

Ready4work

-----▶ Disability Support Work Induction



Workbook

for disability support workers

2nd edition 2009

Acknowledgments

Produced by **field**.

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Ready4work

Ready4work is an induction learning resource for disability organisations in Victoria. It has been developed with input, support and agreement from disability organisations, training organisations and the Department of Human Services (DHS) to address the importance of, and present, best practice approaches to induction. *Ready4work* is consistent with the directions of the State Disability Plan 2002 - 2012, the Disability Learning and Development Strategy, the Disability Act 2006, the Quality Framework for Disability Services 2007 and other workforce development initiatives.

Our aim is to provide a flexible way for new staff to learn the basis for competent work in the disability sector, either individually or with a group. It is designed to encourage people to take responsibility for their own learning with the support of their supervisor/s.

The *Ready4work* writers are committed to effective and safe work practices to meet the needs and aspirations of people with a disability and their disability support workers.

The topics, workplace learning activities, links and resources in *Ready4work* can also be used to revise knowledge and skills, as well as support further learning and development at any stage in your career as a competent disability support worker.

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Before you start

The *Ready4work* Disability Support Work Induction Resource consists of:

Learner's Workbook (includes the following sections):

1. Disability awareness
2. Providing support to people with a disability
3. Organisation orientation and job expectations
4. Health and safety
5. Ongoing learning and development

The workbook is designed to provide all the material needed to deliver or undertake a workplace induction program based on industry standards for disability support workers. Each section contains an introduction and a number of stand-alone topics. The topics vary in length and content, but they have been organised the same way to make them easier to follow.

Each topic has:

- An **overview** to tell you what the topic is about.
- The theory component of the topic.
- A statement to show how your learning in each topic links with the latest National Competency Standards.

Learning Activities

The learning activities resource contains learning materials related to topics contained in the workbook.

Each of the five sections contains:

- A **Learning Activity** (usually short activities) that can be completed on your own, in a group or with your supervisor. Some topics will involve readings, a DVD or other learning materials.
- A **worksheet** for you to complete so that you can have a record of your learning.

Supervisor's Guide

Provides a summary and overview of *Ready4work*. This guide suggests methods and models of delivery and ways of planning induction for *Ready4work* supervisors.

DVD: consists of interviews with:

- people with a disability
- disability support workers.

The interviewed people talk about what makes a good disability support worker and the importance of training and induction.

CD-ROM: contains the Learner's Workbook, Learning Activities and Supervisor's Guide.

Ready4work was developed to:

- Minimise occupational health and safety risks for organisations, staff and people with a disability.
- Set clear roles and duties for new disability support workers.
- Help employer representatives and disability educators to provide a consistent and thorough induction program which ensures the competency of prospective and existing employees.
- Provide practical guidance on getting ready for disability work.

Disability support workers are entitled to:

- Know what is expected of them in terms of their duties and tasks, attitudes and ethical standards.
- Not be asked to perform work for which they are not competent.
- Know of any risks associated with their work, including physical and behavioural risks.
- Be encouraged to access learning and development pathways to achieve the required competencies.

Ready4work aims to help disability support workers with these issues.

What is induction?

The terms 'induction' and 'orientation' are both used in *Ready4work*.

Induction is the initial introduction to a new job. It provides or refreshes the learning that underpins work in disability services. Induction includes orientation.

Orientation refers to an introduction to a new workplace and/or program, and usually includes a site orientation.

How to use the workbook

Each of the five sections contains an introduction and a number of stand-alone topics with their own learning materials. The topics vary in length and content but they have been organised the same way to make them easier to follow. Each topic has:

- an **overview** to tell you what the topic is about
- a **Learning Activity** (usually short activities) that can be completed on your own, in a group or with your supervisor. Some topics will involve readings, a DVD or video or other learning materials
- a **worksheet** for you to complete so that you have a record of your learning
- a statement to show how your learning in each topic links with the latest National Competency Standards
- suggested resources for further learning.

Additional support

If you think you need help with language, reading and writing or using numbers, then talk with someone who can assist you to work out what help you need, and the best way to get it.

If you feel comfortable, you could talk with:

- your supervisor
- a co-worker
- a community centre worker
- a librarian at your local library.

For confidential assistance you can ring the Reading and Writing Hotline. For the price of a local call on 1300 655 506 you can get help. They can put you in touch with literacy support in your local area.

Appropriate language

Before you leave this overview there are some important things to know about some of the language we use in *Ready4work* and the reasons why we use it. Language matters – it conveys our attitudes toward the people we support when we are speaking to them, or speaking about them to others. Our choice of words also demonstrates our respect for the rights of people with a disability, including their right to equal opportunity and freedom from prejudice and discrimination.¹

Putting the person first

We all have a basic human right to be valued and respected as an individual. When we refer to a person with a disability, we demonstrate this by putting the person first, and their disability second – and then we only mention their disability if it is relevant. So, although it is important that disability support workers have a good understanding of the types of impairments that may cause a disability, we talk about these underlying impairments only where it is relevant. *'I am a person with a disability – or a person with epilepsy – not an epileptic!'*

Providing support to a person with a disability

In some government and community services organisations, people who receive a support service are described as *client, customer, consumer, service user, resident or patient*. This may include the person's family or other household members, friends and the other workers who provide support.

In *Ready4work* we don't use any of these terms but say 'the person' as another way of emphasising our commitment to individual rights² and to implementing a person-centred approach.³ However, *Ready4work* is primarily designed for disability support workers working as support, direct support, personal support, respite, residential or outreach workers, attendants, instructors or day program workers. The people who work in these jobs are all the representatives of disability services or other community service organisations that are committed to disability service standards, whether as volunteers, employees or contractors.⁴

Organisation

'Organisation' is another term we use in *Ready4work*. It refers to the company or agency you work for. It is used in preference to agency to establish that community service organisations are not 'agencies' of government. The term 'organisation' is commonly used in not-for-profit community service organisations (CSOs), but it is not a common term in the education and health sectors, commercial organisations or government employment. Your employer may use the terms 'department', 'facility', 'agency' or 'business'.

We understand that your actual workplace may be a long way from your organisation or office. You may work in a community-based facility or in the private home of a person with a disability, including shared private accommodation.

We include in the term 'worker' volunteer workers, who are employed but not paid.

Supervisors – direct and indirect supervision

In *Ready4work*, the word 'supervisor' is used to mean the person directly responsible for your work. We suggest that you ask this staff member for information or feedback on the *Ready4work* workplace learning activities. Some organisations will ask a particular staff member to support your induction. They may be referred to as your *mentor, coach or buddy*. They may not be the people who supervise your work. *Direct supervision* is when you work alongside a senior staff member who shows you what you have to do. *Indirect supervision* is when you are working on your own, or with another worker at the same level as you, but with a senior staff member on call. You may need to make a time with this senior person to discuss your learning or to ask for any information you need. This will be the situation for sole workers who do all their work alone, except for the person with a disability that they are supporting.

We hope you enjoy learning with *Ready4work*.

Ready4work

---▶ Disability Support Work Induction

SECTION 1:

Disability awareness

The following topics are covered in this section:

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1.2	The history of disability services	19
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About this section

This section is about disability awareness. This is an essential foundation to the knowledge, skills and attitudes required for high-quality disability support work.

This section provides you with:

- An introduction to some of the language and values of the disability services sector.
- Definitions of disability, the causes of disability and its impact at different life stages.
- A brief history of the sector, showing changes in philosophy and models of service.
- An introduction to the different perspectives of people with a disability, their families, disability support workers and disability service managers.

Topic 1.1

Disability awareness



In this topic we focus on:

- the meanings of terms used in the disability sector
- the attitudes and values associated with disability
- the major causes and effects of disabilities
- the effect of the disability on an individual, their families and friends.

What is a disability?

A disability is a restriction or loss of ability caused by:

- accident
- trauma
- disease
- genetics
- a combination of these factors.

Based on 2007 Australian Bureau of Statistics records, approximately one in five Australians (20%) have a disability.⁵ With an ageing population this percentage of population will increase. One out of every 25 Australians under the age of 65 (4%) has a disability that will result in a profound or severe restriction of their activity.⁶

In the past, disability has been defined in terms of the underlying condition. The focus has been on the disability rather than on the person as a whole. This is referred to as the *medical model* of disability. Many people with a disability do experience associated illness and medical treatment is important for them.

However, now the preferred approach is a *holistic* one with the focus on the person as a whole, including all their social and health needs and wants.

This way of seeing disability considers people's individual differences as part of the diversity of the community, just like their cultural background and abilities. The focus is on people's individual strengths and abilities rather than on their disability or difference. In *Ready4work* we adopt this approach of putting the person first and their disability second.

Currently, the International Classification of Functioning, Disability and Health (ICF) gives a definition of disability as an 'umbrella term for any or all of the components: impairment, activity limitation and participation restriction, as influenced by environmental factors'. (Disability prevalence and trends [2003])

So those key words that define disability are:

- impairment
- activity limitation
- participation restriction.

