Handout 1: Steps in Assisting Someone to Identify their Needs and Wants

A key role that service providers play in the lives of many people with a disability is to support them to work out what they would like to achieve (i.e. their goals) and how they will go about doing so.

When people have a significant intellectual disability or are limited in their communication, it can be a challenge to ensure that you have accurately identified what they want.

To do this you have to use a range of methods. These methods include:

1. Talking with the people themselves. This may require using alternate forms of communication such as sign language, photos etc (go to Handout 2 to find out more about other Communication Systems). If you do not know the person well, communication may be more effective if you speak with the person when they have a support person available. This may be a parent or other family member or another service provider.

2. Speaking with other people who know the person well and so may be more aware of what the person may want. This can only be done if you have the person's consent to do so.

3. Consulting professional staff who have assessed the person's skills and abilities. For example, an occupational therapist assesses people's functional abilities and their environments; a speech pathologist assesses the person's communication needs; a doctor assesses their physical and medical needs; a psychologist assesses their behavioural needs if they have challenging behaviours. There are many other people who can provide information that helps you to form a complete picture of the person's skills, abilities, and interests.

4. Using all this information to determine what the person may need to do to achieve their goals. This will mean identifying what skills they may need to learn, what information they may need, what equipment and other supports they will need.

Handout 2: Communication Systems

Most of us are so used to communicating by talking that it is easy to think that there are no other ways to communicate. However the use of gestures, facial expression and body language are part of the way we all communicate. For some people, this may be their only way of communicating.

There are other methods of communicating that many people use. Sign language is used as the primary source of communication for many people in the Deaf community. It is also used by other people who are unable to talk. In Australia one type of signing used is called Auslan which is a way of expressing words and concepts by the use of hand movements, facial expression and body language. Signed English is another type of sign language which is based on signing letters and words.
Many people are now using voice output systems. These are computerised systems where a symbol is pressed or a sentence typed and these are then spoken by a computerised voice. These can range from the simple to the complex.

Other people may communicate by written word through email, faxes and telephone typewriter systems (TTY). These are of particular use to Deaf and Hearing Impaired people and those who are unable to talk.

Picture symbols may be used by people who cannot talk. One of the common systems is Compics which are simple line drawings which represent words and concepts. Pictures and photographs are also used if people find Compics too abstract. Some people may communicate by pointing at objects on a board.

Despite the range of communication supports that are now available, many people have not been supported to access these and so have only very simple ways of communicating. Assisting people to develop communication is an important role of all service providers.

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**Handout 3: How to Write a Service Plan**

A plan is a summary of:

- **The goal(s)** - what is to be achieved?
- **The strategies** - how the goal will be achieved?
- **The resources** - what is needed to achieve the goal?
- **The people responsible** - who will do this?
- **The time frames** - by when?

A plan should also have a date when it will be reviewed.

**Why do we need to plan?**

A plan provides a record of what everyone is working towards. This means that people are clear about what they have to do and are accountable for their work. It can be used to review how things have gone and if there are any problems to be considered. It means that everyone is working together to get to the same goal.

For a plan to be really useful it needs to have goals that are **SMART**. That is:

- **S**pecific - not vague and unclear
- **M**easurable - so it is clear when they have been achieved
- **A**chievable - so that there is a good reason to be working towards them
• **Resourced** - so that there is the support to achieve the goal i.e., the money, staff, equipment is available

• **Timely** - there are clear and realistic timeframes.

Don't forget that a plan is for everyone to be able to refer to and this includes the person that the plan is for. When writing a plan use plain English and use the communication system that the person uses. If they use Compic symbols use these in the plan.

Keep the plan as simple as possible - KISS Keep It Simple & Straightforward.

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**Handout 4: Appropriate Physical Contact With People Who Require Personal Care Assistance**

Many workers have responsibilities in providing personal care to people with a disability. This is the type of care that involves physical contact such as assisting with toileting, bathing, hygiene, dressing, grooming, eating and drinking and positioning. In these situations the physical or personal boundaries that exist between people who have a professional relationship is very different to those with whom we have a personal or intimate relationship.

These personal boundaries tell us when and where it is appropriate to touch the people we have different relationships with, how much space we want around ourselves and how much other people may want. These boundaries are developed as we move from childhood to adulthood and are the result of personal experience, cultural rules and social norms.

This can present issues for the person being cared for and the carer. Carers are having contact with a person in a way that would otherwise be unusual. This may cause them feelings of discomfort and unease.

People who are being cared for may also feel uncomfortable. They have the additional difficulty of being in a position of powerlessness. They are reliant on someone else to do things for them that are usually private and personal. This can make them vulnerable to abuse and sexual harassment.

People with a disability need to be protected from any abuse of this power by the carer.

