Handout 1: Definitions of Disability

There are different ways to define disability depending upon the framework from which you are working, your personal view of the world, and possibly your cultural background.

Disability has historically been defined in Western culture in terms of a `deficit model`. That is, the focus is on what a person is unable to do rather than what they can. It is seen as a negative condition that needs to be `fixed` if possible.

Many people challenge this way of defining disability because they feel that the worth and individuality of people is not valued.

A traditional medical framework defined disability in terms of illness – a condition to be cured or treated. This sometimes resulted in people being seen in terms of their ‘parts’ rather than as a whole person. Many people with a disability do experience illness associated with their disability and so a medical approach is important. Today, however, there is a shift towards this approach being more holistic as health professionals work as teams to address the total needs of a person.

The World Health Organisation (WHO) defines disability in relation to its consequences for the individual and the impact the environment has on the experience of being disabled. It states that:

1. A person may have an **impairment** which is some abnormality in their anatomy or function eg a hearing loss.
2. This may result in a **disability** which is a loss or reduction in functional ability eg to communicate.
3. A **handicap** is the social or environmental disadvantage that a person may experience as a result for having a disability eg if everyone in the community knew how to use sign language the person with the hearing loss would not experience a communication disability.

This is a useful definition because it makes us think about how the environment creates the experience of being handicapped. If all buildings were physically accessible to everyone no matter what their mobility needs then a person who uses a wheelchair is not handicapped in relation to physical access. Legislation and Government policy generally reflects this way of defining disability.

The most empowering way of defining disability is to consider people’s differences to be part of the diversity of human expression. The focus is on people’s unique individual strengths and abilities rather than on what they cannot do. This way of defining disability is taken up by the disability rights movement and reflects a social justice approach.

**Handout 2: Principles of Access and Equity**

Access and equity are principles of social justice.

Equity relates to fairness. It recognises that some people are more disadvantaged than others in being able to access services and facilities and therefore there is a responsibility to address this lack of equity.

Access is the capacity people have to physically enter a building or space and also to use a facility or service.

Many people with a disability do not have the same access to places and services as other people because their needs in areas such as mobility and communication have not been met.

Access and equity are concepts against which all services should be measured. They will be reflected in how decisions are made about who is eligible for a service, how resources are allocated, how the needs of people from diverse backgrounds are met. Access and equity are covered in the Disability Discrimination Act 1992.

Barriers to access are often encountered in the following areas:

- Transport eg no lifts at train station, limited availability of modified taxis
- Building design eg no ramps and rails at entrance and exit, doors too narrow, bathrooms not modified
- Use of services eg reception counters too high, information not available in a range of languages
- Communication eg staff not trained in using alternative communication systems
- Culture eg not meeting religious or cultural dietary requirements
- Equipment eg service not meeting equipment needs such as lifting devices
- Staff and community attitudes eg refusing a service based on a person’s appearance or medical status.


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**Handout 3: Rights of People With a Disability**

Historically people with a disability have been segregated from the community and have been seen to have little value. This treatment resulted from the fear and ignorance people had about those who were seen as different.

Today the Disability Rights Movement has been instrumental in supporting a shift in community attitudes. The shift has been towards valuing diversity – not expecting everyone to be the same and recognising that everyone has worth. A good example of the impact of the Disability Rights Movement has been the commitment to deinstitutionalisation made by most Australian governments over the last 20 years or so. Deinstitutionalisation acknowledges that people with a disability have the same right as everyone else to live as members of the

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community. While there are still thousands of people living in institutional type care many more people are now living as part of their community.

The Universal Declaration of Human Rights, which was proclaimed in 1948, stated the rights that all people should have respected. In Australia, State and Federal legislation has established a legal framework to support the rights of people with a disability to live and participate in the community.

The Commonwealth Disability Discrimination Act (1992) is a significant piece of legislation, which makes it against the law to discriminate against people with a disability in a wide range of areas such as employment, accommodation, and service access.

The Commonwealth Disability Services Act (1986) and the various State Disability Services Acts have outlined the principles upon which service delivery is based in relation to people’s rights. This includes that people with a disability have a right to say how services are provided to them, ensuring that everyone has a service to meet their individual needs, upholding rights to privacy and confidentiality.

All States now have Guardianship legislation which reflect the need to protect the interests of people who are unable to make their own decisions.

