



Australian
Human Rights
Commission

Disability Rights: Facilitating the empowerment of people with disability

UNIT OF COMPETENCY CHCDIS007 • TRAINER'S MANUAL • 2016



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Disability Rights: Facilitating the empowerment of people with disability • CHCDIS007 • Trainer's Manual • 2016

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Contents

About this Unit of Competency	5
About the Commission	8
About human rights-based approaches	8
About this resource	8
Course overview and performance criteria	9
How to use this resource	12
Icons used in this resource	13
A brief history of the disability rights movement in Australia	14
Introductory session	16
Topic 1: Getting the facts straight	21
1.1 Evolving definitions and demographics of disability	23
1.2 Common conditions and impairments which can contribute to disability	34
1.3 Community attitudes towards people with disability	41
1.4 Disability etiquette	53
Topic 2: Discrimination and anti-discrimination law	60
2.1 Australian anti-discrimination legislation	62
2.2 Accessibility standards	66
2.3 Direct and indirect discrimination	71
2.4 Reasonable adjustment and inherent requirements	73
Topic 3: The Convention on the Rights of Persons with Disabilities	79
3.1 About the Disability Convention	81
3.2 Implementation and monitoring	90
3.3 Progressive realisation	92
Topic 4: An overview of the disability service system	98
4.1 About disability services	100
4.2 The National Disability Insurance Scheme	103
4.3 My Aged Care	107
4.4 The National Standards for Disability Services	110
Topic 5: Communicating effectively with service users	117
5.1 Augmentative and alternative communication	119
5.2 Easy English	125
5.3 Translation and interpreting services	128
5.4 Alternative accessible formats	131

Topic 6: Achieving cultural awareness in your work	135
6.1 Culturally and linguistically diverse communities	137
6.2 Aboriginal and Torres Strait Islander peoples	142
6.3 Unconscious bias and casual racism	146
Topic 7: Person-centred practice in action	154
7.1 Assisting service users to understand their rights	156
7.2 Supported decision-making and the role of family, friends and carers	159
7.3 Dignity of risk	168
7.4 Advocacy and referral	173
7.5 Consultation	179
Topic 8: Legal and ethical considerations of service delivery	186
8.1 Legal and ethical frameworks	188
8.2 Responding to service users at risk of harm	189
8.3 Protecting privacy and confidentiality	198
8.4 Managing conflicts of interest	202
8.5 Monitoring workplace health and safety	204
Unit summary and close	208

About this Unit of Competency

This unit of competency (*CHCDIS007 – Facilitate the Empowerment of People with Disability*) has been designed to provide learners with the skills and knowledge required to facilitate the empowerment of people with disability, through the delivery of services driven by a person-centred, rights-based approach.

The learning outcomes and performance criteria set out below have been endorsed by Australian and state and territory governments, and have been approved for use throughout Australia.¹

(Elements define the essential learning outcomes, while performance criteria describe the performance needed to demonstrate achievement of the element).

Element 1: Demonstrate commitment to empowerment for people with disability

Performance criteria

- 1.1 Identify changes in the legal, political and social frameworks within which the work is undertaken
- 1.2 Identify ways society can affect the level of participation experienced by a person with disability
- 1.3 Reflect on personal values and attitudes regarding disability and acknowledge their potential impact when working in disability contexts
- 1.4 Develop and adjust own approaches to facilitate empowerment

Element 2: Foster human rights

Performance criteria

- 2.1 Assist the person with disability to understand their rights
- 2.2 Deliver services that ensure the rights and priorities of the person are upheld in the context of person-centeredness
- 2.3 Ensure the cultural priorities of the person are identified, accepted and upheld
- 2.4 Identify breaches of human rights and respond and report according to organisation procedures
- 2.5 Identify indications of possible abuse and/or neglect and report according to organisation procedure

¹ Australian Government, *Training packages, CHCDIS007 – Facilitate the empowerment of people with disability* (6 August 2015) <<http://training.gov.au/Training/Details/CHCDIS007>>.