Some ways that a service can protect people include:

1. Carers need to have very clear guidelines from their organisation about what is acceptable touching and what is not. Unacceptable touching is a form of abuse.

2. Carers need to be regularly supported and supervised about how they provide a personal care service. They should be assisted to assess their own feelings about the care they are providing. If they are feeling uncomfortable there should be other ways to provide the care.
3. It is sometimes inappropriate and disrespectful for people of the opposite sex to provide personal care to someone. An organisation should take this into consideration when recruiting staff and allocating staff to clients.

4. Staff should be educated about different personal boundaries that exist within different cultural and religious groups.

5. People with a disability should be supported to develop as much independence as they possibly can so that their reliance on others is reduced.

6. People with a disability should be supported to learn ways to indicate consent and make choices.

7. The rights of people to refuse a service if they are uncomfortable, to make complaints, to be free from unwanted touching needs to be clearly stated in policies and procedures and upheld by everyone involved.

### Handout 5: Challenges to Meeting Individual Needs

Often services are provided to people in a group context. This may be in the classroom, the workplace, the day program or on the social outing. Meeting the needs of each individual person in the group can be a challenge.

This may be because:

1. There are limited resources available e.g. there are limited staff to support a number of people, there is not enough time for each person to have an individualised service, or there may not be the funds or equipment to allow everyone to do exactly what they want in the way they choose.

2. There are often competing interests in the group e.g. people may choose different things with which they want to be involved.

3. People have different support needs which result in some people having a greater level of individual attention than others and a larger share of resources e.g. someone may require direct personal care or support with challenging behaviours.

While this is a challenge, there are some strategies which we can use to better meet the individual needs of the people we support.

For example:

- Individual Planning processes have been developed to ensure that all people get a time when they can say what they want to do.

- Goals are developed to meet their needs and interests.

- Some negotiation may need to take place in the face of limited resources, but this is done in a context of everyone working with their focus on that person.

- Often timetables of activities and events are developed through the individual planning process which provide a structured calendar for achieving goals.
Most services have key workers for each of the people they support. Key workers are ideally chosen by the person with a disability and they work together to meet that person’s needs.

Services often work in partnership with one another to share resources so that they are more effectively used. This works well if mainstream services are accessible to people with a disability. Linking people into local TAFE classes, sports competitions, work programs etc, promotes increased community participation.

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**Handout 6: Positive Approaches to Challenging**

Challenging behaviour refers to those behaviours that are so severe that the physical safety of the person or others is at risk. Such behaviour may limit a person being able to participate in work, education or social activities.

A positive approach to such behaviours means that we start from a point of trying to understand the meaning of the behaviour. This means that we do not punish people for their behaviour but we understand that the person is trying to tell us something. Our role is to then change things so that the person does not need to behave in that way anymore.

This does not mean that people do not take some responsibility for the consequences of their behaviour. However, that is not the only focus of our intervention.

When trying to understand the function of a behaviour we look at it in a holistic way. This means that we look at the person's environment and other aspects of their life rather than just at the behaviour in isolation.

Most importantly, we focus on doing things that will prevent the person needing to behave in ways that are challenging.

*(This model of responding to challenging behaviours is based on that outlined in the NSW Government Policy: The Positive Approach to Challenging Behaviour which is available from the Department of Ageing, Disability and Home Care)*

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**Handout 7: Understanding Behaviour as a Means of Communication**

If a person is unable to communicate their feelings, they may need to use behaviour as a way of expressing themselves. Strong emotions such as fear, anxiety, pain, anger and frustration are reflected in strongbehaviours. Supporting people to develop communication that is more acceptable is an important role for service providers.
Handout 8: Steps to Managing Challenging Behaviours

Responding to challenging behaviours needs to be done as a team. The team involves the person with challenging behaviours, their family, carers, service providers and professional staff such as programmers. Carers are usually responsible for collecting accurate data, providing information about the person, working with the programmer to develop an intervention plan, implementing the plan and participating in reviewing its effectiveness.

There are three responses to challenging behaviours:

1. **Reaction** - when urgent action is required to ensure everyone's safety. Organisations will have policies and procedures in place about this. The general rules are to protect people and property, try to distract the person or calm them down and don't crowd them, try to work out what triggered the behaviour and see if it can be resolved immediately, use minimal force or confinement. Some examples of reactive strategies are: removing everyone from the place where the behaviour is occurring, directing the person to a quiet area such as a backyard.

2. **Planned intervention that is holistic** - including a plan for consistently responding to the behaviour, improving quality of life such as social life and relationships, developing skills such as communication, addressing health needs - based on lifestyle and environment review. Planned intervention may include:
   - developing an alternative communication system
   - involving the person in a broader range of social activities
   - supporting the person to see friends more frequently
   - having a health check.

