it gets stuck in his foot. Was John showing a reasonable duty of care to Rod?

What if he answered his phone and turned his back to take the call?

You are supporting Matthew who is 22 years old and has a very mild intellectual disability. Matthew tells you he wants to go skateboarding at the local skateboard park. You explain the risks involved and offer him protective gear such as a helmet, elbow pads, knee pads and wrist pads. He refuses to wear them and breaks his wrist. Have you breached your duty of care? Explain why or why not.

Challenging Behaviour

Behaviours are the ways that people act or perform. There are behaviours that are socially acceptable and behaviours that are not socially acceptable. Behaviours that interfere with a person's life or that of the people around them are referred to as challenging behaviours. Challenging behaviours label the behaviour as challenging and not the person. Common challenging behaviours include aggression, self-injury, property destruction, verbal abuse and socially inappropriate behaviour. The behaviours often serve a purpose for the individual, and the challenge is on workers to identify the function or purpose of the behaviour, to be able to manage it. Challenging behaviours could affect a person's health and quality of life.[42, 43, 44, 45, 46, 47]

Behaviour can be influenced by a range of circumstances or situations. They include medical influences, psychiatric influences, social influences, the physical environment, life events, communication difficulties or life stages.

Challenging behaviours can affect the physical safety of the person and others, it can lead to social isolation and impact on their opportunities for employment, leisure, recreation and relationships.

The basis for managing challenging behaviours is to understand the reasons for the behaviour and follow an organised plan for managing the behaviour that encourages the person to behave in a socially acceptable manner that still meets their needs.

Under Occupational Safety and Health Legislation all Disability Support Workers have the right to feel safe at work and work in a safe working environment. If the person that you are working with is known to exhibit challenging behaviours, they should have a detailed management plan for to follow. All workers should be trained in understanding and implementing the plan. If challenging behaviours are new to the person, there is a process that you can use to try and gain an understanding of the reasons for the behaviour. They follow the basic form of assess the behaviour, investigate a potential cause, establish a treatment plan, implement and review. The role of a Disability Support Worker does not involve the development of a plan; this is the role of a professional. As a Disability Support Worker, you can be very valuable in assessing and investigating the behaviour as much of this is completed by direct observation. Disability Support Workers work as part of a team to help manage the behaviour. You can help by:

- Identifying any triggers that may cause the behaviours. Triggers are those things that happen just before the behaviour and can be anything. Sometimes they are difficult to identify but family members or the person with the disability may be able to tell you what could cause them to get upset, behave badly or get in trouble.

- Identify any patterns that may indicate that inappropriate behaviour or actions may be about to occur. This may be the next step after the trigger.

- Implement any strategies or techniques that are approved by your coordinator that you can use should an inappropriate behaviour occur. Remember that there are certain things that you cannot do even though a person's parent may tell you it is okay. This includes any form of physical punishment (hitting or smacking) and emotional punishment (threatening something bad happening). Such behaviours by the Disability Support Worker will result in instant dismissal. *Always* check with your coordinator about any strategies you are asked to undertake. Your coordinator will either give permission or discuss it with the family to find an alternative. There are many non invasive strategies that can be used, such as:
    o Asking the person to stop or explaining it is inappropriate- some behaviour may just require a request to stop and an explanation that it is inappropriate to prevent it from escalating.
    o Redirection – this includes gently changing the subject or location. It can include asking the person about something they like to avoid the behaviour escalating and getting their mind to focus on something else. Redirection can also mean gently guiding the person by the arm away from the area that is triggering the behaviour. Both can be used at the same time.
    o Talking to the person – talking gently and calmly to the person can help them to avoid an outburst. This includes redirecting the focus of their attention to another subject or something else.
    o Giving the person space – sometimes people need the opportunity to calm down on their own. It is important that if you aim to give them space that it is in an appropriate area where other people cannot be affected. It may include allowing them to walk it off around a park or at the beach or just sit in the car. It is important to talk to the person about what you are doing.