Element 3: Facilitate choice and self-determination

Performance criteria

- 3.1 Using a person-centred approach work in a manner that acknowledges the person with disability as their own expert
- 3.2 Facilitate person-centred options for action on relevant issues and discuss with the person and/or family and/or carer and/or relevant other
- 3.3 Provide assistance to the person with disability to facilitate communication of their personal goals
- 3.4 Provide person-centred support in a manner that encourages and empowers the person with disability to make their own choices
- 3.5 Assist with strategies to ensure that the person is comfortable with any decisions that are being made on their behalf
- 3.6 Assist with accessing advocacy services and other complaint mechanisms as required

Knowledge Evidence

At the completion of this unit, learners must be able to demonstrate the essential knowledge required to effectively manage tasks outlined in the elements and performance criteria of this unit. This includes knowledge of:

- history and recent developments in disability
- social versus medical model of service
- institutionalised versus person-centred, self-directed model of support
- social constructs of disability and the impact of own attitudes on working with people with disabilities
- how and when to seek support from more experienced and qualified staff
- types of disability, including:
 - » acquired brain injury
 - » autism spectrum disorder
 - » cognitive disability
 - » developmental delay
 - » intellectual disability
 - » neurological impairment
 - » physical disability
 - » sensory disability, including hearing, vision impairment
 - » speech/language disability

- support practices for people, including but not limited to, the following conditions:
 - » genetic factors
 - » physical trauma
 - » psychological trauma
 - » chronic lifestyle conditions
 - » acquired brain injury
- legal and ethical considerations for working with people with disability:
 - » codes of conduct
 - » discrimination
 - » dignity of risk
 - » duty of care
 - » human rights, including the United nations convention on the rights of persons with disabilities (UNCRPD)
 - » informed consent
 - » mandatory reporting
 - » privacy, confidentiality and disclosure
 - » work role boundaries – responsibilities and limitations
 - » work health and safety
- principles of:
 - » empowerment
 - » rights-based approaches
 - » person-centred practices
 - » self-advocacy
 - » active support
 - » active listening
 - » social justice, and the importance of knowing and respecting each person as an individual
 - » strengths-based approaches
- strategies that assist people with disabilities to exercise their rights and support independent action and thinking, including use of technology (e.g. laptops or tablets) to facilitate choice
- how to access and use advocacy services and complaint mechanisms
- indicators of abuse and/or neglect in relation to people with disabilities.

About this resource

This resource has been developed by the Australian Human Rights Commission (the Commission) to enable trainers to teach *CHCDIS007 – Facilitate the Empowerment of People with Disability* using a disability rights framework and a human rights-based approach.

About the Commission

The Australian Human Rights Commission is an independent government body, established to promote and protect human rights in Australia.

The goal of the Commission is to make human rights values part of everyday life and empowering all Australians to understand and exercise their human rights.

Through the Commission's role administering the *Disability Discrimination Act 1992 (Cth)*, the Commission possesses a unique level of experience and knowledge about policy issues arising in relation to the rights of people with disability.

For more information about the Commission's work in relation to the rights of people with disability go to: <https://www.humanrights.gov.au/our-work/disability-rights>.

About human rights-based approaches

A human rights-based approach is about translating the principles, standards and goals of international human rights law into the policies, practices, and practical realities of everyday life.

Human rights principles and standards provide guidance about *what* should be done to achieve freedom and dignity for all. A human rights-based approach emphasises *how* this can be achieved.

Details of a human rights-based approach will vary depending on the nature of the organisation concerned and the issues it deals with, however most approaches commonly hold that actions and decisions should be informed by the key human rights principles of participation, accountability, equality, non-discrimination and empowerment.

Course overview and performance criteria

The content and activities included throughout this resource address each of the key unit elements and performance criteria for *CHCDIS007 – Facilitate the Empowerment of People with Disability*.

The course overview outlines how each of the training topics relates to the unit performance criteria.