3. **Prevention that focuses on environmental changes** - Preventative strategies may include:
   - changing the environment such as reducing noise levels if a person finds noise disturbing
   - separating people who clearly annoy each other
   - involving a person in an active social life so that they feel valued and their loneliness is reduces.

A lifestyle review often assists in understanding what areas of a person's life may be causing them unhappiness. Preventative strategies would take into account how to support a person to have a richer, more satisfying life.
Handout 9: Lifestyle Reviews

These are comprehensive reviews of a person's history, current activities and events including past loss or trauma, emotional needs, health needs, social life and relationships. They are used to get a complete or holistic picture of the person's life.

This helps us to understand in what ways a person may not be leading a satisfying life. This information contributes to learning about why a person may use challenging behaviours and what areas of their life could be enriched.

For example, many people with disabilities are quite socially isolated and do not have many opportunities to form friendships or more intimate relationships. Feelings of loneliness, boredom and dissatisfaction may underlie someone being frustrated and angry. If they have no effective way of communicating these feelings they may start to use behaviours that are challenging.

Handout 10: Prohibited and Restrictive Practices

These practices may impose on a person's legal and human rights to be free from abuse.

Prohibited practices are those that are against the law or are unethical e.g. using medication to calm someone down or sedate them without doctor's guidelines, causing someone pain, confining someone without strict guidelines and appropriate authorisation.

Restricted practices are those that may result in a person's rights being ignored and so if they are used they need to be carefully monitored, have clear guidelines and approval. This approval may need to come from legal bodies such as Guardianship Tribunals and Federal Courts. These practises may include the use of physical restraints. There are rules about how restrictive practices can be used. All organisations should have policies about the use of restrictive practices and staff need to be fully aware of these.

Handout 11: Describing Challenging Behaviours

Describing a challenging behaviour needs to be just that - a description. Reports about behaviour need to be specific and accurate. They should describe exactly what occurs. General terms like non-compliant, aggressive or abusive could have quite different meanings to different people.

The behaviour should also be described in the context in which it occurs and is observed. For an effective behaviour management plan or strategy to be developed and implemented, the target behaviour must be adequately described - say what you say in plain English, when it occurred and under what circumstances.

Don't use labels that others may misinterpret.
Handout 12: Observing Behaviour

To gain an understanding of the reason someone is behaving in a way that is challenging you need to use observation and information gathering skills. The aim is to identify the function of the behaviour and develop some ideas about how to meet the person’s needs so they will not need to use that behaviour any more. So you will need to:

1. Identify the function of the behaviour or develop ideas about what its function may be – people may have a range of theories that may need to be tested.

2. Gather information by observing the person in the environment that the behaviours occur – or gather reports including incident reports from a number of people about this.

3. Test the theories by developing strategies to address the issue and see if it makes a difference.

This requires documentation such as data collection records. These generally record what happened before the behaviour was observed (the antecedents, what the behaviour was, what happened immediately afterwards (the consequences), and who was present.

Handout 13: Why do we Review Client Work?

Reviewing the progress that a person is making towards achieving their goals is as important as the planning and the implementing of strategies. How else can we be sure that everything is going to plan, that nothing has arisen that is creating barriers, and that the person still wants to achieve the goals?

A review serves a number of purposes:

1. It makes service providers accountable to work with their clients. It is a way of making sure that they are doing what they agreed to do and within the timeframes that were decided.

2. It makes staff accountable to their supervisor and thereby their organisation. Staff have specific roles and responsibilities and this is a way to ensure that they are carrying these out. It also allows supervisors to monitor staff workloads.

3. It monitors outcomes for clients. We can assess if goals are being achieved and if not, why not and what might be done.

4. It promotes a team approach to meeting a person's needs. Everyone involved takes part in the review and this generates lots of ideas, good information and draws on a range of skills.
Handout 14: Ways that Client Work is Reviewed

A written plan enables us to review if the goals have been achieved. A plan clearly outlines what is to be done (the strategies), by whom and when. It makes it easy to see how things are progressing.

Reviews are done on a regular and frequent basis and the timeframes are usually specified in the plan. Three monthly progress reviews are common with a major review happening each 12 months.

When we conduct a review we look at the goals which are written in the service plan. Then we consider the progress that has been made towards achieving the goal. Recommendations are made about further work that is needed.

A review will usually involve speaking with the person who the plan is for and those people who are responsible for implementing the strategies. This may be done by phone or at a meeting.

A review will often highlight that a goal has not yet been achieved. This is an opportunity to assess why that has happened and to develop strategies for overcoming any problems. The reasons may include a lack of resources that was not considered in the original plan e.g. staff losses, needing more time, changes in the person's life or environment, other goals becoming more important.