- If the person you support has an approved intervention strategy, it is essential that it gets followed exactly as detailed on the program. Consistency is an essential part of successfully managing inappropriate behaviour.

As with all inappropriate behaviours, knowing the person, their personality and any triggers is the most effective way to manage challenging behaviours. Knowing the triggers assists you to avoid situations that can lead to inappropriate behaviour.

As with any negative behaviour that has the potential to cause harm or injury to another person, it is important that the people in danger are protected. This may include either removing the other people from the situation, or the individual with the behaviour is redirected to another location. Personal safety should always be considered.

For example, John is scared of dogs because he was bitten as a child. When a dog comes too close to John he freezes up and then becomes very agitated. John shows his agitation by walking a faster pace, he begins talking to himself as if to ignore the person with him and he starts tugging at his clothes. The Disability Support Worker may not have seen the dog, but will be able to identify the behaviour that precedes an outburst. By identifying the trigger (dog) or behaviour, it may be possible to avoid the outburst or challenging behaviour occurring. The Disability Support Worker identifies John's behaviour as leading to an outburst of hitting himself and possibly the person with him, and implements either the procedure that is required for John or non-invasive techniques such as calm, gentle talk about relaxing (gaining eye contact, controlling breathing, seeing the fear is not present – dog is gone) and continuing on with the routine or purpose of the day. Responding to inappropriate behaviour should be neutral. It should not be punishing (making the person feel bad) but should also not be rewarding (increasing the likelihood of it reoccurring).

Challenging behaviours are those behaviours that _____

_____

_____

_____

_____

Challenging behaviours can be influenced by many factors. Try to list some examples for each of the following:

Medical:_____

_____

Psychological: _____

_____

Social: _____

_____

Environmental: _____

_____

Life Events: _____

_____

Communication: _____

_____

Life Stages: _____

_____

Before implementing any technique, program or strategy recommended by a person's family, what should you do? _____

_____

_____

What are triggers? _____

_____

Give some examples of non-invasive strategies? _____

_____

_____

_____

As a Disability Support Worker, if you are unsure of the procedure to follow with someone who shows challenging behaviours or feel uncomfortable, what should you do? _____

_____

_____

Briefly outline the Policy and Procedure on Challenging Behaviours that your Association has. _____

_____

_____

_____

_____

_____

Communication

Communication is an interactive process between at least two people and is the basis for human interaction. We communicate to get our needs known, to establish our identity, to learn new things, to socialise, to form relationships, to exchange knowledge and to influence others. Communication can be both verbal and non-verbal. Verbal communication relates to the spoken word. Non-verbal communication relates to gestures, facial expressions, behaviour, tone and perceived power status.[48]

Communication skills of people with a disability vary from person to person. Some people with a disability have no verbal communication skills and are reliant on other people interpreting their non-verbal cues. Even though someone may not have any verbal communication skills, it does not automatically mean they are unable to hear or understand what is being said. When working with someone who is unable to speak, it is important to continue to involve the person in the conversation, to avoid speaking about them in front of them, to show respect and to continue to encourage the person to make decisions about things that affect them. Even if you do not think that they understand, no one can guarantee that so it is important to show the respect that all people deserve.

Other people with a disability have partial communication skills. This means they may be able to speak a few words or use gestures to make their needs known. Some people are able to answer 'yes' or 'no' to questions by using their eyes. For these individuals, they can continue to have some control over their life and make decisions that affect them, given the support of their Disability Support Worker. Speaking directly to the person, encouraging the person to make decisions, involving the person in conversations and respecting the decisions they make shows that they are valued.

Communication with people with a disability is no different from communicating with any other person. It is agreed that many people may have difficulties with communication and that they may have different levels of understanding but an awareness of this will come with getting to know the person. In all situations it is preferred to start at a higher level of understanding and then come down until the person understands you. Starting communication at a level lower than where someone is at is patronising and reinforces the devaluing stereotypes.