Topic	Time	Content	Performance criteria
Introduction	30 mins	Introductions, housekeeping and course outline	N/A
Topic 1: Getting the facts straight	3 hours	1.1 Evolving definitions and demographics of disability 1.2 Common conditions and impairments which can contribute to disability 1.3 Community attitudes towards people with disability 1.4 Disability etiquette	1.1 Identify changes in the legal, political and social frameworks within which the work is undertaken 1.2 Identify ways society can affect the level of impairment experienced by a person with disability 1.3 Reflect on personal values and attitudes regarding disability and acknowledge their potential impact when working in disability contexts 1.4 Develop and adjust own approaches to facilitate empowerment
Topic 2: Discrimination and anti-discrimination law	2 hours 15 mins	2.1 Australian anti-discrimination legislation 2.2 Accessibility standards 2.3 Direct and indirect discrimination 2.4 Reasonable adjustment and inherent requirements	1.1 Identify changes in the legal, political and social frameworks within which the work is undertaken 1.2 Identify ways society can affect the level of impairment experienced by a person with disability 1.4 Develop and adjust own approaches to facilitate empowerment
Topic 3: The Convention on the Rights of Persons with Disabilities	1 hour 40 mins	3.1 About the Disability Convention 3.2 Implementation and monitoring 3.3 Progressive realisation	1.1 Identify changes in the legal, political and social frameworks within which the work is undertaken 1.2 Identify ways society can affect the level of impairment experienced by a person with disability 1.4 Develop and adjust own approaches to facilitate empowerment

Topic	Time	Content	Performance criteria
Topic 4: An overview of the disability service system	1 hour 45 mins	4.1 About disability services 4.2 The National Disability Insurance Scheme 4.3 My Aged Care 4.4 <i>The National Standards for Disability Services</i>	1.1 Identify changes in the legal, political and social frameworks within which the work is undertaken 1.2 Identify ways society can affect the level of impairment experienced by a person with disability 1.4 Develop and adjust own approaches to facilitate empowerment
Topic 5: Communicating effectively with service users	2 hours	5.1 Augmentative and alternative communication 5.2 Easy English 5.3 Translation and interpreting services 5.4 Alternative accessible formats	1.4 Develop and adjust own approaches to facilitate empowerment 2.2 Deliver services that ensure the rights and needs of the person are upheld in the context of person-centeredness 3.3 Provide assistance to the person with disability to facilitate communication of their personal goals
Topic 6: Achieving cultural awareness in your work	2 hours 40 mins	6.1 Culturally and linguistically diverse communities 6.2 Aboriginal and Torres Strait Islander peoples 6.3 Unconscious bias and casual racism	2.2 Deliver services that ensure the rights and needs of the person are upheld in the context of person-centeredness 2.3 Ensure the cultural needs of the person are identified, accepted and upheld
Topic 7: Person-centred practice in action	3 hours 20 mins	7.1 Assisting service users to understand their rights 7.2 Supported decision-making and the role of family, friends and carers 7.3 Dignity of risk 7.4 Advocacy and referral 7.5 Inclusive practices	1.4 Develop and adjust own approaches to facilitate empowerment 2.1 Assist the person with disability to understand their rights 2.2 Deliver services that ensure the rights and needs of the person are upheld in the context of person-centeredness 3.1 Using a person-centred approach work in a manner that acknowledges the person with disability as their own expert

Topic	Time	Content	Performance criteria
Topic 7: (continued)			<p>3.2 Facilitate person-centred options for action on relevant issues and discuss with the person and/or family and/or carer and/or relevant other</p> <p>3.3 Provide assistance to the person with disability to facilitate communication of their personal goals</p> <p>3.4 Provide person-centred support in a manner that encourages and empowers the person with disability to make their own choices</p> <p>3.5 Assist with strategies to ensure that the person is comfortable with any decisions that are being made on their behalf</p> <p>3.6 Assist with accessing advocacy services and other complaint mechanisms as required</p>
Topic 8: Legal and ethical considerations of service delivery	2 hours 35 mins	<p>8.1 Legal and ethical frameworks</p> <p>8.2 Responding to service users at risk of harm</p> <p>8.3 Protecting privacy and confidentiality</p> <p>8.4 Managing conflicts of interest</p>	<p>2.4 Identify breaches of human rights and respond and report according to organisation procedures</p> <p>2.5 Identify indications of possible abuse and/or neglect and report according to organisation procedure</p>
Unit summary and close	30 mins	Overview of topics covered, reflections, debrief and close	N/A

Please note times are indicative only and can be adapted according to the duration of training and learner's interests.