In Victoria the **Disability Act 2006** gives the following definition:

'disability' in relation to a person means –

- (a) a sensory, physical or neurological impairment or acquired brain injury or any combination thereof, which –
 - (i) is, or is likely to be, permanent; and
 - (ii) causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; and
 - (iii) requires significant ongoing or long-term episodic support; and
 - (iv) is not related to ageing; or
- (b) an intellectual disability; or
- (c) a developmental delay.

Common attitudes toward disability

Historically and currently, people with a disability have been viewed through stereotypes. It is essential for all workers in the disability sector to be aware of these stereotypes and the issues they raise. Below are some examples of stereotypes:⁷

Stereotypes – people with disabilities are:

the most perfect objects of charity – to inspire benevolence in others, to awaken feelings of kindness and generosity

different from normal people; they are partial or limited people, in an 'other' and 'lesser' category

superhuman, triumphing over adversity in a way which serves as an example to others and teaches the rest of us patience and courage

having a sickness, something to be fixed, an abnormality to be corrected or cured, usually by medical treatment

innocents endowed with special grace, particularly those with cognitive impairments who will be compensated with greater abilities, beyond the ordinary

a menace to others, themselves and to society – especially people with a psychiatric disability

Stereotypical views such as these do not see people with a disability in a realistic and positive way. At the very least, these views show a lack of awareness and respect for another person or group of people. Often they are a sign of negative or prejudiced attitudes.

Discussion of prejudice against people with a disability is sensitive. Nevertheless it is important for all workers in the disability sector to explore their own values and attitudes toward disability. This will help them to:

- understand the experience of people with a disability
- support people with a disability in self-advocacy
- advocate, when needed, on behalf of people with a disability when they face prejudice and discrimination
- be more effective in providing high-quality support services
- take part in initiatives for public education and social change.

A range of disabilities

The table below shows some examples of disability and an explanation or description for each.

Disability	What does it mean?
1. Developmental delay (children up to six years)	When an infant or child has not attained the development milestones that are usual for their age and culture.
2. Learning disability	When an individual is learning fewer skills and reaching fewer learning objectives than is usual for their age and culture.
3. Intellectual disability	Low IQ and significant limited problem-solving and social function that has occurred or shown itself between birth and 18 years of age. For example, Down Syndrome.
4. Communication disorder	A disorder which affects a person's ability to understand communication, such as autism. (This does not refer to a person who may have a speech disability and therefore uses a communication aid.)
5. Sensory disabilities	This includes vision and hearing impairments, and deafblindness. The deaf community views itself as a language group. The environment rather than their impairment is seen as the disabling element.
6. Speech disability	Caused by impairment to the individual's ability to produce one or more of the following: language, speech, fluency or voice.
7. Psychiatric disability	Where mental illness causes a disability for the individual. Includes psychosis and depressive disorders.
8. Neurological disability	Problems with the central nervous system that includes the brain or spinal cord. Examples include epilepsy, motor neurone disease, multiple sclerosis, muscular dystrophy, Parkinson's disease.
9. Acquired brain injury (ABI)	Disability usually caused by head injury, disease or stroke.
10. A range of physical conditions	A physical disability might be due to chronic ill health, an orthopaedic condition or neurological damage or disease. Examples include arthritis, cerebral palsy, paraplegia, quadriplegia, spina bifida.

Underlying causes of disability

With many types of disabilities, including many occurrences of intellectual disability and some psychiatric disability, the underlying causes remain unknown. Often disability workers need access to information about the disability to help them understand the needs of the people they work with. This will sometimes be provided by their employing organisation. Alternative sources of information include many of the community service organisations (CSOs)⁸ and the Victorian Department of Human Services.⁹

The internet is a great place to start if a worker wants to know something about a particular type of disability. Remember that information about a disability is not information about an individual. Every person is an individual and we can't make generalisations that because one person with a disability needs a particular type of care and support, someone else with the same disability will need exactly the same care and support. In some cases people with disabilities may be happy to talk about their own impairment. This requires sensitive listening on the part of the worker.

Disability and the life cycle

A disability can occur at any stage in a person's life. For example, disabilities can be:

- present at birth, eg. a genetic anomaly such as Down Syndrome, or as a result of an illness or injury prior to or during birth
- attributed genetic and developmental causes such as muscular dystrophy
- acquired later in life through illness or injury, eg. acquired brain injury following meningitis or spinal damage as a result of a road accident
- a combination of these factors.

Support workers need to be aware of the impact of disability on the person, their family members and friends. Critical stages are:

- the time of birth
- the birth of brothers and sisters
- early childhood and school entry.

Adolescent years are critical for all young people and hold particular challenges for young people with a disability. They can face particular difficulty establishing independent adult roles and identity.

Effective support can continue to be critical for *adults with a disability* as they establish and maintain new relationships, and perhaps become parents themselves. Adults who acquire a disability through illness or injury during this

stage can also be particularly vulnerable as they, their family and friends face the impact of the disability.

During their *mature and older years* many people with a disability:

- face the ageing and death of their own parents
- need respite or a move to a supported living arrangement
- experience a compounding effect between their disability and their own ageing processes
- need higher levels of support or different support than previously.

During these years people are also more likely to experience the onset of disability as a result of illness or injury.

Cultural perceptions of disability

Support workers need to be aware of cultural differences in the experience of disability. Different groups and individuals in the community are likely to have their own definitions and views. For example:

- a disability may be seen as a divine punishment or as a source of family shame to be hidden away and not spoken of
- it may be seen as entirely a family responsibility to care for and protect a family member with a disability
- elderly parents might continue to hold the views of family responsibility that were current in their country of origin.

In some cultures, impairments may not be viewed as disabilities. This may give the impression that some people can't 'accept' that a member of their family has a disability. This can be a positive and inclusive response as long as the person with a disability is not denied any opportunities to participate in the community.

It is important for you as a support worker to be aware of this diversity of cultural values and beliefs and to know about the main groups in the community where you work. You should approach every person with a disability and their family as a unique situation.

Stereotypes about culture can be just as prejudiced and discriminatory as stereotypes about disability. When in doubt, the person with a disability and their family members are the best sources of information about cultural views and expectations.

Information about cultural groups can be obtained from *Action on Disability within Ethnic Communities (ADEC)*.¹⁰ This is a community service organisation established to promote the rights of people with a disability from culturally and linguistically diverse backgrounds.

Relationship to the national competency standards

This topic provides information relevant to the required knowledge for:
 CHCDIS301A Work effectively with people with a disability

Additional information, links and resources

For general information about disability from Diversity@work see www.work.asn.au, type 'disability' into the search facility, scroll down to 'Disability facts and statistics'.

The Australian Institute of Health and Welfare published a report in 2003 available for purchase, entitled 'Disability prevalence and trends'.

Numerous fact sheets about disabilities and disability services are available on the Victorian government website www.betterhealth.vic.gov.au, type 'disability' in the search facility, select from sub-headings.

Disability Online website www.disability.vic.gov.au. Use menu of keywords on left of screen on home page. Information is available in a range of community languages. Select language from menu bar.

For examples of community service organisations with information about disabilities and issues for people with a disability, see Scope: www.scopevic.org.au or Independence Australia www.independenceaustralia.com/

Victorian Department of Human Services website www.dhs.vic.gov.au

Action on Disability within Ethnic Communities (ADEC) website www.adecc.org.au

For a list of websites containing information about Cultural and Linguistic Diversity (CALD) for disability support workers, see www.field.org.au and click on Resources. Many other useful topics are available to click on in the Resources section.

Meeting the Needs of Koori People with a Disability: Developing and implementing strategies for improving service equity and access, Victorian Department of Human Services, February 2000. Go to www.dhs.vic.gov.au and type in 'Meeting the needs of Koori people with a disability'.

Australia's Welfare 1999: Services and Assistance, Australian Institute of Health and Welfare, 1999. This report and other publications and information are available from the Australian Government website www.aihw.gov.au, type 'disability' into the website's search facility. Select topics as appropriate.

Topic 1.2

The history of disability services



This topic provides a background to the development of disability services in Victoria and how they are funded. The aim of this topic is to start developing an understanding of the range of disability services and where your own workplace fits in.

The development of disability services and service models

Services to people with a disability began in Victoria in the nineteenth century. From the 1850s onwards, religious and charitable groups established institutions like the Royal Victorian Institute for the Blind in St Kilda Road. The Victorian Government set up isolated centres like the Kew Lunatic Asylum at Yarra Bend. For over 100 years people with disabilities were separated from the community. They lived in large buildings or institutions, often with up to several hundred other people with disabilities. Life was routine and there was little choice. People were often in the custody of their carers; that is, they were not able to leave nor was it considered that they should want to. These institutions were run by both non-government organisations and the Victorian Government.¹¹

Institutionalisation



De-institutionalisation

In the 1970s a policy change to de-institutionalisation reversed this pattern. Thinking had changed over the previous decades to recognise that people

with disabilities are people first, and should have rights and choices. There was a movement away from institutional or custodial placement, and toward continuing family care or alternative support within the community.