Some strategies to speaking with people with a disability are:
- Speak clearly
- Do not put your hands or other objects in front of your face when speaking
- Avoid using jargon
- Gain eye contact
- Reduce distractions such as noise and other people speaking

- Use age appropriate language, do not use patronising language or tone as if speaking to a child (unless they are a child)
- Utilise any assistive aids that the person may use such as a communication board, compic or makaton.

Communication with families is a vital part of Disability Support Work if you are supporting someone who lives with their family. As a Disability Support Worker you are working in partnership with the family to support their child to learn independence skills, participate as a member of the community and develop to their fullest potential. In many families their child continues to live with them well into adult life. For many of these families, they have devoted their life to their child and accepting help of any sort can be a significant decision to make. For some families, the decision to accept help can lead to feelings of inadequacy, failure or guilt. Maintaining positive communication with the family, and working as a team can assist the family to accept their decision and understand that their child (or adult son/daughter) is the focus. In some instances the goals and wishes that the family has for their adult son or daughter may conflict with what the Disability Support Worker feels is best for the person with a disability. If this situation occurs, the Disability Support Worker should not impose their values onto the family, but should discuss the situation with their coordinator.

Communication with your coordinator should occur on a regular basis. The coordinator has overall responsibility for ensuring the service meets the needs of the person with a disability, that Disability Support Workers are able to carry out their duties and that all legal requirements are met. An open door communication policy is important for Disability Support Workers to feel comfortable raising issues and concerns with their coordinator.

Members of the public can be very interesting people and you may find yourself in a situation that catches you off guard. Many people believe in the myths and stereotypes about people with a disability that were mentioned earlier in this guide. As mentioned, values and attitudes are shaped by a person's upbringing, experiences and personal history. Many people have not had any contact with someone with a disability and may speak inappropriately to the person you support, may ask questions about the person and may ignore the person. It can be a challenge to you when confronted with these attitudes.

At all times it is important to remain polite and respectful of the person you support. As a positive role model, Disability Support Workers can aid in improving and enhancing people's attitudes towards others.

What could you do if you are confronted with a negative attitude directed to the person you support? _____

_____

_____

_____

For many situations, your response would be based on the situation. But in all circumstances you should continue to respect the person you support, do not do anything to make the situation worse and tactfully manage the discussion. On some occasions it may be suitable to enter into a conversation with the person and diplomatically educate them about people with a disability and on other occasions it may be suitable to remove yourself from the situation. The option you choose will depend on the specific situation.

You are out in the community with a man who uses a wheelchair. A lady comes up to you and tells you are such a special person to work with people like him and she then pats him on the head. What does this imply and what should you do? _____

_____

_____

_____

_____

You are helping a young lady to do her shopping on Saturday morning. You accompany her to the check out to pay for her items. She takes the money out of her purse and pays the clerk. The clerk ignores the lady you support and then hands the change to you. What would you do? _

_____

_____

_____

_____

Dysphagia

Dysphagia is a condition in which someone is unable to swallow safely. Some people with a disability have difficulty with swallowing and require a detailed management plan to ensure their health and safety. A detailed management plan, often called a Mealtime Management Plan, is developed by a Speech Pathologist. People with dysphagia are at risk of serious injury by choking or inhaling food into their lungs.[49]

Disability Support Workers must be familiar with any plan that is devised for the person they support. They must also receive training specific to the person they support so that they fully understand how to implement the program.

Some signs of dysphagia include:
• Coughing when eating or drinking
• Weak, hoarse or breathy voice
• Wet or gurgly voice during or after meals
• No attempt to cough or clear the throat when their voice is wet/gurgly
• Inability to cough
• Drooling saliva
• Pooling of food in the mouth
• Shortness of breath during or after eating
• Tiring rapidly while eating
• Refusal to accept food or drinks
• Weight loss
• Regurgitation or heart burn

If some of the signs are apparent for the person you support, whether they are on a mealtime management plan or not, it is important that it is raised with your coordinator and their family (if appropriate).

Dysphagia is a serious condition that must be taken seriously.