How to use this resource

1. This resource does not include assessment tasks. Trainers are required to set their own assessment tasks to assess the extent to which learners meet the performance criteria.
2. This resource is to be used with the accompanying Learner Guide for CHCDIS007. Trainers should familiarise themselves with both the Trainer Manual and Learner Guide before teaching this unit of competency.
3. Trainers should undertake their own research to obtain information about any disability services, laws, policies and procedures that are specific to the state or territory where the training is being delivered and adapt the training content accordingly.
4. In light of the progressive roll out of the National Disability Insurance Scheme and the implementation of a number of new reforms across the aged care sector, policies and practices in these areas are changing on a regular basis. Trainers should therefore ensure that they are aware of any current initiatives that relate to this unit of competency.
5. A large number of practical exercises and viewing activities have been included throughout this resource to provide learners with deeper insights and practical experience of the topics covered. It may not be possible to cover all activities in the delivery of this unit of competency, however trainers should aim to keep delivery as engaging as possible in line with adult learning theory. Trainers should use their own discretion and adapt the material to suit their own training style.
6. Video links have been provided for the viewing activities that have been included in this resource, however URL links may be subject to change. Each viewing activity includes the name of the publisher and the title of the video, so videos should be easily obtained by performing a simple web search. Trainers should ensure they are familiar with upcoming viewing activities prior to commencing each topic.
7. While this training has been designed for a face-to-face learning environment, the accompanying Learner Guide has been designed to be flexible enough to meet the needs of learners undertaking training via correspondence and may be easily adapted for this purpose.
8. Icons have been included throughout this resource to assist in navigation and indicate where activities and information are located.
9. The Trainer's Manual and Learner Guide for this unit of competency are both available in PDF and WORD format.

When delivering this unit of competency, ensure that you are using the Trainer's Manual and Learner Guide **in the same file format** to ensure that the page numbers between the two documents correspond. (For example, if delivering this training using the PDF Trainer Manual, be sure to provide learners with the PDF version of the Learner Guide.)

Be aware that PDF documents are not fully accessible to people with a print disability, such as people who are blind or vision impaired. If there is someone in your class with a print disability, ensure that you use the WORD versions of both the Trainer's Manual and Learner Guide.

10. **This resource is only intended as a guide. It is not a substitute for legal advice.**

Icons used in this resource



This icon indicates an activity for individuals



This icon indicates an activity for a group or class discussion



This icon indicates facts and statistics



This icon highlights further reading and important information



This icon indicates a viewing activity



This icon indicates a suggested section to read out



This icon indicates a trainer's note



This icon indicates a discussion question or scenario

A brief history of the disability rights movement in Australia

While the most significant milestones in disability rights will be covered progressively throughout this resource, trainers are encouraged to read through the following overview to familiarise themselves with the history of the disability rights movement prior to the delivery of this training.

Year	Events
1908	The Australian Government introduced the Invalid Pension, which increased the independence of people with disability.
1915 – 1945	Many soldiers returned from the First World War with impairments. With the increased numbers of people with disability, it was necessary to consider alternative forms of care other than institutionalisation. This demographic change prompted a shift towards better recognition of the needs of people with disability, resulting in the establishment of government-funded rehabilitation programs.
1945 – 1970s	<p>The consequences of the Second World War had a similar impact and strengthened the belief that people with disability have a right to lead decent lives.</p> <p>Concurrently, the <i>Universal Declaration of Human Rights</i> was adopted by United Nations General Assembly in 1948, recognising all human beings were entitled to certain fundamental rights.</p> <p>After the war, the Commonwealth Rehabilitation Service (CRS) was established to assist injured men and women from the armed forces. A number of volunteer organisations also extended their services to people with disability.</p>
1970s – 1980s	<p>In the 1970s, there began to be a shift away from services provided to people with disability by people without disability only, to the involvement of people with disability interested in their own treatment and by extension, in their own movement.</p> <p>Up until the late 1970's, the views of people with disability were mainly filtered through the voices of disability service providers, professionals working in the area of disability and family members.</p> <p>This was also occurring at the international level. At the time, it was a policy of the key international disability organisation, Rehabilitation International, that while people with disability could attend its periodic international conference as observers; they were not permitted to speak.</p> <p>People with disability strongly protested against this policy at the 1980 conference of Rehabilitation International, held in Winnipeg, Canada where a decision was made to establish a new international organisation of and for people with disability.</p> <p>Disabled Peoples International was founded and now has members in over 160 countries throughout the world.</p>
1981	<p>1981 was a turning point in the history of the Australian and international disability rights movements. The United Nations declared 1981 to be the International Year of Disabled Persons and Disabled Peoples International held its first World Assembly in Singapore.</p> <p>During this year, people with disability began to think of disability more as a public issue rather than a private problem. The concept of systemic discrimination and oppression also emerged as a motive for the development of a social movement in Australia and overseas.</p>