Institutions were all-of-life inclusive for people with a disability. Health services, education, training, employment and recreation were all provided at the institution. Part of de-institutionalisation has been a move away from this. Increased participation in the wider community is recognised as valuable for all community members, including those with a disability.



A second major change in the provision of disability services is the transition from a service philosophy based on charity and sympathy to one based on **respect for the rights of people with a disability**. This includes recognition of the value of human diversity and human rights. It also means recognising the rights of people with a disability to provision of services to meet their individual goals and aspirations.



A third change affecting the provision of disability services has been a transition from a primarily medical or health model of service toward a **developmental model of service, based on social health and wellbeing principles**. People with disabilities were once considered ill, passive and in need of hospitals, nurses and doctors. Now we believe that people with disabilities should be aiming towards wellbeing. Like other members of the community, they should be encouraged to learn, become independent and take part in the community.



Another development is that services once provided by the government are increasingly contracted out or privatised. This is happening not only in disability services but throughout the public sector. **Contracting out** is the transfer of service delivery from government to local government, not-for-profit organisations or commercial organisations. **Privatisation** is the development of private businesses within the community services sector. Special or supported accommodation and in-home support are among the areas of disability service that have been privatised.

Many of the religious and charitable organisations that originally provided disability services remain active in the disability services sector. They have changed and adapted the services that they provide in keeping with the changes in philosophy and laws. Other organisations have joined them, including self-help and parent groups and other community based non-government organisations.

Services and funding sources

Throughout the past century a wide range of specialist services for people with a disability has evolved. These services have come about as initiatives of the Commonwealth and State Governments, local councils and non-government organisations.¹²

In addition to accommodation support, these services include:

- **income support**, including carer allowances, rehabilitation and disability employment. These are provided or funded by the Commonwealth Government
- **advocacy information and print disability services** are provided between the two levels of government
- **Home and Community Care (HACC) services** are for older people and people with a disability living in the community. These services are federally funded and often provided at the local council level
- **specialist education, training and employment services** for children, young people and adults with a disability are provided by both Commonwealth and state education and training programs
- **respite, community support and community access** are provided or funded by state or territory governments throughout Australia.

Major providers of disability services in Victoria receive funding from the Disability Services Division of the Victorian Department of Human Services (DHS). The role of this division is to fund providers across the non-government sector to provide direct support and care for people with an intellectual, physical, sensory or neurological disability or acquired brain injury in Victoria.

The division also provides some care and support services to people with a range of disabilities.

These services and supports are governed by the provisions of the Disability Act 2006.

They include:

- Direct provision of accommodation to people with disabilities in institutional, congregate or community settings and the funding of non-government organisations to provide accommodation.
- Funding for independent living support to people with a disability living in a variety of other settings within the community, including government housing, private rental, family homes and boarding houses. The support received varies from a few hours per week to 24-hour care, depending on individual needs.
- Funding for day programs in adult training and support services (ATSS) and other day programs which offer independent living skills.

The Department of Human Services Disability Division operates in line with the Commonwealth State Territory Disability Agreement (CSTDA). This agreement provides a national framework for the delivery, funding and development of specialist services for people with disabilities.

The Department of Human Services provides additional services for Victorians with a disability through the Mental Health and Drugs Division. This provides public sector policy, programs, and service and workforce development in relation to mental health and drug matters.

The HACC program policy and program direction is the responsibility of the Rural and Regional Health and Aged Care Services Division at DHS.

Early Childhood Intervention Services (ECIS) for children with a disability who are under six and have not commenced school are provided through the Children Youth and Families Division of the Department of Human Services. ECIS provides special education, therapy, counselling, service planning and coordination, assistance and support to access services such as kindergarten and child care.

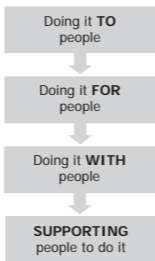
Many thousands of people receive a variety of services provided by community services organisations. These supports and services include:

- employment services and award wage employment support
- access to recreation and leisure programs
- advocacy and information to assist people to make decisions and maintain their rights
- disability aids and specialist equipment, possible vehicle modification
- case management to coordinate services to meet individual needs
- planned and emergency respite to provide breaks for family and other carers
- specialist therapy support and early intervention services.

The Victorian State Disability Plan 2002-2012 aims to promote and achieve working in partnership with people with disabilities, their families, carers and support providers, to improve quality of life by increasing opportunities for independence, choice and community participation, and promoting the rights of people with a disability. Any organisation funded by the Disability Services Division must also aim to achieve what is set out in the State Plan.

The changing role of workers

The job role for people who work with people with a disability has changed over time. For example, under the medical model the workers had names such as *nurses* and *ward assistants*, which reflected that people with a disability were considered ill and passive. Attitudes and work identity have changed a lot and the changing emphasis in a disability support worker's role can be summarised like this:



The Victorian State Disability Plan (2002 – 2012 *One Community*) and the Disability Act 2006 both reflect this change. Under the 2006 Act a new model of quality assurance and improvement has been introduced. This model focuses on outcomes for people with a disability and will influence much of your daily work. Separate resources are available to support the implementation of this resource. The emphasis of all of this structure is on service provision that is focused on the needs and choices of the individual person with a disability. This is described as a person-centred, client-centred or client-driven approach.

Individualised funding

Individualised funding is fairly new but will be increasingly used in Victoria.- Individual Support Packages are Disability Services funds that are allocated to a person for support to meet their disability related support needs.

Individualised funding is a process that will assist people with disabilities to exercise more control and direction over their lives. It is a process about:

- people with disabilities getting funding based on their individual needs
- having control over how this funding is used.

The principles that guide individualised funding are:

- individual autonomy and independence
- self-determination and choice
- opportunities to realise individual capacity for physical, social, emotional and intellectual development
- opportunities to participate in the social, economic, cultural, political and spiritual life of society
- provision of adequate resources available to meet needs.

The power of decision making rests with the person with a disability. Their freedom of choice and control over service provision means that the funds are portable and move with the person from service to service, geographic location to geographic location. Individualised funding can help continue to re-define the work role of the support worker. It can also increase the employer role of the person with a disability. For example, a person might decide they do not wish to spend money on a support worker to do laundry; they might prefer to send the laundry out and have a support worker provide other specific services to them in their home.

The following two case studies demonstrate the change in approach over time.

Steven

Steven was born in 1940. When he was a few years old it was discovered that he had an intellectual disability and a vision impairment. His parents were advised that the best care for him could be given in an institution.

A snapshot of Steven's life in 1962

- lives in an institution with several hundred other people
- sleeps in a dormitory ward with twenty other boys and men
- uses showers and toilets with no privacy
- attends school in the institution
- eats in a dining hall with no idea of where the food comes from or how it is prepared
- visits a doctor and dentist in the institution
- has had little contact with his family, who found it difficult to travel often to see him
- rarely leaves the institution, except for excursions with other residents in a large bus.

Steven's carers are nurses and ward assistants. They are trained in the medical model and plan what they think is best for Steven.

This type of experience was not limited to somebody with an intellectual disability or vision impairment. People with a physical disability, psychiatric illness, in fact any type of disability are likely to have experienced this type of institutional care.

Con

Con was born in 1979. It was discovered at an early age that Con had an intellectual disability and a vision impairment. He received some early intervention at preschool age. He had a case manager through what is now the Department of Human Services. His family was encouraged to be involved and have the confidence to help Con with his specific needs. He attended a local special school. Con did some pre-employment training.

A snapshot of Con's life in 2008

- lives in a shared, privately-rented house
- has his own room, possessions and the privacy we would all expect
- has a job in a factory in the community
- travels using public transport
- goes to the movies, football, pub and anywhere else he wants to for recreation with friends and sometimes his family
- visits his family regularly and they visit him
- attends a doctor and dentist of his choice in the community

Con and the other young man he shares with have a disability support worker at their house in the morning and the evening. They directly employ these workers with some of their individualised funding.

These workers provide support to Con to:

- be informed and make decisions about his life
- plan things for his life
- choose what he wants to do and not do
- be a part of his community.

Support workers today work towards the goal of facilitating full citizenship and community participation. They actively plan and work with people to access opportunities to achieve goals set by a person, within the mainstream community. This reflects the person-centred philosophy, where the needs and wants of the person with a disability determine the agenda, the process and the goals of service providers and support staff.

Relationship to the national competency standards

This topic provides information relevant to the required knowledge for:
CHCDIS301A Work effectively with people with a disability

Additional information, links and resources

Life to Live: The history of people with disabilities in Australia – 100 years. An online resource guide prepared by Disability Services Australia Ltd. See especially pages on timelines, technology and advances at www.dsa.org.au/life_site/text/timeline/index.html

Disability Social History Project. A website established by people with a disability in the United States to celebrate their interests and achievements. See www.disabilityhistory.org

The *Victorian State Disability Plan* can be read online or downloaded from www.dhs.vic.gov.au Click on Disability in left menu, then click on Disability Services Division in centre of screen, then select at left menu 'State Disability Plan'

The history of the Yarra Bend Lunatic Asylum can be found at <http://dhe.darebin-libraries.vic.gov.au> On the encyclopaedia page click on letter 'Y' in A-Z index. Select Yarra Bend Lunatic Asylum (1848-1925). contains. Interesting stories and historic pictures.

