

Topic 8: Legal and ethical considerations of service delivery



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Approximate duration: 2 hours 45 minutes

Topic sequence:

- 8.1 Legal and ethical frameworks (25 minutes)
- 8.2 Responding to service users at risk of harm (50 minutes)
- 8.3 Protecting privacy and confidentiality (40 minutes)
- 8.4 Managing Conflicts of interest (20 minutes)
- 8.5 Monitoring workplace health and safety (30 minutes)

Equipment needed:

- Audio-visual equipment with internet connection
- Learner Guide (pages 154-171)

8.1 Legal and ethical frameworks

Approximate duration: 25 minutes



Trainer's note: Consider collecting some examples of codes of conduct and codes of ethics from service providers and/or industry bodies to help inform this section of the training.

In addition to the *National Standards for Disability Services*, there are a number of other important frameworks that provide guidance on how to respond to legal and ethical issues that are likely to arise through your work as a service provider.

For example, most organisations will have a code of ethics and/or a code of conduct in place to inform the work of their staff.

A code of ethics is a set of core ethical principles that informs and guides ethical practice within a profession. It defines the values and responsibilities that are fundamental to a particular profession.

This code is intended to assist employees to act in ethically informed ways in the pursuit of the profession's values and aims.

A code of conduct is described by The Ethics & Compliance Initiative as follows:

A code of conduct is intended to be a central guide and reference for users in support of day-to-day decision making. It is meant to clarify an organization's mission, values and principles, linking them with standards of professional conduct. As a reference, it can be used to locate relevant documents, services and other resources related to ethics within the organization.¹



Take the time to familiarise yourself with your organisation's code of conduct and code of ethics. Various industry bodies may also have their own codes that establish overarching principles to help guide your day-to-day work.



Trainer's note: Suggest to the learners to lookup whether their workplaces or an organisation they are part of has a code of ethics or other guidelines. Provide the Australian Public Service Commission's Values and Code of Conduct to learners as an example. These are available from the [Australian Public Service Commission website](#).

8.2 Responding to service users at risk of harm

Approximate duration: 50 minutes



Trainer's note: Research policy responses to the issue of violence and abuse of people with disability in your own state or territory to inform this section of the training. You may also wish to undertake research to see what policies and procedures some of your local aged care or disability service providers have in place to safeguard service users from violence and abuse, or have learners undertake this research as part of a homework or assessment task.

The right to be free from violence, exploitation and abuse is clearly articulated in Article 16 of the *Convention on the Rights of Persons with Disabilities* (Freedom from exploitation, violence and abuse).²

The article states that:

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.
2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.
3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.
4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Violence towards people with disability in Australia



Alarming, the rate of abuse of people with disability in Australia is still extremely high. Statistics tell us that women with disability in particular are four to ten times more likely to face abuse than women without disability, and that around 90% of women with intellectual disability experience sexual abuse at some point in their lives.³

Children with disability are also far more likely to experience sexual abuse and other forms of violence than children without disability.⁴



9 in 10 WOMEN WITH INTELLECTUAL
DISABILITIES HAVE BEEN
SEXUALLY ABUSED



Discussion question: What factors do you think might contribute to the high rate of abuse of people with disability in Australia?

Points to inform discussion:

- people being placed in institutional settings or secluded environments
- people not being aware of their rights or how to ensure that they are upheld
- barriers to accessing the justice system.

Viewing activity



Video: 'In Our Care'

Source: Four Corners

Duration: 46 minutes 40 seconds

Summary: In this joint Four Corners/ Fairfax investigation, broadcast on the ABC on 24 November 2014, reporter Nick McKenzie reveals the details of a major scandal involving Yooralla, one of the country's largest providers of services to people with disability. The video paints a vivid picture of some of the issues faced by people with disability in residential and institutional settings.



Instructions:

1. Before playing the video, you should explain that it talks about sexual abuse of people with disability in graphic detail. Allow learners to excuse themselves if they do not feel comfortable with this.
2. Encourage class discussion at the end of the viewing activity.



Discussion question: This Four Corners report focuses on sexual abuse, but abuse can come in various forms. What are some other forms of abuse?