Year	Events
1981 (cont)	The developments in 1981 meant disability became more than a diagnosis and something to be dealt with by medical professionals. People with disability began to recognise the social nature of their condition and became united in claiming self-determination and self-representation to overcome their social discrimination and oppression as a group.
1986	In 1986, disability rights advocacy was recognised as a programme area to be funded in Australia under the Disability Services Act 1986 (Cth). The Act also established standards to ensure service quality and establish a framework under which service providers were to operate.
1992	In 1992, parliament passed the <i>Disability Discrimination Act 1992</i> (DDA). The Act made disability discrimination unlawful and promoted equal rights, equal opportunity and equal access for people with disability.
2007	The <i>United Nations Convention on the Rights of Persons with Disabilities</i> opened for signature on 30 March 2007, with 82 countries – including Australia – electing to become signatories to the Disability Convention. This is the highest number of signatories to a UN Convention on its opening day <i>in history</i> . The Disability Convention entered into force on 3 May 2008.
2010	Subsequent to Australia's ratification of the <i>Convention on the Rights of Persons with Disabilities</i> , the Council of Australian Governments endorsed the <i>National Disability Strategy 2010-2020</i> . The <i>National Disability Strategy</i> (NDS) is Australia's whole of government plan for the progressive realisation of the rights set out in the <i>Convention on the Rights of Persons with Disabilities</i> .
2012	In 2012, the Australian Human Rights Commission celebrated the 20th anniversary of the <i>Disability Discrimination Act 1992</i> through the project <i>Twenty Years: Twenty Stories</i> . <i>Twenty Years: Twenty Stories</i> is a collection of video stories, which highlight how Australia has come a long way in recognising and respecting the rights of people with disability, however, there is still much more to be done.
2013	In 2013, the National Disability Insurance Scheme, a scheme of lifetime care and support for people with disability, commenced rollout in several launch sites across Australia. The scheme operates under key human rights principles such as participation, equality and empowerment and is a key step towards Australia's implementation of Article 19 of the Convention of the Rights of Persons with Disabilities (Living independently and being included in the community).

This timeline has been adapted from information prepared by People with Disability Australia (PWDA).²

² People with Disability Australia (PWDA), *History of Disability Rights Movement in Australia* (2015) <<http://www.pwd.org.au/student-section/history-of-disability-rights-movement-in-australia.html>>.

Introductory session

Approximate duration: 30 minutes

Group activity: Thinking about empowerment



Activity type: Group activity

Duration: 10 minutes

Equipment needed: Butchers paper or smartboard, Learner Guide (pages 15-17)

Instructions:

1. Introduce yourself to the group and briefly outline the key elements that will be covered throughout this unit of competency.
2. Ask learners to introduce themselves and share their experience of working with people with disability.
3. Ask learners what they think is meant by the term 'empowerment' and write down any relevant buzz words on a piece of butchers paper or smart board.
4. Conduct the 'Empowerment survey' activity located on page 16 of the Learner Guide.



Activity: Empowerment survey



Activity type: Individual written exercise

Duration: 10 minutes

Equipment needed: Learner Guide (page 16)

Purpose: to identify an individual's sense of inclusion and empowerment in a group context.

Instructions:

1. Ask participants to turn to page 16 of the Learner Guide and explain that for this task, learners should reflect on their time at high school, in the workplace or in another group environment and think about their own experiences when responding to the questions. The survey questions have also been included on the following page.
2. Inform learners that they will have 10 minutes to complete the task and ask them to begin. Explain that this is a reflective task only and learners will not be required to share their answers with anyone else.
3. Following the activity, invite learners to share their observations about what they thought it meant to be empowered in a group situation and how it felt when this did or didn't happen.
4. Revisit the list of words relating to empowerment that were written down earlier and ask learners if they would add any words to this list after completing the Empowerment Survey activity.
5. Read out the following information for context before commencing Topic.



What is empowerment?