The website of the Disability Services Commission in Western Australia has a history of disability services. Includes oral histories to listen to. Go to www.disability.wa.gov.au Click on 'About disability' on left menu. Click on 'History of Disability Services'.

The Commonwealth State Territory Disability Agreement is at www.facs.gov.au/internet/facsinternet.nsf/disabilities/policy-cstda.htm

<http://www.disabilitynews.infoxchange.net.au/news/items/2007/05/151521-upload-0002.pdf> will take you to the Grampians Disability Accommodation Network Attachment to Project Report *The Challenges of Change and Choice* (2007). Pages 3-7 provide a good history of disability services.

Resources for implementing the new *Disability Quality Framework* (2007).

- www.dhs.vic.gov.au/disability – search for Disability Quality Framework
- Your organisation will have the Disability Quality Framework Resource Guide 2007, which has CD-ROM based and print based resources. Find out where it is located and access some of its resources, especially the digital stories that support the implementation of the Quality Framework.

For information on Individual Support Packaging, go to www.dhs.vic.gov.au/disability and from there to the Individual Support Packaging page.

Topic 1.3

Perspectives on disability and disability support



This topic looks at two essential aspects of disability support work. As an effective disability worker you need to:

- recognise the differences between your own point of view and those of other people. This includes understanding your own perspective as well as being able to 'put yourself in the shoes' of others and understand their point of view
- focus on the person with a disability, their individual needs, wants and interests as your central purpose in providing disability support.

On your organisation's copy of the *Ready4work* DVD, you will see interviews with different stakeholders involved in disability support, and you will hear their perspectives on disability and disability support work. These people are:

People with a disability:

'What support do I need and what do I look for in my support worker/s?'

Disability support workers:

'What do I need to know and do to provide effective support to a person with a disability?'

Relationship to the national competency standards

This DVD provides information relevant to the required knowledge for:
CHCDIS301A Work effectively with people with a disability

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SECTION 2:

Providing support to people with a disability

The following topics are covered in this section:

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2.2	Person-centred approaches	47
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2.4	Rights, responsibilities and advocacy	63
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Topic 2.1

Human rights, laws, The State Plan, and Quality Framework for Disability Services



This topic provides an overview of the laws and practice framework that aim to improve life for people with disabilities. The concept of equality and fairness underpins the whole structure, so we start by looking at human rights. This topic includes an introduction to the Australian Commonwealth Government legislation and policies. It also covers Victorian Government legislation and policies in more detail. These laws and policies establish rights and improve services. They include the *Disability Act 2006*, the Victorian State Disability Plan, 2002 - 2012, and the Quality Framework for Disability Services which incorporates the Victorian Standards for Disability Services.

In this topic there is also an introduction to the concept of duty of care and the responsibility that the worker has to always act in a way that is free from negligence. The ethical aspects to disability support work are discussed and examples given from the Australasian Code of Ethics for Direct Support Professionals.

Topic 2.2

Person-centred approaches



Disability support work, like the majority of work in the human services, came from a historical model based on charity and caring. Over time the role has changed in response to developments in disability sector politics, philosophies and the human and civil rights movement. *Topic 1.2 The history of disability services* provides more detail on these changes.

Today the emphasis in service delivery is person-centred. This means that the person receiving the service is at the centre of the decision making about their life, that occurs with and for them.

Implementing a person-centred approach

Having a person-centred approach towards anyone means that you listen, and listen carefully, to what a person wants to have happen in their life, and to what they do not want to have happen.

The Victorian State Disability Plan (2002 – 2012 *One Community*) reaffirms this change. Its emphasis is on service provision which is focused on the needs and choices of the individual person with a disability. This is described as a person-centred, client-centred or client-driven approach.

Person-centred approaches are ways of working towards achieving choices, aims and goals of people on their terms. The person who receives a service is encouraged to make choices and have their choices listened to.

This sounds extremely simple, and in essence it is, but in the past and perhaps in some organisations even today, this has not been occurring. It has been easier to put people into services that exist, programs that we think they might benefit

Topic 2.3

Ethics and duty of care



Ethics are the values or guiding principles that underpin our work and the way we provide support to people with a disability. Our ethical principles help with some of the everyday decisions that we make as part of our work, and lead to good practice.

As well as following your own sense of what is right or wrong (*your* ethical principles), a worker must follow the organisation's **code of conduct**. This is a set of rules for behaviour that all workers must adhere to. You may already have received your organisation's staff code of conduct as part of your workplace orientation.

Many ethical principles are also legal obligations arising out of the Victorian Disability Service Standards. A worker's **duty of care** is an example of an ethical principle that is also a legal obligation. At its most basic level this means you must protect the interests of the person with a disability as part of providing support to them. Your duty of care also includes your responsibility to yourself, your fellow workers and to others in your workplace, and is an important part of your occupational health and safety roles and responsibilities.¹⁹

In this topic we look at some important ethical principles for disability workers, including some ways of handling any conflict between your personal values and attitudes and your work responsibilities. It is important to know how ethical principles and duty of care are represented in your own expectations, your conditions of employment²⁰ and in the agency-specific policies and practices²¹ of your own workplace.

Topic 2.4

Rights, responsibilities and advocacy



This topic focuses on the rights and responsibilities of the person with a disability. The Victorian Charter of Human Rights, Commonwealth and State legislation, the Victorian State Disability Plan and Quality Framework for Victorian Disability Services set out clear expectations that services will recognise the rights of people with a disability. This is strongly supported by the worker's commitment to ethical standards and practices.

The Disability Act 2006 outlines in its principles that people with a disability have the same rights and responsibilities as other members of the community.

Sometimes people with a disability are not able to protect their civil rights and are discriminated against. The Commonwealth Disability Discrimination Act (1992) aims to protect against this and calls for investigation and conciliation of reported prejudice and discrimination.

Advocates and advocacy services are important in assisting people to be aware of their rights and to have these rights upheld.

The role of a disability support worker goes beyond the recognition of rights and responsibilities of people with a disability. Workers should empower people with a disability to be aware of and to act on their rights and, where necessary, advocate for them and/or help them access advocacy support.

The rights of people who receive disability services are balanced with responsibilities as members of the community, as with every citizen. This includes a respect for the rights of others and an understanding of the consequences of

Relationship to the national competency standards

This topic provides information relevant to the required knowledge for:

CHCDIS301A	Work effectively with people with a disability
CHCDIS302A	Maintain an environment to empower people with disabilities
CHCCS400A	Work within a relevant legal and ethical framework
CHCCS411A	Work effectively in the community sector
CHCDIS410A	Facilitate community participation and inclusion

Additional information, links and resources

www.publicadvocate.vic.gov.au is the website for the Victorian Office of the Public Advocate.

Victorian Civil and Administrative Tribunal Guardianship List website: www.vcat.vic.gov.au click guardianship and administration.

www.disability-advocacy.com.au is the site for a free information and advice service on individual and systemic advocacy in northern Victoria and southern New South Wales.

Australian Disability Services Abuse and Neglect Hotline website: www.disabilityhotline.org/about.html

Australian Human Rights and Equal Opportunity Commission website: www.hreoc.gov.au

www.disability.vic.gov.au/dsonline (Disability online) provides an extensive list of statewide and specialist advocacy services. Click on Advocacy services contact details for services in metropolitan Melbourne and regional Victoria.

For information about advocacy for indigenous Australians with a disability, look at www.ideas.org.au

The Youth Disability Advocacy Service is an advocacy service for young people between 12 and 25 years of age. It can provide information as well as one-to-one advocacy for young people. The service is located at Youth Affairs Council of Victoria in Flinders Street, Melbourne and has a website at www.ydas.org

For advocacy information for older people, including those with a disability, the Seniors Rights Office is at the Council of Ageing in Flinders Lane. Its website is www.seniors.vic.gov.au

www.odsc.vic.gov.au is the Disability Services Commissioner website.

A Guardianship and Administration Advocate's Guide is available from Villamanta legal service via its website www.villamanta.org.au

People with Disability Australia Incorporated (PWD) is a national peak disability rights and advocacy organisation. It provides information services, individual and group advocacy, systemic advocacy, education and training. See www.pwd.org.au

Action on Disabilities within Ethnic Communities (ADEC) provides advocacy for people with disabilities from culturally and linguistically diverse backgrounds. See www.adec.org.au

Statewide consumer advocacy is provided for women with a disability by Victorian Women with Disabilities Network www.whv.org.au

Information about the Quality Framework for Disability Services in Victoria is available on the Quality and Continuous Improvement web page at www.dhs.vic.gov.au/disability

Topic 2.5

Communication and observation skills



Good communication and sensitive observation skills are keys to effective support work across the disability sector. They are based in the worker's positive attitudes and values. Communication and observation are influenced by cultural factors and it is important for workers to be sensitive to the cultural and linguistic diversity of the communities in which they work.

Many people have impairments that cause or increase communication difficulties and it is important that communication requirements are individually considered. Some communication support depends on your own communication skills, but in many instances alternative communication systems will need to be learned.