Points to inform discussion:

- **Psychological/emotional abuse**

Emotional abuse is any act which lowers a person's dignity and self-worth. This may include regularly yelling at, criticizing, threatening, humiliating or isolating a person with disability.⁵

- **Physical abuse**

Physical abuse is any act of violence or rough treatment that causes injury or discomfort, such as slapping, pushing or hitting. It may include over or under-medication and the use of physical restraints.⁶

- **Financial abuse**

Financial abuse is any act which involves misusing the money or property of a person with disability without their full knowledge and consent. This includes theft of money, pension cheques or property as well as misuse of a power of attorney.⁷

- **Neglect**

Neglect happens when a caregiver does not properly care for and attend to a person with disability who cannot fully look after him or herself. Neglect can be intentional or unintentional. It may include withholding food, personal hygiene care, health services, clothing, help or companionship. Neglect may also be self-neglect. This happens when a person refuses, delays or is unable to arrange for his or her own care and attention.⁸



Discussion question: What are some warning signs that might indicate that someone could be experiencing violence, abuse or neglect?

Reference sheet: Indicators of Abuse⁹

Indicators of Physical Abuse

- fear of caregivers
- unexplained injuries
- delay in seeking treatment
- over-sedation
- unusual patterns of bruises
- history of changing doctors
- scalp injuries

Indicators of Emotional Abuse

- low self-esteem
- appears nervous around caregiver
- confused
- suicidal
- avoids eye contact with caregiver
- fear of abandonment
- lethargic/withdrawn

Indicators of Sexual Abuse

- unusual fear of person
- stained, torn or bloody clothes
- pain and bruising
- change in sexual behaviour
- pregnancy
- sexually transmitted diseases

Indicators of Financial Abuse

- unexplained missing items
- failure to pay bills
- inaccurate knowledge of finances
- suddenly changing a will
- going without affordable necessities
- unusual withdrawals from bank account

Indicators of Neglect

- malnourishment
- wandering without supervision
- lack of heat/electricity
- unkempt appearance
- missing dentures, glasses, hearing aids
- skin conditions or pressure sores
- untreated medical problems
- alcohol or medication

Responding to abuse

Article 12 of the *Convention on the Rights of Persons with Disabilities* states that:

States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law.¹⁰

As we have already covered, people with disability have the same right as everyone else to live a life free from violence, exploitation and abuse.

In your role, protecting this right and ensuring that services users are safe is part of your duty of care.

If you reasonably suspect that a service user is at risk of harm, whether it be physical or otherwise, and you do not take steps to address this risk, you are failing in your duty of care.

All community service providers should have their own policies and procedures in place to provide guidance on what to do if a service user is found to have been a victim of abuse.

This is a core requirement under the *National Standards for Disability Services*.

National Standards for Disability Services	Indicators of Practice
Standard 1: Rights	1:5 The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.

You should familiarise yourself with your organisation's policies and procedures and respond in accordance with these guidelines if an incident does occur.

Generally speaking, the following steps should be followed:

- If necessary, provide medical assistance.
- Remove the source of harm and ensure that the service user is safe from further abuse.
- Explain what is happening to the service user and reassure them that it is not their fault.
- Preserve and record any evidence if you believe a criminal act has occurred.
- Report the incident in accordance with organisational policy and procedure. Criminal acts or deaths must be reported to the Police. If you are unsure of what to do next, speak to your supervisor or contact the National Disability Abuse and Neglect Hotline on 1800 880 052.

- Maintain the service users' privacy to the fullest extent possible. Do not share details about the incident unless it is necessary for reporting purposes, or you are seeking advice about what to do next.
- Ensure that support is provided for the service user and protect them from possible retribution.
- Seek counselling support if you are experiencing difficulty dealing with the events that have taken place.¹¹

Mandatory reporting

If you are working with people with disability under the age of 18, the process for reporting abuse may differ.

'Mandatory reporting', is the term that describes the legislative obligations for people working in various occupations to report instances of child abuse and neglect to government entities.

There are mandatory reporting laws in place in all Australian states and territories, although the details of the legislations differ between jurisdictions.



Trainer's note: In order to determine the relevant legislative requirements for people working with children in your state or territory view the comprehensive table provided by the [Australian Institute of Family Studies](#).

Restrictive practices

Restrictive practices can involve either physical or chemical restraint. Examples of physical restraint might include the improper or excessive use of force, or placing an individual in solitary confinement. Chemical restraint, on the other hand, might involve sedating someone or administering medication against their will.

Organisations must adopt workplace procedures that eliminate the improper use of restrictive practices by staff, in line with the National Framework for Eliminating and Reducing the use of Restrictive Practices in the Disability Service Sector.¹²



Trainer's note: Ask learners to turn to the case studies on pages 161-162 of their Learner Guide. Read through the case studies one at a time and encourage further discussion.