Library link:
The Human Right and Equal Opportunity Commission is a valuable source of information the legal rights of people with a disability www.hreoc.gov.au

Handout 4: Stereotypes About Disability

People often make sense of the world by grouping people into categories in ways that they think helps them to understand them better. This categorising is called stereotyping and it is often negative and usually completely unjustified. Stereotyping ignores that we are each individuals with our own ways of behaving, feeling and thinking.

People with a disability have been the subject of many stereotypes that are still common today in Western culture. Common stereotypes include that they:

- need looking after and protecting
- can’t make informed decisions
- are eternally children
- cannot be parents
- don’t have the same feelings as other people
- have unusual and challenging behaviour
- have no sexual feelings or needs
- are sexually deviant.

Many stereotypes are contradictory eg people with a disability have no sexual feelings but they are also sexually aggressive.

The consequences of these stereotypes are often negative. For example:

- They have been overprotected and not given opportunities to learn through risk taking
- They have been segregated from the community
- They have not been supported or have been denied meaningful relationships
They have had decisions made for them and so not had control over their own lives.

Handout 5: Professional and Personal Values Conflict

Our values and attitudes have been developed over a lifetime of cultural, social, educational, and religious experiences. For some people, working in the disability sector can challenge their personal values and attitudes. Issues around sexuality, death, disability, and cultural practices are just some of the many issues that can be confronting.

The values on which most services are based are drawn from a social justice framework which supports personal freedom and rights around many of these areas. This may mean that some people have to some how balance their personal views with the values of those with whom they are working. This may create feelings of discomfort or inner conflict.

This can become a problem if it means that a person cannot work effectively with the people they are supporting. It is the responsibility of the person to do something about addressing this. Some options may include:

- Learn more about the issue that is causing a conflict in your values so that you understand it from a variety of points of view. You can talk with the person concerned about the issues, debate issues at team meetings, attend professional development or training, seek supervision.
- Decide if you can provide a service that will meet the client’s needs despite your values.
- If you cannot provide such service refer on to someone else to provide it instead.

These days workers are often careful not to express their personal values if they are in conflict with their work role. However they may still be evident in the language they use. These include referring to people collectively and focusing on their disability rather than on them as individuals with their own strengths and qualities eg “the moderates”, “the Downs kids”.

Reflection

Can you think of some examples of language that you or others use that may reflect your personal values?

What could you do if you heard someone speaking in a way that is not respectful of people with a disability?
Handout 6: Consent

Some people with an intellectual disability have a reduced capacity to give consent for major life decisions.

Many people generally assume that consent simply means saying ‘yes’. However for consent to be considered valid, a number of conditions need to be satisfied.

There are four elements of valid consent:

1. The person must understand that they can refuse to give consent.
2. Consent must be freely given without duress or threat.
3. Consent is specific to the action.
4. The person must be able to understand the consequences of giving or withholding consent.

Consent can be withdrawn at any time.

Although a person may indicate agreement with an action this does not necessarily mean that they have given valid consent. Many people with a disability have learnt to be compliant with the wishes of others with more power than them.

There are many ways that a person can communicate whether they are consenting to an action even if they are unable to speak. Behaviour is often a clear demonstration of a person’s feelings about something eg if they continually resist taking a tablet by turning their head it is likely they are saying that they don’t want to take it.

To give valid consent a person needs information about what the action is, and what the consequences of the action are. For example if they are to have surgery they would need to know what some of the side effects might be including what may happen if they do not have the surgery. Providing this information in a manner that is appropriate to them is essential. This may mean having information in picture form, using diagrams and models etc.

Being able to make a decision to give consent is a skill that is developed over time and with experience. People can receive education about making decisions and should have opportunities in every aspect of their lives to apply this to making choices. This can apply to simple decisions such as what to eat to more complex decisions such as relationships.

If there is a question about a person’s capacity to give consent for certain things such as medical or dental treatment, access to services, behaviour management strategies, financial management an application for Guardianship may be appropriate. If a worker is unsure about a person’s capacity to give consent it is their responsibility to seek formal advice eg from the legal authority that determines Guardianship issues. If a Guardian is appointed for a person they then have the legal authority to make decisions for the person including giving consent.

Handout 7: Duty of Care

Duty of care is a simple legal concept that can be complex to apply to many situations which challenge workers.

A duty of care can be broadly defined as the responsibility that a worker has to prevent foreseeable harm to a client.