Dysphagia is a serious condition that affects a person's ability to _____

_____

Dysphagia is characterised by the following signs: _____

_____

_____

_____

_____

_____

George is a 33 year old with dysphagia. He has a mealtime management plan that requires him to have his food mixed to the consistency of yoghurt. Because George has trouble swallowing, he also has trouble swallowing his saliva and he drools continually. This causes his shirt to get wet quite quickly. His mother, with whom he lives, always has him wearing a bib to keep his shirt dry. When you arrive to pick him up she has him ready with a bib on and a spare in his bag. What do you think this portrays? What could you do? _____

_____

_____

_____

_____

_____

While assisting George with a drink, you notice that he starts to cough while drinking. What does this indicate? What should you do? _____

_____

_____

_____

_____

Caring for yourself

Stress Management

Stress is a natural reaction to being put under pressure over a period of time. Stress is natural and many people work well under a certain amount of stress. In some instances, stress can be positive and most people can manage a reasonable amount of pressure, and all people manage stress differently. A person's circumstances (work and/or personal) at a particular time may mean that they are more susceptible to becoming negatively stressed. This is when the pressure continues for longer than reasonable and it affects a person's health and/or work performance. The effects of stress can be either physical or behavioural and can cause work performance and health to decline. Physical symptoms include increased heart rate, blurred vision, dizziness, perspiration, aching back, neck and shoulders, clenched jaw or skin rashes. Behavioural symptoms can include increased anxiety and irritability, increased drug and alcohol abuse or use, poor sleep, poor concentration and even a nervous breakdown.

Do you know what your personal signs of stress are? List them here. __
_____
_____

What do you think would be a way that a person can relieve stress? ___
_____
_____

What do you do to relieve your stress?_____
_____
_____

Some suggestions of what you can do to avoid or relieve stress include:
- Be familiar with your personal signs of stress
- Speak to your coordinator if you are finding your role stressful
- Try to identify what it is that is causing you stress (work related or personal),
- Have a clear understanding of what your duties are
- Take time out for yourself
- Identify a healthy way to relax when you feel stressed
- Seek support when you need it.

Professional Development

Professional development refers to ongoing training that is available to help you to learn more and do better at your job. Most people undertake professional development every day without even realising it. Professional Development is the process that keeps people interested in their job, progresses their career and enhances their employability throughout their lives. Employers sometimes offer courses, classes, seminars, in-services or workshops. Whether these earn a certificate of attendance or other qualification or not, they are beneficial to you, your employer and the people with whom you work. You may also find some courses or workshops yourself that are relevant to your role. It is important to attend any training offered and to approach your coordinator if you find something of relevance. Ongoing training is viewed positively by most associations and staff who participate can improve their chances of on-going employment. Further training has been shown to improve; work practices, staff morale, staff satisfaction, teamwork, professionalism, relationships, employability, customer satisfaction and efficiency. Professional development for staff has also been shown to reduce accidents and injuries, absenteeism, staff turnover and recruitment costs.[50]

Besides undertaking formal instruction, further learning and development can occur through asking questions and being involved. If you are unsure of something you are required to do, ask your coordinator to clarify. Ensure you are familiar with your job description and that you understand all areas of it.

Your coordinator has organised a training session on a subject that you have never heard of. You are requested to attend. The timing of the session does not impact on anything else you do. What do you do?
  a) Grudgingly attend the session but expect it to be a waste of time?
  b) Attend the session because 'at least you get paid for it'?
  c) Not attend?
  d) Attend the session because you might learn something that you can use either now or in the future?