These case studies have been taken from the factsheet *Treatment of Persons with Disability: Case Examples*, prepared by Queensland Advocacy Inc as part of the Australian Civil Society Delegation to the 53rd Session of the Committee Against Torture.¹³

Both of the case studies have been included below.

Case study 1

Tina was being supported by a service provider who regularly sought to increase the range of restrictive practices they could use. As a baseline, Tina was contained for 16 hours per day and secluded for eight hours overnight. During the day she would also be placed in seclusion or have chemical restraint applied in order to control her behaviour.

Tina's behaviour arose because neither she nor her family were listened to. Tina was bored, had little meaningful activity in her life and had been isolated from the community in which she lived. The service provider showed little interest in addressing these issues when they were raised by the family. Instead, they attempted to restrict Tina's access to her family and on several occasions applied to QCAT [Queensland Civil and Administrative Tribunal] to have the public guardian appointed, as opposed to the family member. The service provider refused to acknowledge that Tina's behaviour was a form of communication (expressing dissatisfaction) and labelled Tina as difficult and prone to 'challenging behaviours'.

Tina really wanted to move to her own place and be closer to her family. The service provider discouraged this dream. Rather, they made application to QCAT submitting that Tina could never live on her own, was unsafe to be in the community and needed high level use of restrictive practices. The family continued their strong advocacy for Tina and contacted QAI [Queensland Advocacy Inc] for assistance.

Eventually Tina was moved into her own residence, closer to her family and to a service provider who has never used any form of restrictive practices. Tina now has a part-time job and has become part of her local community. Not only have the challenging behaviours reduced, but also the level of support Tina requires.

Case study 2

Frances is a 22 year old female. Frances was living in the community, however due to inadequate funding and inappropriate supports Frances' needs were unmet. As a result she started to display behaviours which were seen by the service provider as challenging, so much so that they withdrew from providing support. A decision was made by Disability Services to place Frances in a secure facility, contrary to the appointed guardian's requests. This meant that Frances was contained 24 hours per day, seven days a week.

Subsequent to the move all activities that Frances had previously enjoyed were ceased, as was her personal mobility and freedom. Due to boredom and an inability to move around freely, Frances began to self-harm and strike out at staff. Additional restrictive practices such as seclusion and chemical restraint were applied yet, unfortunately, positive strategies were not as rigorously applied. Frances began to spend large amounts of time in seclusion.

It was 18 months before activities pleasurable to Frances were re-introduced into her daily routine. This was only achieved through the strong advocacy of her family and QAI's involvement. Some 12 months later Frances remains at this facility and continues to have restrictive practices applied, albeit the frequency of use is decreasing.



Further reading:

Department of Social Services, [*Compulsory Reporting Guidelines for Approved Providers of Residential Aged Care*](#) (5 June 2015).

Department of Communities, Child Safety and Disability Services (Queensland), [*Preventing and responding to abuse, neglect and exploitation*](#) (31 May 2015).

Department of Social Services, [*National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*](#) (7 November 2014).

Australian Law Reform Commission, [*Equality, Capacity and Disability in Commonwealth Laws \(8. Restrictive practices\)*](#).

8.3 Protecting privacy and confidentiality

Approximate duration: 40 minutes

Respecting the privacy and confidentiality of service users is an integral part of service delivery. It is not just an ethical consideration, but also a legal one.

Recognition of the need to ensure confidentiality can be found in:

- The *United Nations Convention on the Rights of Persons with Disabilities*
- The *National Standards for Disability Services*
- The *Privacy Act 1988* (Cth)
- The *Australian Privacy Principles*



Discussion scenario: Juan needs to complete a form and submit it to your organisation. But he has severe dyslexia and is unable to access written information. He asks you for assistance to complete the form.

What factors do you think you should consider in accommodating this request?

Points to inform discussion:

- You should take care to collect only information that is necessary for the purposes of completing the form.
- You should give consideration to the means by which this information is collected. For example, are you in a public area where other people can hear what Juan is saying to you? Could you move to a more private area? Could you offer to assist Juan to complete the form over the phone?



Discussion question: What do you think the term 'personal information' refers to? What are some of the details that you might need to keep private?

Points to inform discussion:

The *Privacy Act 1988* defines personal information as:

...information or an opinion, whether true or not, and whether recorded in a material form or not, about an identified individual, or an individual who is reasonably identifiable.¹⁴

The main examples of personal information are:

- name
- signature
- address
- telephone number
- date of birth
- medical records
- bank account details
- commentary or opinion about a person.¹⁵

The *Australian Privacy Principles* set out the parameters to be followed by the Australian Government and non-government organisations who deal with people's personal information.