Anyone supporting people with a disability whether they are paid staff, unpaid carers, or volunteers will have a duty of care to the people they support. The standard care owed by a disability worker to a client will vary depending upon such things as their role and responsibilities, training and experience. Duty of care is breached if a person suffers harm and it was reasonably foreseeable that this harm would occur.

Duty of care is an important legal issue but it is often misunderstood. Workers sometimes feel that they have a responsibility to ensure a person’s safety under all circumstances even if this means going against a person’s decisions. People have a right to take risks in their lives. This is an essential part of learning and experiencing life. The worker has a responsibility to support the person to understand the possible consequences of their decisions.

How do you assess duty of care? Ask yourself:

1. What might be harmful about the activity
2. What benefits will come from the activity
3. How can harm be reduced
4. Once the risks have been addressed, do the potential benefits outweigh the possibility of harm?

Library links:


Handout 8: Empowerment Through Client Oriented Service Delivery

The way that services support people with a disability has changed over time. The Federal Disability Services Act (1986) and the Disability Discrimination Act (1992) have been important in leading and supporting these changes.

Early history of service delivery was based on a custodial care model. This was because society believed that people with a disability needed to be looked after by others because they did not know how to look after themselves or what was good for them. This meant that people with a disability were powerless in determining how they wanted to live.

Today service delivery is increasingly more client oriented. This is based on the philosophy that people with a disability should have as much say in their own lives as they are able. If they are not able to make decisions about their lives due
to the level of the disability, they have family and other advocates who make those decisions. The role of the service provider is to support the person or their advocate to identify their options, assist in planning how to achieve their goals, and provide the type of service that will meet these goals.

This can be challenging for services because they may not always agree with the person’ goals, or they may have to do things differently than they are used to. It also may take more time to support the person to make decisions.

**Handout 9: Interpersonal Communication Skills**

For communication to be effective it means that a person has been able to get their message across and it has been received and understood by another. Effective communication is extremely complex and developing the right skills takes self-awareness, practice and an understanding of how to use different skills in different situations.

We use a wide range of ways to communicate - often at the same time. For example, while we are talking we will also be using body language and facial expressions to express ourselves. At the same time we will be trying to interpret the feedback the other person is giving us about what we are saying. While we are listening we might be thinking about what we will be saying next, trying to interpret what the other person is saying and what we are seeing in their body language and gestures.

Communication involves not just sending a message. The message needs to be interpreted by the receiver in the way it was intended. It is common for people to misunderstand what is said even if the speaker thinks that they have been very clear. People can be confused by jargon, they may not be able to listen properly because they were worried or tired, they may be thinking more about what they want to say rather than listening.

**Non-verbal communication** ie the way that we express ourselves without the use of words is the major form of communication. We are sometimes not conscious of this, which is why self-awareness is so important. You need to be aware what your facial expressions, body language, gestures say to the other person. They can tell someone that you are being open or closed, aggressive or conciliatory, confident or shy. You don’t need to tell people this - they can interpret it from your non-verbal communication. If someone is saying they are happy but their body is slumped and their face sad we are more likely to believe that they are unhappy.

**Non verbal language** is significantly influenced by cultural background. For example, in some cultures it is considered disrespectful to look someone in the eye, in others it is disrespectful not to! Keeping an open mind about this will help to make sure that there is no misinterpretation.

**Listening** is a very important skill in being an effective communicator. Active listening lets the other person know that what they are saying is important. We show that we are actively listening with non verbal communication eg looking at the person and not at your watch, nodding and using prompts to continue talking.
such as ‘mmm’. Active listening requires that we don’t have our head filled with thoughts about, for example, what we want to say, or what we are going to be doing tonight, but we are completely focused on what the person is saying.

Why is this so important? By giving the person a very clear message that they are being listened to they are more likely to be open in their communication. This helps us to interpret what is being said more accurately.

The way we communicate is dependent upon who we are with, and what we are trying to achieve. For example, people who work together in a similar field may use a lot of jargon or abbreviations that is readily understood by everyone in that particular field eg cerebral palsy may be abbreviated to CP. However this language may not be appropriate when talking with families. When talking with friends you may use a lot of humour and banter. This may not be appropriate in the workplace especially when talking with people outside your own team.

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**Handout 10: Freedom from Exploitation and Abuse**

To be free from abuse is a human and legal right of all people living in our society. People with a disability are too frequently abused, neglected and exploited.