Having a positive attitude about further learning can assist you to gain more from the learning. If you attended a training session with the attitude of answers A or B above, how do you think this would affect the session for you? _____

_____

What about for the other people attending?_____

_____

You have just started working with a young woman who needs assistance at mealtimes as she has some swallowing difficulties. You have been given verbal instruction of the type of assistance you need to provide. You are still a little unsure of what is required but think it sounds fairly straightforward. What should you do? _____

_____

Managing Personal and Professional Boundaries

An important part of being a Disability Support Worker is establishing a clear understanding of what is appropriate and inappropriate behaviour when working with individuals and their families. When working with people with a disability it can be difficult to manage these personal and professional boundaries. Many people establish a close relationship with the person they support, and when working with someone on a very intimate level it can be easy to do. Establishing a friendship outside of work with the person you support can have both a positive and negative effect on your role as a Disability Support Worker. As a Disability Support Worker you should the implications if you decide to establish a friendship outside of work. Although a friendship can make the work more enjoyable, it can also make it difficult to carry out some duties you are required to do as part of your job and it can impact on your job if you have a disagreement outside of work. Many people with a disability have had many Disability Support Workers come and go through out their life and they may establish relationships differently from people in the general community. It is important to be aware that some people may form strong attachment bonds very quickly while others may take a long while to 'warm up' to a new Disability Support Worker. Being fully aware of the roles and responsibilities of your job and the expectations of your employer can assist you to understand behaviour that is challenging your professional boundaries.[51]

If in doubt or if you are feeling uncomfortable about a situation, seek some support from your coordinator. The association you work for may have a policy about friendships outside of work time.

You are supporting Clare to volunteer at the local veterinary clinic. Over the last few days you have noticed that Clare has started to ask you personal questions about your girlfriend. She has also started touching your arm when talking to you and holding your hand on occasion. Because of her disability you believe that it means nothing and it is just her being friendly. Should you do something about it? What would you do? _____

_____
_____
_____

Write down the details of your association's policy on establishing out of work friendships with the person you are employed to support. _____

_____
_____
_____
_____
_____

Personal Beliefs

As mentioned earlier in this guide, all people have a range of attitudes and values that influence the way they live and how they relate to others. When working directly with people with a disability and families, you may find your own values and attitudes challenged. Being aware of your own values and attitudes will assist you to understand individual differences and to be able to work professionally with people with a disability and their families. You may find that some of your values conflict with the values of the person you support and their family. It is important to acknowledge this and to ensure that all actions you undertake are in the best interests of the person you support. If you find your values conflicting with that of an individual or their family and are unsure of your position, it is important to discuss this with your coordinator. The role of a Disability Support Worker does not include imposing your values onto a family or providing advice on a course of action.

You are a person who likes a clean house. You support Ben who is 35 to go to the gym. He lives alone in his own apartment. When you arrive to pick him up to go to the gym, you notice that there are pizza boxes and empty beer cans all over the lounge room floor. What do you do? _____

_____

_____

_____

_____

Code of conduct

The Code of Conduct of employees refers to the behaviors and expectation that are expected of the employees by the employer.[52, 53, 54] Disability Support Workers that do not abide by the Code of Conduct for their employer can be at risk of dismissal. The following is a very long list of statements that may be found in an association's Code of Conduct. Although this is a long list, Disability Support Workers should abide by all of these.

- If you are unable to make a scheduled time, advise the person you support as soon as possible. Many people look forward to their time out with a support person and this is seen as the highlight of their week. If possible, advise the coordinator as well. If you are going to be away for an extended period of time, advise your coordinator well in advance
- Call your coordinator if you are in doubt about how to handle a situation or problem.
- Do not discuss any personal or medical information about the person you support. This information is confidential and should not be discussed with anyone else. If you are concerned or unsure about a situation, contact your coordinator.
- Do not accept any gifts from the person you support or from their family. Do not exchange money or personal property (e. g., borrowing, lending and selling).
- Maintain a daily record of dates and hours worked
- Show respect for your employer's home and personal belongings through common courtesies,
- Do not smoke, drink alcohol or take drugs while working with a person with a disability, even if you are invited to do so.
- Demonstrate respect for your employer by maintaining a neat and clean appearance. Dress appropriately for activities.
- Some people have allergies to perfumes, colognes and other fragrances. Ask the person you support if they have any allergies or preferences regarding perfumes and colognes.
- Do not bring any unwanted guests, children or pets with you when you are supporting a person.
- Fully involve the person you support (and their family, if appropriate) to be involved in any decisions that impact on the service they receive.
- Do not give any advice to the person you support or to their family.
- Do not verbally, physically or emotionally abuse, threaten or harass the person you support, families, advocates, colleagues or members of the public.
- Do not knowingly assist the person you support to participate in illegal activities.
- Do not discuss your personal problems or concerns with the person you support or their family, unless it affects your ability to provide services.