The *Australian Privacy Principles* require service providers and agencies to have their own policies and procedures in place to protect the privacy of service users.

The following are a few key points to remember to ensure that the privacy of service users are protected:

- Do not discuss service users' information in informal settings with people outside the organisation, such as friends or family.
- Do not discuss individual cases in public settings where there are other people present e.g. during meetings, conferences etc.
- Do not disclose personal information about a service user to any third party without the service user's informed consent.
- File documents that contain personal information about service users appropriately and avoid leaving them in areas where they can be seen by other people.

If you need to release a service users' personal information or disclose information about them to another party, you need to seek the 'informed consent' of the service user.



Discussion question: What do you think is meant by the term 'informed consent'?

Definition of informed consent:

The act of agreeing to or giving permission for certain actions affecting one or more aspects of one's life (e.g. legal, financial, health, lifestyle and social). To be informed a person must be given information about the proposed activity relative to the individual situation; including potential for an adverse outcome, other options and the possible results of alternative action or no action. To be effective, the person should be able to communicate an understanding of the proposed activity. Consent can be refused or withdrawn at any time.¹⁶

Sometimes when disability is involved, breaches of privacy can be far more subtle. Consider the following scenario.



Discussion scenario: You've asked people to RSVP for your event. Sandra has contacted you to let you know that she will be attending, and that she uses a wheelchair and has specific access requirements. You ask your colleague to visit the venue to double-check that it is fully accessible. Upon fulfilling this request, your colleague speaks to the event manager at the venue and indicates there will be a wheelchair-user attending, stating Sandra's first and last name.

What potential issues or problems arise from this?

Points to inform discussion:

- Sandra's identity was revealed to the event manager, although the same information had not been provided about other participants.
- Checking that the venue was wheelchair accessible did not require the event manager to know Sandra's first and last name.
- You do not have Sandra's expressed permission to share her details with the event manager.

While protecting the privacy of service users is paramount, the *Australian Privacy Principles* also recognise that there are some situations where it may be necessary to disclose personal information without the consent of the individual concerned, such as:

- If you reasonably suspect that not disclosing the information may result in harm to the individual, or harm to another person or people.
- If disclosure is necessary to assist the Police to locate a person who has been reported as missing.
- If you have been asked to disclose the information as part of a court order.¹⁷

The examples we've been talking about relate to information privacy, but there are also other forms of privacy, such as personal or physical privacy, which are explored further in the following viewing activity.

Viewing activity

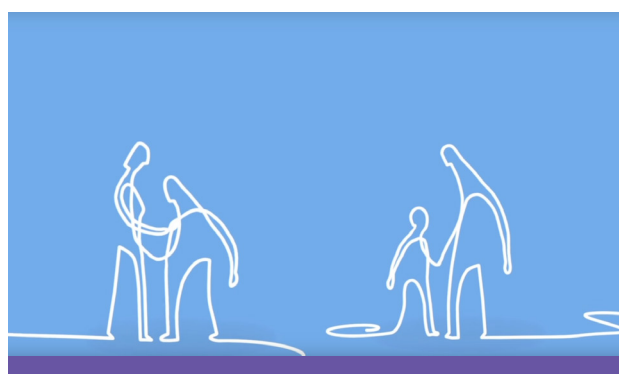


Video: 'Dignity in care: privacy'

Source: The Social Care Institute for Excellence

Duration: 7 minutes

Summary: This video looks at privacy and its role as a major contributor to providing dignity in care. Privacy in practice means making sure that a confidentiality policy is in place and followed by all staff, making issues of privacy and dignity a fundamental part of staff induction and training, and making sure that only those who need information to carry out their work have access to people's personal records or financial information.



Instructions:

1. Play the video, 'Dignity in care: privacy'.
2. Ask learners if they have any comments or questions about the video before moving on.

Key points to remember

To ensure that you respect service users' privacy and personal space, you should:

- Always knock before entering a room; especially a service users' bedroom or bathroom.
- Not enter other parts of a service user's home without their permission.
- Not touch a service user's belongings without their permission. This also extends to mobility aids.
- If you are assisting with tasks of a sensitive nature, such as showering or toileting, ensure that the service user's dignity is maintained to the fullest extent possible by closing doors behind you, and letting the service user direct how they would like things to be done.
- Ensure that any exchanges of personal information are undertaken in private.¹⁸