The plan may also be used by a supervisor to monitor a person's work with a client.

Handout 15: Why People’s Goals are not Always Achieved

A review of a service plan will often reveal that not all of the person's goals are being achieved. There can be a number of barriers including:

- **Organisational constraints** - it may be that the service did not have the funds and other resources required to support the person. There may have been some OH&S issues that were not considered earlier which have created barriers. Staff may not have had the skills or knowledge necessary to support the person. Staff attitudes may have made them resistant or uncomfortable to implementing the strategies to meeting the needs.

- **Differing perceptions of needs** - when a number of people are involved in a person's life they will all have different views on the best way to meet their needs. If the person is not able to assert their needs they may have people interpreting them on their behalf. Some people may be more cautious and others more risk taking in how they support the person. These different perceptions can sometimes result in tensions between people which can result in little actually being achieved.

- **Unclear goals** - that is they did not meet the criteria of being **SMART** - Specific, **M**easurable, **A**chievable, **R**esourced and **T**imely. Often goals are not clearly stated and so people are confused about how they will support the person to achieve them.
- The goals are not really agreed to by the person - Sometimes other people decide that a goal is a good idea but the person may not agree with this. Unable to say this at the time, they may show this by not participating in the strategies developed to achieve the goal.

Handout 16: Balancing Duty of Care and Dignity and Risk

Supporting someone to become independent means that they have to take some risks - both small and large. Keeping them safe may mean limiting their opportunities to learn and enjoy a satisfying life.

When a parent is cautious about supporting someone to take a risk they are sometimes labelled as being 'over-protective'.

When service providers are cautious they may say they are acting within their 'duty of care'.

Many parents are concerned about their family member taking risks. This is understandable. It is part of the role and responsibility of parenting to keep their family safe. In many cultures this is a very high priority and will be an important consideration in all their decision making about their family member - no matter what that person's age.

Also parents have had a life time of caring for their family member. There will have been times when risks may have been taken but the experience was negative, or when they took the advice of workers and something bad happened.

Many workers take on a caring role when supporting someone with a disability. They bring to their work values that have developed in their own culture and family. This may mean that they also want to be cautious in supporting someone to take risks. They are also aware of their duty of care that is a significant legal responsibility. However workers also have a responsibility to take on an education role - working with the person so that they become as independent as they possibly can and so reduce their reliance on others.

How to achieve the balance?

1. Get to understand what duty of care means for you - there is a lot of misunderstanding about this. Duty of care does not exist to create restrictions for people with a disability.

2. Work with the person to develop their skills so that they can make their own decisions and be able to communicate their choices. Education provides a person with information that makes them more able to make informed decisions.

3. Work as a team so that all issues are debated and joint decisions are made.
Handout 17: Strategies to Meet People’s Needs

Deciding on the most effective way to meet people's needs may require everyone to consider a number of factors. A checklist can be useful in helping to make that decision.

Checklist when considering the most effective way to meet a person's needs:

- Is this the strategy the person prefers?
- Does the strategy respect cultural requirements?
- Are staff skilled or knowledgeable enough to implement the strategy?
- Can resource requirements be met e.g. money, equipment, staff time?
- Do we have the information needed to implement the strategy?
- Can we access specialist skills or knowledge if necessary?
- Are there formal supports to assist the person with this strategy?
- Are there informal supports to assist the person with this strategy?

Handout 18: Principles in Handling Medication

Workers should generally provide whatever assistance is necessary to enable a person to take their own medications. Although this does apply to injections.

Staff have a duty of care to ensure the person's safety and proper use of medication.

Storage

- Check the manufacturers label. Most should be stored below 25° Celsius. Very few need to be stored in the refrigerator.
- Store in the original airtight container away from direct sunlight.
- Medication should not be removed from the original labelled container (this includes taking medication out of blister packs for later use) and put into other containers except by a pharmacist, nurse or doctor.

Administering

When administering medication, the worker should read the pharmacy label to check the person's name, name and strength of the medication and directions for use. Any uncertainty should be checked with the pharmacist or doctor.

The medication should be handed directly to the person at the appropriate time and staff should watch the medication being taken (ingested).
Unless stated otherwise, tablets or capsules should not be crushed and mixed with food or liquid. Some tablets have coatings which become ineffective when crushed or have slow release properties that will be destroyed.

When a client goes on an outing they should take their original dispensed pack of medication if a dose needs to be taken during the day. A dose should never be removed from a blister pack, box or original container except for immediate use. It is not acceptable to put medication into an envelope or container for future use. It may be appropriate to ask the pharmacist to dispense the day time dose into a smaller labelled pack for day trips.

(Taken from NSW Department of Health Circular 97/10 available at www.doh.nsw.gov.au)