- Be aware of potential safety hazards in your workplace. If the problem cannot be resolved with the individual or their family, discuss it with your coordinator. Report all hazards to your coordinator.
- Maintain positive communication with the person you support and your coordinator.
- Be familiar with the mission, principles, values and policies of the service that you work for.
- Be familiar with your duty statement and job description and discuss any concerns with your coordinator

- Nurture the person you support's sense of purpose in life and their individual needs, interests and preferences.

- Acknowledge the individual differences of the people you support.

- Provide services to individuals in ways that are supportive and encouraging, and will foster inter-personal skills and the care, trust and empathy inherent in positive human relationships.

- Support people with a disability to be able to engage in socially valued activities, including work, education, leisure and social activities.

- Encourage people with a disability, families and advocates to raise issues or concerns and seek to resolve them in a non-threatening, non-defensive manner.

- Facilitate people with a disability and family members to be able to make informed choices about the services and activities they are involved in and about the care they receive.

- Provide people with a disability with opportunities to develop friendships and other human relationships and to engage in social interaction.

- Provide services to assist people with a disability to maintain maximum independence and community participation.

- Perform duties conscientiously and with professionalism, integrity and honesty.

- Apply the highest standards of personal conduct in supporting people with a disability, families, advocates and other agencies.

- Support the association's vision and mission and all policies, procedures and lawful instructions.

- Support decisions of both management and the Board/Management Committee of the association.

- Understand and comply with the administrative and work practices of the association and maintain records as required by the association.

- Maintain teamwork and harmony in the workplace.

- Use the correct and approved procedures in expressing and resolving grievances.

Use of motor vehicle

Many Disability Support Workers are employed to support a person with a disability to participate in community based activities. These activities can be recreational, leisurely or employment based. To participate in community based activities, Disability Support Worker have the option of using public transport, taxi's, the association vehicle (if available) or their own vehicle. When using your own vehicle, the vehicle must be registered with the appropriate car registration level (standard – some business use[55]) and have fully comprehensive insurance cover. The driver must also have a valid driver's license. The association that you work for will be required to sight these items and may even take a photocopy of them. Agencies will also require the Disability Support Worker to provide a Police Clearance, including traffic report, prior to the commencement of employment. This is at the Disability Support Worker expense.

Appendix 1
Disability Services Act 1993
Principles Applicable to people with disabilities

1. People with a disability are individuals who have the inherent right to respect for their human worth and dignity.
2. People with disabilities, whatever the origin, nature, type or degree of the disability, have the same basic human rights as other members of society and should be enabled to exercise those basic human rights.
3. People with disabilities have the same rights as other members of society to realize their individual capacities for physical, social, emotional, intellectual and spiritual development.
4. People with disabilities have the same right as other members of society to services which will support their attaining a reasonable quality of life in a way that also recognizes the role of the family unit.
5. People with disabilities have the same right as other members of society to participate in, direct and implement the decisions which affect their lives.
6. People with disabilities have the same right as other members of society to receive services in a manner which results in the least restriction of their rights and opportunities.
7. People with disabilities have the same right of pursuit of any grievance in relation to services as have other members of society.
8. People with disabilities have the same right to access the type of accommodation and employment that they believe is most appropriate.
9. People with disabilities who reside in country areas have a right, as far as reasonable to expect, to have access to similar services provided to people with disabilities who reside in the metropolitan area.

Appendix 2
Disability Services Act 1993
Objectives for services and programmes relating to people with disabilities.