According to the Oxford Dictionary, to 'empower' someone is to 'make someone stronger and more confident, especially in controlling their life and claiming their rights...'¹

Empowerment is an active and multi-faceted process, whereby people realise their potential and ability to make decisions and work towards attaining the goals they have set. Empowerment of an individual brings about self-acceptance and self-confidence, social and political understanding, and a personal ability to take part in decision-making and have control over the resources in their environment.²

Throughout this training, we'll be exploring how you can facilitate the empowerment of people with disability in your work by adopting a person-centred approach to service delivery.

Activity sheet: Empowerment survey

1. How often did you feel part of the group?

- Never
- Rarely
- Sometimes
- Often
- All of the time

2. How often did you feel left out?

- Never
- Rarely
- Sometimes
- Often
- All of the time

Can you identify why?

3. How often did you feel isolated from others?

- Never
- Rarely
- Sometimes
- Often
- All of the time

Can you identify why?

4. How often did you feel that there were people who understood you?

- Never
- Rarely
- Sometimes
- Often
- All of the time

5. How often did you feel that there were people you could talk to?

- Never
- Rarely
- Sometimes
- Often
- All of the time

6. How often did you feel you could support others in their learning?

- Never
- Rarely
- Sometimes
- Often
- All of the time

7. How often did you feel you made a difference in that environment (school, workplace)?

- Never
- Rarely
- Sometimes
- Often
- All of the time

Introductory Session: Endnotes

- 1 Oxford Dictionary Online, Entry – ‘Empower’ (2015) <<http://www.oxforddictionaries.com/definition/english/empower>>.
- 2 Elisheva Sadan, *Empowerment And Community Planning: Theory And Practice Of People-Focused Social Solutions*, (Hakibbutz Hameuchad Publishers, 2004).

Topic 1: Getting the facts straight



Topic 1: Getting the facts straight

Approximate duration: 3 hours

Topic sequence:

- 1.1 Evolving definitions and demographics of disability (60 minutes)
- 1.2 Common conditions and impairments which can contribute to disability (40 minutes)
- 1.3 Community attitudes towards people with disability (60 minutes)
- 1.4 Disability etiquette (20 minutes)

Equipment needed:

- Audio/visual equipment with internet connection
- Learner Guide (pages 18-47)
- Simulator goggles from Vision Australia (optional)

1.1 Evolving definitions and demographics of disability

Approximate duration: 60 minutes

Activity: Defining disability



Activity type: Individual written exercise

Duration: 5 minutes

Equipment needed: Learner Guide (page 19)

Purpose: To encourage learners to think about how they would define disability, which will allow these definitions to be explored and challenged later in the training.

Instructions:

1. Ask learners to turn to the written exercise on page 19 of their Learner Guide. Read out the exercise instructions below, as they appear in the Learner Guide:



Think about how you would define disability in your own words. This is a reflection task only and you will not be required to share your definition with anyone else. Write down your definition in the space provided.

2. Inform learners that they will have five minutes to complete the task and ask them to begin.



Discussion question: Do you think that the status of people with disability in Australian society has changed over time?

About the evolving status of people with disability

In the early 1900s, the majority of Australians with disability either lived with their families or were forced into institutional settings. People with disability were commonly segregated from the rest of society and were not expected to play an active role in the community.¹



Things started to change after the First World War, as a number of soldiers returned with high levels of impairment and there were simply too many people with disability for institutionalisation to be a viable option.

This led to the establishment of government-funded rehabilitation programs, which became even more pivotal after the Second World War when the Australian Government established the Commonwealth Rehabilitation Service.

It was at this time that volunteer organisations started to extend services to people with disability and it was generally understood that people with disability deserved a better standard of living. But despite these changes, people with disability had little control over their lives and continued to be the subject of decisions that were made by others.²

Activity: What is disempowerment?



Activity type: Class discussion

Duration: 10 minutes

Equipment needed: Learner Guide (page 16)

1. Ask learners to turn back to the activity they completed in the introductory session (on page 16 of the Learner Guide) which explored the concept of empowerment.
2. Ask learners to read over their own responses to the questions in this activity and think about the way disability services operated in Australia prior to the 1950s, with people with disability having little choice or control over the services they received.
3. Ask learners to share their thoughts about how it might feel to be placed in a situation where they were not actively involved in decisions that would have a significant impact on their life.
4. Explain to participants that from the mid-1970s onwards, people with disability began to acknowledge the social nature of their condition and the definition of disability started to change shape.