Abuse is the maltreatment of another and includes physical, sexual, emotional abuse, physical restraint and restriction of movement (unlawful confinement).

Neglect is the failure to meet health and welfare needs including the need for physical safety.

Exploitation is taking unfair advantage of a person’s vulnerability. People may be exploited financially eg their pension is taken from them for other people to spend, they are paid low or no wages for work done, they are overcharged for goods.

Children and adults, men and women, can all be victims of abuse. Abuse is against the law and is covered by legislation in the Crimes Act (1900), .......Research and anecdotal evidence report that people with a disability experience a higher rate of abuse than people who do not have a disability.

There are a number of reason for this including:

- People with a disability are often dependent on others for many areas of care and so there is increased opportunity for them to be abused. Their vulnerability can be increased if they have no way of telling anyone they are being abused or if they do not know that what is happening to them is abuse.
- They have often been segregated from society eg by being institutionalised and so are ‘out of sight and out of mind’.
- A stereotype such as thinking that people with a disability do not have feelings has meant that people have discounted their experience of abuse. This has meant that their safety has not been considered when setting up accommodation and other services.

Library link: [www.idrs.org.au](http://www.idrs.org.au) this is the website of the Intellectual Disability Rights Service, a legal and human rights advocacy and educational service for people with an intellectual disability and staff. It provides information on legal
rights, and also abuse and violence including plain English versions. There is a guide to resource material for those working with people with a disability.

Handout 11: Responding to Abuse

What might make you suspect that a person is being abused?
1. They tell you – this is called a disclosure
2. Physical indicators eg bruising, urinary tract infections, sexually transmitted infections, pregnancy
3. Emotional indicators eg depressed, tearful, angry, unusually fearful
4. Behavioural indicators eg changes in usual behaviour, withdrawn, inappropriate sexual behaviour, unexplained aggression, loss of skills.

These indicators may be present even if the abuse happened a long time ago.

How should you respond if you suspect abuse is happening? Depending on your role and responsibility, responding may include:

- Making sure the person is safe from further risk of abuse and providing support to access services such as counselling, medical assistance, legal assistance
- Follow agency procedures such as reporting to your supervisor
- Seek assistance from independent advocacy or complaints services
- It may be your role to support a person while an investigation happens but it is not your responsibility to conduct an investigation
- If the person is an adult you will need to seek their consent to take any action on their behalf. However reporting abuse or suspected abuse to your supervisor is a requirement under service policy
- Maintaining a person’s privacy and confidentiality is essential
- If the person is a child, it is mandatory to report to the Government child protection agency.

Services and individuals have an obligation to prevent and respond to abuse. Most services have policies and procedures about what to do if abuse occurs. Individual workers have a responsibility to be aware of these policies.

They should also ensure that the way they provide a service prevents abuse from occurring. For example bedrooms and bathrooms should be set up to be private areas and everyone should respect this. Staff should be trained so that they can provide high quality care eg to be able to feed people with feeding difficulties so that they do not suffer from malnutrition. People should have education about their rights to be free from abuse and what they can do about it if they are concerned their rights are being ignored.

Handout 12 Confidentiality

As a general principle information about a person should not be disclosed to anyone else without the person’s consent. There is various Commonwealth and State legislation that states this as a principle and it also a basic principle in most professional codes of ethics.

Many workers are aware of the need to keep written information confidential but may be less aware of how verbal information can breach confidentiality. For example it is common to hear tearoom conversations about a client where there may be a range of people who can listen in who have no need to know the information. It is highly unlikely that the person’s consent would have been sought for this to happen!

Think about how you might feel if someone was talking about your life without your knowledge. It is disrespectful and dis-empowering. It is workers’ responsibility to both uphold a person’s right for confidentiality and to inform the person of their rights.

There are some situations where it may be lawful to break confidentiality. For example if a child is at risk of abuse or harm it is mandatory to report this to the relevant child protection agency. If other people may be put at risk if information is not shared eg organisational policies will generally require information be reported to a manager if a client reports abuse by a staff member.

Workers may need to consider how they can maintain confidentiality but also ensure that the person has access to the services that they need. For example a recreation service may not need to know about a client’s challenging behaviours that only occur when he is at home. However the centre based respite service may need to know this.

Sometimes people give consent in a general way for us to share their information with others. However it is important that we always discuss with the person in detail who will be given their information.