Good interpersonal relationships

The success of your role as a disability support worker depends on the working relationships you build and maintain with others in the following areas:

- people to whom you provide support, their family members, friends and others
- your fellow workers within your own organisation and the service network
- members of the wider community you come into contact with as part of your work.

Good communication and observation skills, a positive attitude²⁶ and a commitment to ethical standards²⁷ provide the basis for good interpersonal relationships needed in disability support work. An extremely important aspect of good interpersonal skills is making sure that you always follow the workplace

from spoken English. Signing is often of limited use to the deaf person in most everyday communications, as very few hearing people can use it.

Interpreters – when a hearing person is involved, an Auslan interpreter can translate what is being said.

Australian Communication Exchange (ACE) National Relay Service TTY provides 24-hour access to the telephone and telecommunication networks.²⁸

Communication index or chart

A Communication index or chart is a person-centred tool that can greatly assist a person with limited, impaired or no verbal communication to be better understood. It aims to interpret behaviour or vocalisation, or verbal communication, by use of a chart to assist the person with a disability to be understood by other people.

An example of a communication index or chart is set out below.

What is happening...	Carlo does this...	We think it means...	And we should...
Carlo is nearly finished the food on his plate.	Starts to push the remaining food off the plate and onto the table and floor.	He has had enough to eat.	Take his plate away and say 'Finished'. Try to get Carlo to verbalise 'Finished'.
There are lots of people in the lounge room, a lot of noise and the TV is on.	Carlo starts to vocalise, calling loudly and hitting the side of his chair.	There is too much noise or distraction.	Assist him to move to another quieter room. He likes the dining room or his bedroom.
You are showing Carlo pictures of things he might like to do today.	He touches a picture and vocalises softly.	This is the activity he would like to do.	Help him to sound out the name of the activity, get him to repeat it, and then reassure him that he can do that activity.

Culturally appropriate communication

You may work with people who have different cultural backgrounds to your own. This has several implications for your communication. Firstly, different cultures have their own values and attitudes, not just about disability, but about the nature of families, work, gender differences and child-rearing practices. You need to ask yourself 'What is it like, being a person from that culture?'

There are a number of sources of information to increase your understanding of the culturally and linguistically diverse groups represented in your community. Action on Disability within Ethnic Communities (ADEC)²⁹ is a community service organisation established to promote the rights of people with a disability from culturally and linguistically diverse backgrounds. It is a source of information about the needs of people with a disability in different ethnic communities. ADEC can also supply information about disabilities in many community languages.

Consider carefully which language is used between you and a person from another culture. You may need to each use your own, with the help of an interpreter. You may bypass the 'language barrier' by using some pictorial or symbolic system of communication. Or you may choose to use one language. If so, you need to assess the person's level of skill with the language (and your own) and that you each keep your communication to the level required for the other person.

Finally, be aware of the different 'conversational rules' practised by different cultures. Many cultures have distinct practices concerning such things as eye contact, seating positions, body language, physical contact, gender roles and acceptable expressions.

Sensitive and discerning observation

Good relationships, good communication and good observation skills can be seen as a three-legged stool - it won't stand up without all three! For example, listening and the recognition of body language are both observation skills that are essential to good communication.

As a disability support worker you have additional responsibility to observe the wellbeing and safety of the people you support and a responsibility for noting and reporting any significant changes in their behaviour. This calls for sensitivity, understanding and the ability to discern, or recognise, the importance of your observations. When in doubt, discuss your concerns with your supervisor.

Many of the people who receive services from disability support workers may have complex health and personal issues that can sometimes lead to changes in behaviour. It is important for support workers to be familiar with individual personal files, or client profiles, that are kept. Any behaviour changes should be recorded.

Viv's Learning Log

Date	What did the person do? (What, where, when, how long, etc.)	Who was there? (Names of staff, friends, others etc)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work well? What didn't the person like about the activity? What needs to be different?

Other forms or methods might ask for a worker to describe a behaviour or behaviours. They may then be expected to record the frequency, or the intensity or duration of a behaviour. This information taken out of context of what was occurring around the person at the same time can be misleading and not give many clues to why the behaviour is occurring.

Topic 2.6

Planning with people with a disability



In all areas of Community Services we plan the services a person wants and needs to receive, before the service delivery begins. We plan in order to set goals, decide responsibilities, meet legislative requirements and make sure that things actually happen for a person. It is essential that the person who is going to receive services is involved in the planning of the services. If the plan prepared with and for a person does not address their wants and needs then it will be irrelevant and not worth looking at. A plan needs to be a simple, relevant working document that everyone can follow and have a shared approach towards meeting a person's support wants and needs.

Planning occurs across a huge range of approaches and circumstances. It includes a short discussion with people and their families or supporters who reach an agreement and set some actions. It also includes a large complex plan that looks at a whole range of life areas produced in a format that is meaningful to the person and their families and supporters. It also includes everything in between.

Topic 2.7

Active support



The active support model is a particular style of providing support. It helps workers to encourage and assist people with a disability to be engaged in meaningful activities in their lives.

It has been designed, in the United Kingdom, for residential workers. In Australia it is becoming an increasingly popular emphasis on how support is provided, and not only in the residential setting but across the full range of services where people are supported.

One of the aims of active support is to help support workers develop the skills and approaches they need to assist people to be more involved in their own lives.

Workers who provide active support look for every opportunity to encourage people with a disability to engage with other people, and the world around them. They provide support just to the level required. They encourage people to do tasks for themselves and to want to be involved.

Benefits of active support

People who participate more in activities will gain the benefits that go with this increased participation.

The benefits to people with a disability include:

- increased self esteem
- improved opinion and value by others
- increased happiness
- a sense of involvement
- a sense of achievement

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SECTION 3:

Organisation orientation and job expectations

The following topics are covered in this section:

- | | | |
|-----|--|-----|
| 3.1 | Purpose, structure, history and services of the organisation | 97 |
| 3.2 | Job/role expectations and conditions of employment | 99 |
| 3.3 | Organisation-specific policies and procedures | 101 |
| 3.4 | Client information systems | 103 |

Topic 3.1

Purpose, structure, history and services of the organisation



The background to government and non-government disability services is introduced in Section 1 of *Ready4work*. Generally, Victorian non-government services were started by religious, charity, parent-led or other community-based organisations. This has influenced the history, purpose and structure of each organisation, the sources of their funding and the way they provide services.

Disability service organisations vary in size and scope. They range from small specialised services with three to five staff members all in one locality to sections of large organisations employing many hundreds of workers throughout Victoria in a range of disability support roles.

The non-government or community services organisation that you work for should have information for new workers about:

- history of the organisation
- mission statement or aims/objectives
- management structure of the organisation
- source/s of funding
- types of services provided.

This information is often summarised on their webpages. It may also be in their annual reports. These can sometimes be downloaded from internet sites if a hard copy is not available

Topic 3.2

Job/role expectations and conditions of employment



New employees are recruited to fill a position outlined in a job description or duty statement. For a disability support worker, a contract of employment or letter of offer will be used.

The individual job description and/or letter of offer should give you information in the following areas:

- aims of the position
- any qualification required or preferred
- competencies needed (knowledge, skills and attitudes)
- major duties (tasks and locations)
- management responsibilities (Who do you report to? Who reports to you?)
- wages (industrial agreement or award, rates of pay, overtime, superannuation, payment method)
- conditions (hours of work, time sheets, leave entitlement, future learning and development opportunities).

Topic 3.3

Organisation-specific policies and procedures



All disability services have documented policies and procedures to guide their work. These may vary from organisation to organisation, so you need to know the policies and procedures specific to your particular workplace.

It is important for you to know what these terms mean:

- policies are guidelines used by organisations to decide what action is required and why
- procedures outline steps for taking the decided action
- practice is the action taken.

These policies and procedures help to ensure:

- consistency in quality of service
- accountability to people with a disability, managers and funding organisations
- safety for all in the workplace
- compliance with laws.

Policies and procedures that address service quality and accountability in your workplace include:

- staff code of conduct and duty of care
- service standards
- reporting and written communication, including client information systems
- privacy and confidentiality
- household and personal care procedures

Topic 3.4

Client information systems



All disability services must maintain accurate and up-to-date records of the services planned and provided. This is known as the client record or information system. It may include individual work diaries, shared work unit records, case notes, handover or shift reports and daily logs. Most disability support workers will read and write individual case notes (although they may not be called by this name) and handover reports as an essential part of their work. Communication with other workers and accountability for the actions you take are part of your duty of care.

Learning how to use the client information system at your organisation is a vital part of your orientation.

Respecting confidentiality

In your work you will learn a lot of information about the people you work with. This includes the people with a disability to whom you provide a service, and a range of others. These people could be the families of the people you support, housemates, friends and your work colleagues. The rules of confidentiality require that you must not discuss this information with anyone. Even at your workplace you are only allowed to access and discuss information with another worker if it is necessary. This is sometimes referred to as a “needs to know” basis, not a “wants to know” basis. You only have access to information so that you can provide the best service. You must always respect the confidentiality of the people you work with.