Viewing activity



Video: 'Social model animation'

Source: Geoff Adams-Spink, YouTube

Duration: 1 minute 26 seconds

Summary: This video tells a story about a world where disability is the norm and people without disability experience limitations because of the way things are designed.

Instructions:

1. Play the video 'Social model animation'.
2. After viewing the video, facilitate a discussion about the video, asking learners if the video has made them think about disability differently.



Points to inform discussion:

- The video was based on the social model of disability, rather than the medical model.
- The social model of disability recognises that disability is the result of interactions between features of a person's body and features of the society in which he or she lives. These interactions often place restrictions on the individual's ability to participate fully in society on an equal basis to others (see diagram below).

The social model of disability

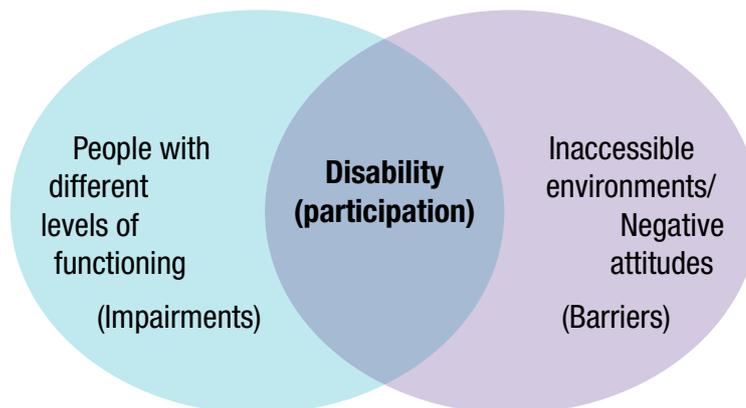


Diagram illustrating the conceptualisation of disability according to the social model of disability

Examples:

A student who is blind is unable to participate in a school exam as the exam questions have been provided to her in print. The medical model of disability would say that the student is the problem because she cannot read the printed questions. The social model of disability on the other hand, recognises that the student is capable of answering the questions, but her access has been limited by the way in which the questions have been presented.

A man who is a wheelchair user is unable to access his local library as it does not have ramp access. The medical model of disability would say that the man is the problem because he can't use the stairs. Whereas the social model of disability recognises that the man is still capable of using the building, but that his participation is limited by the fact that the building has not been designed in a way that makes it accessible.



A woman who is an experienced teacher working in a prestigious school wants to migrate to another country with her husband as it will be a good career move for her. She also has HIV. Her immigration application is denied and she is not allowed to migrate. The medical model of disability would say that the problem is with the woman, as she has what is perceived to be a high health risk that may cost the government money. The social model of disability recognises that the woman is prevented from migrating due to stigma, misinformation, bad laws and poor public policies that are not in line with current scientific data.

International standard for measuring disability

In 2001, the World Health Organisation adopted a new framework for measuring health and disability, known as the *International Classification of Functioning, Disability and Health* (ICF).³

This classification system draws on the social model of disability and recognises that disability 'is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.'⁴

Importantly, the adoption of the ICF has led to a shift in the way disability is measured at a population level.

The social model of disability places a greater focus on the impact of disability rather than a medical diagnosis. This approach recognises that two different people with the same type of condition or impairment can experience differing levels of functional limitation or restrictions in daily life depending on a range of external factors, such as where they live.

For data collection purposes, the Australian Bureau of Statistics defines disability as: 'any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months.'⁵

Using this measurement, we know that over 4 million Australians, or 1 in 5 people have a disability or long-term health condition.⁶



As a result of the strong correlation between age and disability, the prevalence of disability is also anticipated to increase as Australia's population ages.

In 2009, around 3.4% of children aged four and under were affected by disability, compared with 40% of people aged 65-69 and 88% of people over 90.⁷

Keep the social model of disability in the back of your mind during the next activity, as we explore some of the inequalities that still exist for people with disability in Australia today.

Activity: What are the stats?



Activity type: Individual written exercise/class discussion

Duration: 15 minutes

Equipment needed: Learner Guide (page 24)

Purpose: To encourage learners to think about the way in which the rights of people with disability may still be limited in Australia.