8.4 Managing conflicts of interest

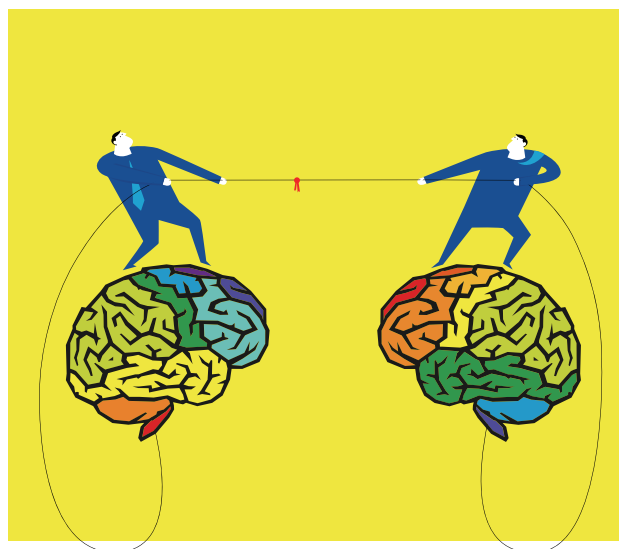
Approximate duration: 20 minutes



Discussion question: What is meant by the term ‘conflict of interest’?

Points to inform discussion:

- A conflict of interest is any factor that may prevent you from being objective and impartial in your work.
- A conflict of interest may arise because of your personal beliefs or values, because of your relationship with a service user or colleague, or because you stand to gain from approaching your work in a certain way.



Discussion question: Remember Pedro (on page 137 of the Learner Guide), the 19 year old man with Cerebral Palsy, who stated that one of his goals was to attend a peer support group for young people who are same-sex attracted?

What would happen if Pedro’s support planner was homophobic, or for religious reasons did not support Pedro attending the peer support group?

Points to inform discussion:

- Pedro must be in control over the services he receives. It is important that he set his own goals and aspirations.
- It is essential that any conflicting beliefs that the support planner might hold do not compromise Pedro's right to attend the support group.
- If the planner does not feel that they are able to approach this situation objectively because of a personal belief or view, they have an ethical responsibility to report this conflict to their supervisor so that the supervisor can manage the situation accordingly.
- There is no shame in reporting a conflict of interest. You need to know what situations might challenge you and when it is in the service user's best interests for them to work with another individual instead.

The process for dealing with a conflict of interest will usually be recorded in your organisations code of ethics and/or code of conduct.

Generally, it is best to avoid any situations that are likely to prevent you from approaching your role in an objective manner.

Ensuring that you establish professional boundaries with service users can help minimise conflicts of interest. This means being able to clearly distinguish between the role of a friend and your role as a support worker and recognise when the lines are being blurred.

The same rules apply to family members of service users. Developing friendships within these circles can have negative consequences, including:

- increasing or unreasonable demands and expectations
- higher work stress and burnout
- inability to provide professional and objective support
- difficulty in setting limits and dealing with behaviour
- favouring of certain workers over others
- distress when relationships break down
- feelings of grief and loss experienced by service users when workers leave.

8.5 Monitoring workplace health and safety

Approximate duration: 30 minutes



Trainer's note: Find out the extent to which workplace health and safety has already been covered throughout the courses your learners are undertaking and tailor this section of the training accordingly. Below are a few suggestions to keep in mind when delivering this section of the training:

- Draw on the work health and safety legislation that is specific to your own state or territory.
- Consider talking to a few local service providers about their internal policies and procedures relating to workplace health and safety, risk management and reporting, or ask someone from a service provider to come and talk to the class about this.
- Draw on the [Disability Services Occupational Health and Safety Kit](#), produced by WorkSafe Victoria.¹⁹ The kit is based on WorkSafe Victoria's injury statistics from 2004 to 2008. It identifies the 6 most hazardous tasks that staff providing services to people with disability may be required to undertake and offers guidance on how these tasks can be approached more safely. The six tasks addressed in the kit include: moving and supporting people with a disability, supporting people with personal hygiene care, assisting wheelchair users, handling wheelchairs in and out of vehicles, occupational violence and moving and lifting objects.

Keeping safe in the workplace

As an employee, you have the right to a safe and healthy work environment.

Work health and safety laws create responsibilities for employers and employees in ensuring that the workplace is free of hazards that are likely to cause harm to another person.

Depending on your role and position, there may be varying levels of risk to your own safety, or to the safety of your colleagues and service users.

You should familiarise yourself with your organisation's workplace health and safety policies and procedures and ensure that you uphold these in your day-to-day work.