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SECTION 4:

Health and safety

The following topics are covered in this section:

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4.3	Safe manual handling	123
4.4	Incident reports	127
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	Fire safety – advanced	137
4.7	Risk assessment and control	141
4.8	Infection control and blood spills	143
4.9	Assistance with medication	149
4.10	Good nutrition and food safety	151

Topic 4.1

Occupational health and safety



Victorian employers and workers share the responsibility and a duty of care for a safe environment and work practices. This is outlined in the following legislation:

Occupational Health and Safety Act 2004 (VIC) and the *Accident Compensation (WorkCover Insurance) Act (1993)*, including amendments.

Each disability service will have policies and procedures relating to workplace safety, from travel arrangements to emergency situations such as accidents and fires. As a new employee you are expected to be aware of these policies and procedures. It is part of your duty to recognise and minimise any risks in your workplace and to notify accidents, injury or risky situations to your supervisor or other appropriate person in your organisation. This is particularly important for disability support workers, because often their workplace extends beyond the employing organisation. In many cases, their workplace includes the home of the person with the disability, community settings, public events and the use of public or private transport.

The Occupational Health and Safety Act 2004 (Vic) establishes:

- The employer's responsibility to provide a safe and healthy workplace environment and safe work practices, and they should consult with workers to achieve this.
- The worker's duty to follow all organisational instructions relating to health and safety and to avoid putting themselves or other people at risk.

Topic 4.2

Self-care and stress management



Work can be a source of great satisfaction, but it can also be a cause of frustration and stress. For some people, it can affect their health and wellbeing.

Occupational health and safety laws state that employers should provide a safe and healthy workplace for their employees. This includes providing a workplace setting free of stressful practices.

Stress at work can be caused by numerous factors such as:

- lack of clear and achievable goals and priorities
- unrealistic expectations
- lack of review, evaluation or feedback
- insufficient resources (eg. time)
- lack of training.

After a while, these high demands take their toll and result in dissatisfaction, high turnover of staff, illness, absenteeism and lack of motivation. A stressed working environment can cause conflict and contribute to low morale.

Also, disability service organisations where the employees have high stress levels and poor self-care practices will not be able to provide a good quality of service to people with a disability.

What management can do

It is important for employers to recognise work-related stress as a significant health and safety issue.

Under the Occupational Health and Safety legislation, management should follow a work-related stress prevention process as set out below:

Step 1 – Identify potential work-related stress hazards.

Step 2 – Determine work-related stress risks.

Step 3 – Control work-related stress hazards and stress risks.

Step 4 – Implement continuous improvement, trial, review and evaluation.

This means that an organisation can and should take steps to ensure that employees are not subjected to unnecessary stress, including:

- Providing a safe working environment.
- Making sure that everyone is properly trained for their job.
- De-stigmatising work-related stress by openly recognising it.
- Discussing issues and grievances with employees, and take appropriate action when possible.
- Devising a stress management policy in consultation with the employees.
- Encouraging an environment where employees have more say over their duties, promotional prospects and safety.
- Reducing the need for overtime by reorganising duties or employing extra staff.
- Taking into account the personal lives of employees.
- Supporting staff in seeking advice from health professionals, if necessary.

Identify stress when it occurs

Stress symptoms can include, but are not limited to:

headaches	insomnia	anxiety
fatigue	panic attacks	depression
dizziness	backaches	heart palpitations

Topic 4.3

Safe manual handling



Please note: to complete this topic you need to watch a video or DVD which trains workers in lifting and transferring people. Your organisation will probably have a preferred video or DVD. Ask your supervisor.

In this topic you are introduced to

- the principles of back care
- safe lifting and moving practices in your work.

Back injuries are commonly reported by direct support workers. Many result from unsafe work practices. You can reduce this risk by altering your procedures, conditions of work and using manual handling aids. Information and instruction in back care and safe lifting practices will further reduce the risks to workers.

This topic is part of the core induction employers are required to provide under the single regulation introduced July 1, 2007 to support the Occupational Health and Safety Act 2004. The employer is responsible for providing information, instruction and training to employees who are required to carry out manual handling tasks.

What is manual handling?

Manual handling is any activity requiring the use of force by a person to lift, push, pull, carry or otherwise move, hold or restrain any person or object. It is a major health and safety issue for disability support workers, people with a disability and their families, who often carry out such activities.

The Manual Handling Code of Practice (April 2000)³⁰ provides advice on ways to meet the requirements for manual handling in your work.

Topic 4.4

Incident reports



The key reason for reporting incidents is to learn from them and, if possible, prevent them happening again. If we do not report accidents and near misses, we may fail to uncover potential hazards to people with a disability and to staff.

All workers are expected to undertake a duty of care toward all others in their workplace. This includes the responsibility to recognise and minimise risks, and to report any incidents such as:

- illness
- accidents
- injuries
- 'near miss' situations.

Incidents should be reported to a supervisor or other appropriate person in the organisation. Your organisation will have a policy and process for reporting incidents. All workers need to be aware of these. You may have to complete a formal incident report for the Department of Human Services or make a verbal report to your supervisor or another staff member.

Incident reports aim to:

- support the provision of high quality services through the reporting of incidents and their subsequent follow-up
- ensure that due diligence and duty of care requirements are met and that deficits are addressed.

Topic 4.5

First aid



First aid – advanced (two days) is strongly recommended for workers who do not already hold this qualification. As a minimum standard, new workers should be competent in CPR before undertaking independent responsibility as a disability support worker. Many organisations now require new staff members to present evidence of a first aid qualification prior to commencing employment. First aid courses are conducted by numerous registered training organisations throughout Victoria.

First aid training and assessment is delivered off the job. Your first aid trainer will supply your resources.

Remember to file your first aid certificate (or a photocopy of it) with your *Ready4work* documents.

Relationship to the national competency standards

This topic provides information relevant to the required knowledge for:

HLTA301B	Apply First Aid
HLTA402B	Apply Advanced First Aid

Topic 4.6

Fire safety – introductory




This topic introduces fire safety policies and practices including emergency practices as a core component of workplace safety. This section should be completed by all workers NOT in 24-hour supported residential facilities, or casual, new and agency staff in a 24-hour supported residential facility.

If you work in a 24-hour supported residential facility in a permanent position, you are required to complete competency based fire training, in line with the DHS policy 'Fire and Emergency Response Procedures and Training Framework – 2001' (FERPTF). The section 'Fire Safety – Advanced' provides further information.

Fire safety is an important issue for all people within the community. Families and support workers will need to plan thoroughly to ensure the safety of people with a disability. This applies whether your workplace is in a centre, the home of a person with a disability or in another community setting. An understanding of fire restrictions and proclaimed fire ban days is essential if you are involved with outdoor cooking or outdoor activities during summer.

The keys to fire safety

- **fire awareness/fire prevention** – identification of fire risk, including fire risk behaviours
- **early warning** – for example, well-maintained smoke alarms
- **access to fire equipment** – fire extinguishers and blankets
- **a careful plan** of emergency steps so that you know what to do if a fire occurs.



Fire safety - advanced

The earlier topic Fire Safety - Introductory outlined fire safety policies and practices as a core health and safety topic and an essential component of workplace and household safety. This topic is sufficient for workers who are NOT working in a permanent capacity in 24-hour supported residential facilities. Casual, new and agency staff in 24-hour support, should complete the fire safety - introductory as a minimum requirement.

However, competency based fire safety training is mandatory for all permanent staff who work in 24-hour supported residential facilities, in line with the DHS Policy 'Fire and Emergency Response -Procedures and Training Framework - 2001' (FERPTF). If you are a residential worker in this category, this training will be organised by your manager or supervisor in consultation with the DHS Fire Safety Training Consultant or **field**. The aim is to ensure that all staff demonstrate and maintain the required competencies in fire safety and evacuation. Organisations may choose any fire safety training program which meets the requirements of FERPTF. However, DHS only funds one program, The DHS Fire Safety Training Program.

The competencies to be covered by the DHS Fire Safety Training Program (according to DHS policy FERPTF - 2001) follow:

Workplace Emergency Response Competency Standards (PUAWER).

Level 1

Disability support worker

New workplace emergency response competency standards

PUAWER001A Identify, prevent and report potential workplace emergency situations

- E1 Identify, monitor and report situations that could lead to workplace emergencies
- E2 Identify, report and correct situations that could prevent the workplace emergencies from being safely handled

PUAWER004A Respond to workplace emergencies

- E1 Prepare for emergency situations
- E2 Report emergencies and potential emergencies
- E3 Respond to emergency warnings and advice
- E4 Evacuate from the work area

PUAWER008A Confine small workplace emergencies

- E1 Prepare for emergency situations
 - E2 Identify and assess the emergency
 - E3 Safely confine emergencies where possible
 - E4 Use initial response equipment
 - E5 Report workplace emergency response
-

Additional competencies are required for supervisors.

The DHS funded fire safety training program provides funding for:

Induction of Disability Support Workers (DSWs)

- training resources provided via **field** – one self-paced manual and video per residential facility, and a workbook for each DSW
- assessing of completed workbook by a qualified workplace assessor (WPA).