1. services are to have as their focus the achievement of positive outcomes for people with disabilities, such as increased independence, employment opportunities and integration into the community.
2. Services are to contribute to ensuring that the conditions of the every day life of people with disabilities are the same as, or as close as possible to, norms and patterns which are valued in the general community.
3. Wherever possible, services are to be integrated with services generally available to members of the community.
4. Services are to be tailored to meet the individual needs and goals of people with disabilities receiving those services
5. Programmes and services are to be designed and administered so as to meet the needs of people with disabilities who experience additional disadvantage as a result of their age, gender, ethnic origin, geographical remoteness, or aboriginality.
6. Programmes and services are to be designed and administered so as to promote recognition of the competence of, and enhance the community perception of, people with disabilities.
7. Programmes and services are to be designed and administered so as to promote the participation of people with disabilities in the life of the local community through maximum physical and social integration in that community.
8. Programmes and services are to be designed and administered so as to ensure that no single organisation providing services shall exercise control over all or most aspects of the life a person with disabilities.
9. Organisations providing services, whether those services are provided specifically to people with disabilities or generally to members of the community, are to be accountable to those people with disabilities who use their services, the advocates of such people, the State and the community generally for the provision of information from which the quality of their services can be judged.
10. Programmes and services are to be designed and administered so as to provide opportunities for people with disabilities to reach goals and enjoy lifestyles which are valued by the community generally and are appropriate to their actual age.
11. Services are to be designed and administered so as to ensure that people with disabilities have access to advocacy support where necessary to ensure adequate participation in decision making about the services that the receive.
12. Programmes and services are to be designed and administered so as to ensure that appropriate avenues exist for people with disabilities to raise and have resolved any grievances about services.

13. Services are to be designed and implemented as part of local co-ordinated service systems and integrated with services generally available to members of the community, wherever possible. Units of the public sector are to develop, plan and deliver disability programmes and services in a co-ordinated way.
14. Programmes and services are to be designed and administered so as to respect the rights of people with disabilities to privacy and confidentiality.
15. Programmes and services are to have regard for the benefits of activities which prevent the occurrence or worsening of disabilities and are to plan for the needs of such activities.
16. Programmes and services are to be designed and administered to:
    a. Consider the implications for families, carers and advocates for people with disabilities;
    b. Recognize the demands on the families of people with disabilities, and;
    c. Take into account the implications for, and demands on, the families of people with disabilities.
17. Services are to be designed and administered so as to:
    a. Provide people with disabilities with, and encourage them to make use of, way to participate continually in the planning and operation of services they receive; and
    b. Provide for people with disabilities to be consulted about the development of major policy or programme changes.

Acronyms, terminology and jargon

Acronyms are words formed using the initials of other words. Within the disability sector there are many acronyms that can sometimes become confusing. Many people assume that other people they are speaking to know the acronyms that they are using. Some of the more common acronyms are listed here. This can help when having conversations with other people in the sector.

There is also some other terms you may hear when you commence working with people with a disability, this is often called the jargon of the industry. All industries and sectors have their own jargon, and it takes time to understand it all. This may help you.

DSC	Disability Services Commission
LAC	Local Area Coordinator
HACC	Home and Community Care Program
IFSA	Individual and Family Support Association
PWDWA	People with a Disability WA (advocacy agency for people with a disability)
DSW	Disability Support Worker
CSTDA	Commonwealth State Territory Disability Agreement
NDS	National Disability Service (formerly ACROD)
ILC	Independent Living Centre
DSS	Disability Service Standards
DSP	Disability Support Pension
Carer	A family member or friend who is providing care and/or support to a person who has a disability, chronic illness, mental illness or who is frail aged. Carers are not paid for their role but may be eligible for a pension.
Disability Support Worker	(sometimes referred to as a care worker), someone who, in a paid or voluntary capacity, provides care and/or support to a person who has a disability, chronic illness, mental illness or who is frail aged.
The Standards	The Disability Service Standards
Respite	Defined as a break. Used for carers to have a break from their caring role. Respite gives carers the opportunity to recharge to be able to continue to provide care.

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