Below are a few basic things to keep in mind:

- Don't take shortcuts that could compromise safety.
- Abide by safe manual handling procedures.
- If you see a colleague conducting their work in a way that is hazardous, approach them about it – workplace safety is everyone's responsibility.
- Find out if there is a designated workplace health and safety officer in your organisation and if you identify a hazard, notify them immediately.

- When undertaking new tasks, undertake a risk assessment to identify any potential hazards and put strategies in place to minimise these.
- If an accident or near miss does occur, report it using your organisation's procedure for accident/incident reporting.

Mental health in the workplace

Mental or psychological health is just as important as physical health.²⁰



Statistics show that in any 12 month period, around 20% of the Australian population will experience mental illness.²¹ Staff working in the disability sector are likely to be exposed to difficult or challenging situations which may increase the likelihood of experiencing mental illness.

If you are experiencing mental ill health yourself, it's important to understand your rights. Mental illness is included under the definition of disability in the *Disability Discrimination Act 1992* (Cth).

This means that if your employer refuses to make reasonable adjustments to accommodate your needs in relation to a mental illness, and this results in you being treated less favourably than someone without disability, this may amount to discrimination.

The following checklists may assist you to identify and respond to mental ill health in the workplace:

Early warning signs that an employee may be experiencing mental ill health

- emotional responses and erratic behaviour – uncharacteristic behaviour which may be overly sensitive, irritable, angry, teary or tense
- obsession with parts of the job, and neglect of others
- working longer or fewer hours than usual
- disengagement and low morale
- withdrawal behaviour such as reduced participation in work activities
- increased unplanned absence
- increase in use of negative language and workplace conflict
- physical symptoms such as appearing tired, headaches
- changes in physical appearance such as less attention to personal grooming.

Some simple 'Dos and Don'ts' when supporting a person with a mental health condition:

DO reassure the person that you are genuinely concerned about them and that they can talk to you when they need to.

DO be understanding and patient, but also encouraging and confident.

DO help the person to talk about the specific issues and problems they are experiencing, rather than more generalised 'complaining'.

DO assist the person in developing an action plan; later, follow up and check how they are going.

DO encourage them to access appropriate support and, if appropriate, professional treatment.

DO provide specific, honest, timely, and development oriented feedback.

DON'T tell the person that we all get stressed and to 'snap out of it'.

DON'T tell the person not to think about it and it will all get better, or that there is nothing to worry about and 'it's not that bad', or that they shouldn't show weakness in the workplace.

DON'T ignore the problem when you talk to the person or avoid talking with them about important issues.

DON'T make assumptions.

This information has been taken from the Australian Public Service Commission's guide for employers, [Working Together: Promoting mental health and wellbeing at work](#).²²



Further reading:

SafeWork Australia, [Model Code of Practice: How to Manage Work Health and Safety Risks](#) (2011).

WorkSafe Victoria, [Disability Services Occupational Health and Safety Kit](#) (2011).