Induction of Supervisors

- training resources for supervisor's training – one supervisor's guide provided to each trained supervisor
- trainer and other training costs
- backfill for staff attending.

Refresher fire safety training for supervisors and DSWs

Training resources

- trainer and other training costs
- backfill for staff attending.

Topic 4.7

Risk assessment and control



It is the responsibility of everyone in the workplace to:

- identify actual or potential hazards
- assess the level of risk
- take action to control the risk.

This is part of the worker's occupational health and safety role and responsibility. In this topic we consider these processes and what they mean for disability workers.

Hazards

A hazard is any real or potential condition that can cause:

- injury, illness or death to one or more people
- damage or loss of equipment or property
- negative effects on the environment.

Hazards can be:

- **physical** (as in manual lifting or faulty equipment)
- **behavioural** (as in the inappropriate behaviour of staff members, service users and other people at the workplace)
- a **combination** of both physical and behavioural factors (as in poor hygiene practices or faulty infection control).

Hazards which may impact on the health and safety of people can be identified:

- **before a possible event** - by observing and reporting potential hazards, by using a checklist to identify hazards and by undertaking workplace inspections or surveys
- **after the event** - by incident reports and investigations following any injury, illness, accident or 'near miss' events.

Risks

A risk is measured by considering a combination of the severity of the hazard and the frequency of exposure and occurrence. In Learning Activity 4.7 you will see how to do this.

When assessing the level of risk you should look at four areas.

1. Tasks performed
2. Equipment used
3. Substances used
4. People involved

Hazard identification, risk assessment and risk control measures aim to minimise, eliminate or reduce the level of risk and thus increase the health and safety of the work environment. As manual handling is a major hazard in disability and aged-care services, disability support workers are expected to be competent in identifying, assessing and controlling risks in this area.

Relationship to the national competency standards

This topic provides information relevant to the required knowledge for:

CHCOHS312A Follow safety procedures for direct care work

Topic 4.8

Infection control and blood spills



Infection is the result of a harmful bacteria or virus entering the body and multiplying. Infections can be present with or without any visible signs or symptoms. A person may be infectious before they become unwell (ie. during the incubation period) and during their illness. With some infections, people can be carriers and remain infectious without experiencing the illness.

The aim of infection control procedures is to prevent germs entering the body.

Transmission of infectious diseases

Infections can be passed by:

- sneezing and/or coughing by an infected person
- contact directly from dirty hands to mouth
- skin-to-skin contact or sharing of personal items
- direct contact with blood and body fluids where there is broken skin or splashes to the mucous membrane, such as eyes and mouth.

The infection status of staff and service users is confidential and must not be disclosed without the person's consent.



Topic 4.9

Assistance with medication

Assistance with self-administration of medications and/or administration of medications may be part of your duties.

Assistance with medications is a critical area of support, which has significant risks, and duty of care issues. Your organisation will have policies and procedures relating to medications.

There is one national competency standards that relate to medications:

CHCCS305A - Assist clients with medication

This competency does not cover all situations or client needs. Where a client requires additional support you may require additional client specific training or the assistance should be provided by a nurse or medical practitioner.

It is beyond the scope of this induction to train you to safely assist with self administration or administration of medications. You should discuss training options with your supervisor before you undertake such tasks.

Relationship to the national competency standards

This topic provides information relevant to the required knowledge for:

CHCCS305A Assist clients with medication

Additional information, links and resources

Further information about administration of medication can be found from the DHS Residential Services Practice Manual. This can be accessed from the DHS website within the publications library.

Topic 4.10

Good nutrition and food safety



As a disability support worker, both good nutrition and food safety could be a part of your duty of care to the people you support. It is important that you understand the basis of good nutrition, so you can assist the people you support towards a healthy lifestyle. You must always remember to respect the cultural and religious beliefs of people and the impact it may have upon food choices and eating patterns.

Good nutrition

Some health issues are due to lifestyle and genetic factors. A well-balanced diet may prevent lifestyle-related illnesses by providing the appropriate amount of nutrients the body requires for healthy living. Eating a wide range of healthy foods can assist with:

- protection against diseases and health problems such as constipation, osteoporosis, diabetes and cardiovascular (heart and circulation) disease
- maintaining a healthy body weight
- longevity
- better overall health.

A healthy diet should have the right balance of foods, as too much or too little of a particular food group may cause health concerns.

be offered for study by a Registered Training Organisation (RTO) such as your local TAFE or even your own employing organisation. Ask your supervisor for more information.

Nutrition units

HLTFS302B	Prepare foods suitable for a range of food service settings
HLTNA302B	Plan and evaluate meals and menus to meet recommended dietary guidelines
HLTNA303B	Plan and modify meals and menus according to nutrition care plans
HLTNA304B	Plan meals and menus to meet cultural and religious needs

Food safety units

HLTFS207B	Follow basic food safety practices
HLTFS309B	Oversee the day-to-day implementation of food safety in the workplace
HLTFS310B	Apply and monitor food safety requirements
HLTGM207B	Carry out work in a food handling area

Nutrition and food safety education for support workers

Disability Services has produced a number of resources for professionals addressing nutrition issues for people with a disability.

These resources can be found at the healthy eating for people with disabilities section of the Victorian Government's Go For Your Life website. They are all downloadable documents. (For details and address, see links at the end of this section.)

Four resources are available that specifically address nutrition and food safety

issues for people with a disability. These resources also act as learning guides for staff undertaking formal study in the nutrition and food safety components in Certificate IV in Disability Work. These resources are:

- Good Food For All: A guide for residents and staff of shared homes for people with a disability
- Good Food For All Workbook: A guide to learning about nutrition for people with a disability
- Food Safety For All: A guide for shared homes for people with a disability
- Food Safety in Action: How to develop, implement and monitor a food safety plan in a shared home for people with a disability

Relationship to the national competency standards

This topic provides information relevant to the required knowledge for:

CHCDIS301A Work effectively with people with a disability

CHCCS400A Work within a relevant legal and ethical framework

Additional information, links and resources

The Dietary Guidelines for all Australians have been developed to help Australians eat better. You can find this document at: www.nhmrc.gov.au click on publications and then type into the search engine at the bottom of the page Dietary Guidelines for all Australians.

The resources referred to at the Go For Your Life website are at www.goforyourlife.vic.gov.au/healthyeating/disability

<http://www.swahs.health.nsw.gov.au/services/publicaffairs/publications.htm>

The Healthy Homes Guide is a comprehensive and practical nutrition and food safety manual designed especially for group homes. The Healthy Homes Guide was developed by a qualified dietitian with input from group homes.

Ready4work

---▶ Disability Support Work Induction

SECTION 5:

Your ongoing learning and development

The following topics are covered in this section:

5.1	Competency and disability support work	159
5.2	Individual learning	163
5.3	Competency evidence portfolio	167
5.4	Ongoing learning and career pathways	171



About this section

The topics in Section 5 focus on your learning and development pathway as a disability support worker. They also introduce some of the information and resources that will help you on your way.

Firstly, this section explains the framework for training in the disability services sector, which is competency based training. In the disability sector this training aims at delivering and assessing the knowledge, skills and attitudes required to perform disability work effectively. You will also read about national competency standards in relation to disability.

You will also find information to help you with your own learning, such as individual learning styles and some study tips. This section also explains how individual learning plans and the competency evidence portfolio can help you organise and record your learning.

Recognition assessment (RPL) is also explained, and some suggestions about qualifications and career pathways are outlined.

You can work through these and all the other topics in *Ready4work* in any order, according to your interest and need. Use the cross-references in the text and footnotes to link to related information in *Ready4work* and in other readily available resources.

Completing worksheets from this section of Ready4work assists workers to gather evidence towards demonstrating competency in elements 6 and 7 of CHCCS411A Work effectively in the community sector.

Topic 5.1

Competency and disability support work



It is essential that all disability support workers are competent at their work. Workplace competency means that a worker can demonstrate the appropriate knowledge, skills and attitudes that are required to do a job well.

Competency in disability support work could be achieved in a variety of ways, which may include one or more of the following:

- previous and current **work experience** directly relevant to supporting a person with a disability
- previous and current **education or training** undertaken in the workplace or off-the-job. In some cases this may have led to a formal qualification in disability work
- previous and current **life experience** – including experience providing support to relatives, friends or others with a disability.

The following paragraphs help explain competency standards and competency-based approaches to learning and recognition. They will also help you understand and use *Ready4work*.

National competency standards

What knowledge, skills and attitudes are needed to competently work within the disability sector? This has been carefully considered by representatives of the community services industry and has been written down as units of competency, which are the basis of training for this industry. They are called the National Community Services Competency Standards for Disability Work, and they are

An example of a unit of competency

Below is part of a unit of competency from the Community Services Training Package (CSTP).