Topic 8: Endnotes

- 1 Ethics and Compliance Initiative, *Why have a Code of Conduct* (2015) <<http://www.ethics.org/newsite/research/free-toolkit/code-of-conduct>>.
- 2 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008).
- 3 Women with Disabilities Victoria, *About us* (2013) <http://www.wdv.org.au/about_us.htm>.
- 4 L Jones, MA Bellis, S Wood, K Hughes, E McCoy, L Eckley, T Shakespeare, A Officer. 'Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies' (2012) *The Lancet* 380.
- 5 Western Regional Coalition to End Violence, *Violence against people with Disabilities* (2015) <<http://www.wrcev.ca/get-the-facts/persons-with-disabilities/>>.
- 6 Western Regional Coalition to End Violence, *Violence against people with Disabilities* (2015) <<http://www.wrcev.ca/get-the-facts/persons-with-disabilities/>>.
- 7 Western Regional Coalition to End Violence, *Violence against people with Disabilities* (2015) <<http://www.wrcev.ca/get-the-facts/persons-with-disabilities/>>.
- 8 Western Regional Coalition to End Violence, *Violence against people with Disabilities* (2015) <<http://www.wrcev.ca/get-the-facts/persons-with-disabilities/>>.
- 9 Western Regional Coalition to End Violence, *Violence against people with Disabilities* (2015) <<http://www.wrcev.ca/get-the-facts/persons-with-disabilities/>>.
- 10 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008) Art 12.
- 11 Queensland Department of Communities, Child Safety and Disability Services, *Preventing and responding to the abuse, neglect and exploitation of people with a disability: Tips and resources for disability service managers and staff*, '2. Responding to abuse, neglect and exploitation' (2015) 4-6.
- 12 Department of Social Services, *National Framework for Eliminating and Reducing the use of Restrictive Practices in the Disability Service Sector* (2013) <<https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-framework-for-reducing-and-eliminating-the-use-of-restrictive-practices-in-the-disability-service-sector>>.
- 13 Queensland Advocacy Inc, *Treatment of Persons with Disability: Case examples* (2014) 1-2 <<http://www.pwd.org.au/admin/australian-delegation-to-the-un-committee-against-torture.html>>.
- 14 Office of the Australian Information Commissioner, *What is covered by privacy* (2015) <<http://www.oaic.gov.au/privacy/what-is-covered-by-privacy>>.
- 15 Office of the Australian Information Commissioner, *What is covered by privacy* (2015) <<http://www.oaic.gov.au/privacy/what-is-covered-by-privacy>>.
- 16 Department for Communities and Social Inclusion, 'Safeguarding People With Disability: Supported Decision-Making And Consent Policy' (Government of South Australia, 2013) 3.
- 17 Office of the Australian Information Commissioner, *APP guidelines*, 'Chapter C: Permitted general situations' (2014) <<http://www.oaic.gov.au/privacy/applying-privacy-law/app-guidelines/>>.
- 18 Spina Bifida Association WA Inc., *Supporting Disability Support Workers: A Self-Paced Learning Guide*, 'Confidentiality', (2007) 36-39.
- 19 Victoria WorkCover Authority Disability services occupational health and safety compliance kit: how to control the most common hazardous tasks in the disability sector (2011) <https://www.worksafe.vic.gov.au/__data/assets/pdf_file/0003/9525/Full2BDS2Bkit2Bfor2Bweb5B15D_June_2011.pdf>.
- 20 NSW Government WorkCover, *Mental health* (2015) <<http://www.workcover.nsw.gov.au/health-and-safety/safety-topics-a-z/mental-health>>.
- 21 Sane Australia, *Facts & figures* (2015) <<https://www.sane.org/mental-health-and-illness/facts-and-guides/facts-figures>>.
- 22 Australian Public Service Commission, 'Working Together: Promoting mental health at work' (Australian Government, 2013).

Unit summary and close

Approximate duration: 30 minutes

Equipment needed:

- Audio/visual equipment with internet connection
- Fun-sized chocolate bars or other prizes
- Evaluation form (if applicable)

Throughout this unit of competency, you have developed practical knowledge and skills to facilitate the empowerment of people with disability in your work.

By putting your knowledge and skills into practice, you are contributing to the wider shift towards person-centred practice that is taking place across the community services sector.



Discussion questions:

- What are some of the key points you have learnt in this unit?
- What do you think are some of the key elements of a person-centred approach to service delivery?

Points to inform discussion:

- Focusing on the right of the service user to make their own informed choices.
- Ensuring that service users have access to information that will contribute to making informed decisions.
- Respecting a service user's decisions.
- Being non-judgmental. This includes accepting and respecting a service user for who they are as a human being.
- Not prescribing to stereotypes and prejudices, and instead viewing service users as individuals who have their own talents, interests and abilities.
- Ensuring confidentiality is maintained in accordance with legislative and organisational requirements. This includes mandatory reporting when abuse and neglect of children is suspected.
- Maintaining professional boundaries, with integrity and respect being the core foundations of the relationship.
- Ensuring that social justice is achieved.
- Supporting service users to participate in the community and grow and develop their relationships.

Activity: Test your knowledge



Activity type: Small group activity

Duration: 15 minutes

Equipment needed: Fun-sized chocolate bars or other small prizes

Purpose: To revisit some of the main themes that have been covered throughout this unit of competency.

Instructions:

1. Organise learners into teams of four or five people and instruct them to come up with a team name.
2. Inform teams they have to yell out their team name to answer a question. If a team answers before saying their team name first, they will not be awarded a point.
3. Go through the questions below, recording points against the relevant team name for correct answers.
4. Tally up the scores and announce the winning team.



Trainer's note: At the end of the quiz, thank learners for their participation and encourage any further discussion about what people have learned and how it might impact on the way they approach their work in the future.

Q1: 1 in how many people in Australia have a disability?

Answer: 1 in 5 (see page 29).

Q2: Briefly explain the social model of disability.

Answer: Recognises that disability is a result of interactions between features of a person's body and features of the society in which he or she lives (see page 27).

Q3: Provide an example of person-centred language.

Answer: Persons with disability, people with disability etc. (see pages 56-57).