National Code of the competency	Title of the unit of competency	<i>Unit Descriptor describes the intention of the unit or what the work activity involves.</i>								
<i>Employability Skills: Generic skills, capabilities or key competencies required for employment.</i>	<p>UNIT CHCDIS301A Work effectively with people with a disability</p> <p>Unit Descriptor: This unit describes the knowledge and skills required as an introduction to working and communicating with people with a disability</p> <p>Employability Skills: This unit contains Employability Skills</p> <p>Application This unit may apply to work with people with a disability in a range of community service contexts</p>	<i>Application: The unit of competency's scope, purpose and operation in different contexts, for example, by showing how it applies in the workplace.</i>								
<i>Elements define the essential outcomes of a unit of competency.</i>	<table border="1"> <thead> <tr> <th data-bbox="253 540 378 562">ELEMENT</th> <th data-bbox="378 540 771 562">PERFORMANCE CRITERIA</th> </tr> </thead> <tbody> <tr> <td data-bbox="253 562 378 714">1. Demonstrate an understanding of the delivery of quality services for people with disabilities</td> <td data-bbox="378 562 771 714"> 1.1 Demonstrate understanding of key issues facing understanding of the people with disabilities and their carers 1.2 Work with understanding of the context of policy for people with disabilities regulatory, legislative and legal requirements as they apply to the area of disability work 1.3 Demonstrate commitment to access and equity principles 1.4 Take into account personal values and attitudes regarding disability when planning and undertaking work with people with disabilities 1.5 Demonstrate understanding of different impacts on clients of specific disabilities, including acquired and developmental disabilities </td> </tr> <tr> <td data-bbox="253 714 378 1049">2. 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CHCDIS1C Orientation to Disability Work needs to be replaced by CHCDIS301A Work effectively with people with a disability

Topic 5.2

Individual learning



A new worker has many learning needs. A good workplace will support the learning needs of workers of all levels of experience. A workplace with a learning culture will encourage ongoing learning (also known as lifelong learning) which benefits both the individual and the workplace.

In this topic we look at the way workplaces might approach your induction. There is an overview of a range of individual learning styles and preferences, and tips to assist you with your learning. The topic finishes with a discussion of individual learning plans and a worksheet for you to use as your own individual learning plan.

Organisation approaches to induction

Disability services vary in how they support the learning and development of their employees. Agencies with a learning culture will have an organisation-wide learning and development plan as part of an overall human resources policy for recruitment and staff development. Individual learning plans (discussed later) should be part of this larger learning and development plan.

In some organisations, this training role is taken by an outside consultant or training organisation, or by a regional network of agencies. In such situations, new workers may need to seek some of their learning support outside their workplace.

In *Ready4work* we have requested that all new workers have a supervisor to help them set priorities and to support their learning throughout the induction phase.

Topic 5.3

Competency evidence portfolio



Competency-based assessment focuses on the demonstration of your knowledge, skills and attitudes, wherever they have been learned. It may include your learning from a previous job, study or from your life experience. *Ready4work* does not involve formal assessment but the activities provide you with the opportunity to develop and retain evidence that you can use later to help demonstrate competency. You should keep your *Ready4work* workbook, and especially the worksheets, as evidence of learning you have completed.

The purpose of your competency evidence portfolio

As you are involved in the process of lifelong learning, it is a good idea to keep a record of your learning journey. At some stage you may wish to gain a formal qualification in disability work or another related area. There are generally two ways to gain a qualification or a statement of attainment for one or more units of competency:

1. Undertake formal training with a Registered Training Organisation (RTO) where your qualified assessor will assess you against the competencies.
2. Seek recognition (RPL) from an RTO that you already have the required knowledge, skills and attitudes of the competency or competencies.

Keeping an evidence portfolio of your competency can assist you with both these avenues.

Topic 5.4

Ongoing learning and career pathways



This final topic of the *Ready4work* workbook suggests reasons for a worker to be involved in ongoing or lifelong learning, and outlines options for career pathways. This topic does not contain a workplace activity or worksheet, as your individual learning plan from Topic 5.2 should cover this for you. We hope that you will see the *Ready4work* induction resource as a stepping stone to help you with your ongoing learning and development in a career as a disability support worker.

Ongoing learning

Lifelong learning requires a commitment from the worker to ongoing learning and continual development of knowledge and skills. It is important for your continued personal and professional development as well as your career prospects. Formal study is one way to continue to develop knowledge, skills and attitudes. Reflection on your own work practice and observing the work of others are other ways.

A number of influences encourage disability support workers to continually develop their competency in their work:

- The worker's commitment to people with a disability and their rights. The State Disability Plan and Victorian Disability Service Standards call for continual vigilance by workers to raise the standards of services to meet the needs of people with a disability.
- Recruitment and staff development policies are being developed to help ensure a competent and stable workforce in the sector.

Qualifications from the Community Services Training Package

The table below shows where *Ready4work* sits in relation to qualifications from the Community Services Training Package. The table shows the qualifications and their possible employment outcomes. Potential next steps to further qualifications are also shown.

Training/qualification	Occupational outcome	Potential next step and where to take that step	Occupational outcome
<i>Ready4work</i> induction program (not a qualification from the CSTP)	Possible employment as unqualified disability worker, trainee or new apprentice	Individual competency units leading to Certificate IV in Disability (Through TAFE or other RTO)	Disability worker
Certificate III in Community Services Work	Placements can be undertaken in a child-care centre, aged-care facility or a disability organisation	TAFE or other RTO studies in Certificate III in Aged Care	Aged care worker/ personal carer
		TAFE or other RTO studies in Certificate IV in Disability	Disability worker
		TAFE or other RTO studies in Certificate IV in Nursing	Division 2 nurse, previously called an enrolled nurse

There are also options available in other community services and health sectors.

The next table shows the three related industry areas of disability work, aged care work and nursing, outlining qualifications and career options.

Qualification	Occupational outcome	Potential next step and where to take that step	Occupational outcome	Potential next step and where to take that step
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Aged Care

Certificate III in Aged Care	Personal carer/ aged-care worker	Certificate III in Health Service Assistance (Allied Health Assistance) TAFE or other RTO	Therapy aide	Certificate IV in Nursing to become a Division 2 nurse TAFE or other RTO
		Certificate IV in Aged Care TAFE or other RTO	Diversional therapist in aged care/disability	

Disability Work

Certificate III in Disability	Disability worker	Certificate IV in Disability TAFE or RTO	Disability worker	Diploma of Disability for higher level direct work skills TAFE or RTO
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Division 2 Nursing

Certificate IV in Nursing	Division 2 nurse/ Enrolled nurse	University studies in Bachelor of Nursing	Registered Division 1 nurse	
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References

1. See: *A way with words: Guidelines for the portrayal of people with a disability*, Queensland Government, Families Youth and Community Care, 1995. Download from: www.disability.qld.gov.au/publications/waywithwords.pdf
2. See Topic 2.4: Rights, responsibilities and advocacy, in this workbook.
3. See Topic 2.2: Person-centred approaches, in this workbook.
4. See Topic 2.1: Human rights, laws, The State Plan and Quality Framework for Disability Services, in this workbook.
5. Source: General information about disability, Diversity@work. See www.work.asn.au. Click site map. Click disability. Click info for details of different types of disability.
6. Source: *Survey of Disability, Ageing and Carers*, Australian Bureau of Statistics, 1998.
7. 'Beyond Affliction', a US National Public Radio Program, see or download from: www.npr.org/programs/disability/ba_shows.dir/children.dir/highlights/stereot.html
8. See www.scopevic.org.au or www.independenceaustralia.com/, or visit the Disability Online website www.disability.vic.gov.au/, then click Services Directory and use 'keywords' to locate sources of information.
9. Victorian Department of Human Services website www.dhs.vic.gov.au
10. See the Action on Disability within Ethnic Communities (ADEC) website www.adec.org.au
11. Non Government Disability Training Unit. Induction and Orientation Resources, June 1998
12. *Supporting Families with Children with Disabilities: Identifying service responses that impact on the risk of family breakdown*, Victorian Department of Human Services, December 2002.
13. www.hreoc.gov.au
14. www.facs.gov.au – click search, type in National Disability Advisory Council.
15. See www.publicadvocate.vic.gov.au/
16. See www.vcat.vic.gov.au – click guardianship and administration.
17. www.dhs.vic.gov.au – click divisions, click disability services, click state disability plan.
18. www.dhs.vic.gov.au – click divisions, click disability services division, click improving supports, on this page click - Standards for Disability Services in Victoria.
19. See Section 4: Health and Safety in this workbook.
20. See Topic 3.2: Job/role expectations and conditions of employment in this workbook.
21. See Topic 3.3: Organisation-Specific Policies and Procedures in this workbook.
22. See VCAT website: www.vcat.vic.gov.au, click guardianship and administration
23. See www.hreoc.gov.au
24. See www.disabilityhotline.org/about (or Free Call: 1800 880 052).
25. See 'The Worker's Duty of Care' in Topic 2.3: Ethics and duty of care, in this workbook.
26. See Topic 1.3: Perspectives on disability and disability support in this workbook.
27. See Topic 2.3: Ethics and duty of care, in this workbook.
28. Visit the ACE website: www.aceinfo.net.au for more information about this important resource.