Q4: What is the name of Australia's federal act protecting the rights of people with disability?

Answer: The *Disability Discrimination Act 1992* (see page 63).

Q5: What is the term used when a policy or service is intended to apply to all members of the community equally, but has the effect of restricting access for someone because of their disability?

Answer: Indirect discrimination (see page 72).

Q6: What international treaty did Australia ratify in 2008 to give rise to the rights of people with disability?

Answer: The *Convention on the Rights of Persons with Disabilities* (see page 83).

Q7: Did the Disability Convention establish new rights?

Answer: No. It strengthened existing rights (see page 83).

Q8: What is the name of the scheme being rolled out across Australia to provide lifetime care and support for people with disability?

Answer: The *National Disability Insurance Scheme* (see page 105).

Q9: If someone acquires a disability over the age of 65, are they able to enter into the National Disability Insurance Scheme?

Answer: No, but they will be eligible to receive support under the *My Aged Care Scheme* (see page 108).

Q10: In 2013, a new set of national standards were established to help guide the work of organisations providing supports to people with disability across Australia. How many standards are there?

Answer: 6 (see pages 112-114).

Q11: Name a type of augmentative or alternative communication (AAC).

Answer: Sign language, miming, nodding, blinking, flash cards, electronic communication devices etc. (see page 123).

Q12: If you are developing new policies or procedures, or altering an element of your services that may impact upon people with disability in some way, what do you need to do?

Answer: Make sure that you consult with people with disability and involve them in decision-making processes (see page 157).

Q13: Do all Aboriginal and Torres Strait Islander people have the same cultural needs?

Answer: While Aboriginal and Torres Strait Islander peoples from different parts of Australia may share similar histories and cultural characteristics, the many different language and tribal groups that make up Australia's Aboriginal and Torres Strait Islander population mean that each individual will have specific cultural needs (see page 145).

Q14: Are there situations where it might be necessary to breach privacy?

Answer: Yes. For example, in situations requiring mandatory reporting where child abuse and neglect must be reported to government entities (see page 196).

Disability Rights Bingo

B	I	N	G	O
Article 13	Article 15	Article 25	Article 20	Article 24
Article 5	Article 30	Article 21	Article 18	Article 9
Article 6	Article 27	Article 14	Article 26	Article 7
Article 23	Article 29	Article 16	Article 11	Article 8
Article 4	Article 28	Article 12	Article 19	Article 10

Disability Rights Bingo

B	I	N	G	O
Article 25	Article 10	Article 12	Article 6	Article 9
Article 20	Article 13	Article 11	Article 16	Article 5
Article 15	Article 29	Article 18	Article 28	Article 7
Article 4	Article 27	Article 14	Article 8	Article 24
Article 30	Article 23	Article 21	Article 26	Article 19

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Article 26	Article 21	Article 4	Article 8	Article 11
Article 9	Article 14	Article 7	Article 13	Article 10
Article 23	Article 29	Article 15	Article 18	Article 5
Article 19	Article 30	Article 16	Article 24	Article 20

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Article 8	Article 19	Article 13	Article 21	Article 18
Article 30	Article 20	Article 7	Article 29	Article 27
Article 5	Article 25	Article 16	Article 11	Article 6

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Article 16	Article 7	Article 27	Article 30	Article 20

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Article 9	Article 10	Article 23	Article 4	Article 28
Article 24	Article 14	Article 7	Article 11	Article 20

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Article 6	Article 30	Article 11	Article 16	Article 21
Article 15	Article 24	Article 12	Article 9	Article 4
Article 10	Article 25	Article 8	Article 29	Article 28
Article 7	Article 23	Article 13	Article 27	Article 14

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Article 30	Article 6	Article 16	Article 26	Article 27

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Article 28	Article 29	Article 20	Article 14	Article 19
Article 5	Article 9	Article 27	Article 10	Article 12
Article 24	Article 16	Article 11	Article 6	Article 18
Article 15	Article 30	Article 23	Article 26	Article 7

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Article 19	Article 11	Article 25	Article 10	Article 16

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Article 5	Article 27	Article 9	Article 18	Article 26
Article 19	Article 10	Article 11	Article 7	Article 4

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Further Information

Australian Human Rights Commission

Level 3, 175 Pitt Street
SYDNEY NSW 2000
GPO Box 5218
SYDNEY NSW 2001

Telephone: (02) 9284 9600

Complaints Infoline: 1300 656 419

General enquiries and publications: 1300 369 711

TTY: 1800 620 241

Fax: (02) 9284 9611

Website: **www.humanrights.gov.au**

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