Instructions:

1. Instruct learners to turn to the multiple choice activity on page 24 of their Learner Guide
2. Read the instructions below, as they appear in the Learner Guide:



Read through the multiple choice questions below and circle the answer that you think is correct. This is a reflective task only and you will not be required to share your answers with anyone else.

3. Inform learners that they have five minutes to complete the activity and ask them to begin.
4. After five minutes, go through the answers to each question using the answer sheet on the following page and provide learners with an opportunity to share their observations.
5. Ask learners if they were surprised by any of the statistics in the activity and if it has made them think about the ways in which the rights of people with disability may be limited.

Answer sheet: What are the stats?

1. **How many times more likely are young people with mental health disorders and/or cognitive impairment to be imprisoned in comparison to those without disability?**

- A) 2 times as likely
- B) 4 times as likely
- C) 6 times as likely
- D) 8 times as likely

ANSWER: C. 6 times as likely.⁸

2. **The labour force participation rate of people in Australia without disability is 83%. What is the labour force participation of people with disability?**

- A) 33%
- B) 54%
- C) 64%
- D) 72%

ANSWER: B. 54%.⁹

3. **What proportion of women with an intellectual disability will experience sexual abuse at some point in their life?**

- A) 1 in 10
- B) 3 in 10
- C) 6 in 10
- D) 9 in 10

ANSWER: D. 9 in 10. 90% of women with intellectual disability will experience sexual abuse at some point in their life. 60% of women with intellectual disability will experience sexual abuse before they reach 30 years of age.¹⁰

4. **What is the percentage of Australians with disability who live near or below the poverty line?**

- A) 16%
- B) 29%
- C) 45%
- D) 72%

ANSWER: C. 45%. 45% of Australians with disability live near or below the poverty line.¹¹

5. **What percentage of people with a disability aged 18-64yrs have completed Year 12?**

- A) 25 %
- B) 36%
- C) 50%
- D) 62%

ANSWER: B. 36% of people with disability aged 18-64 have completed year 12, in comparison to 60% of those without a disability.¹²

6. **People with high support needs are how many times less likely to participate in activities outside the home?**

- A) 3 times
- B) 6 times
- C) 8 times
- D) 9 times

ANSWER: D. People with a profound disability are nine times less likely to participate in activities outside the home.¹³



For more statistics and information on people with disability in Australia, visit the Australian Human Rights Commission's '[Face the Facts: Disability Rights](#)' page.

This webpage also features a number of infographics, which have been included on the following page and can be shared with learners to visually reinforce some of the statistics from the quiz.

Disability Rights



4 in 10 Australians aged 18 yrs and over report having a disability or long-term health condition



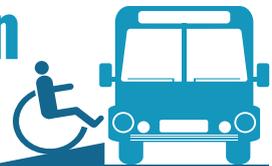
AUSTRALIA RANKS LOWEST
AMONG OECD COUNTRIES FOR THE RELATIVE INCOME OF PEOPLE WITH DISABILITIES



WORKFORCE PARTICIPATION OF PEOPLE WITH DISABILITIES AND WITHOUT DISABILITIES

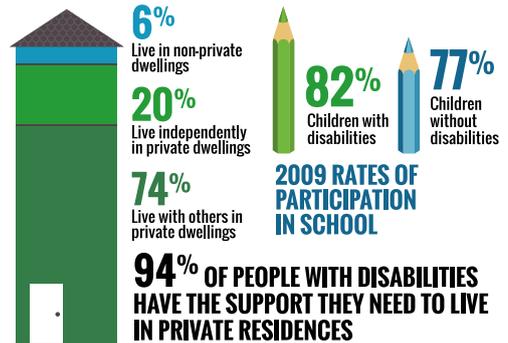


1.2 million people with disabilities report difficulties using public transport



1 in 4 people who report sexual assault are people with disabilities

9 in 10 WOMEN WITH INTELLECTUAL DISABILITIES HAVE BEEN SEXUALLY ABUSED



What do the stats tell us?

These facts demonstrate that people with disability continue to face widespread disadvantage in Australian society.

The level of disadvantage that is experienced by a person with disability can vary greatly depending on their individual circumstances.

Women, children, Aboriginal and Torres Strait Islander peoples, peoples from culturally and linguistically diverse backgrounds, older people and people who are gay, lesbian, bisexual, transgender or intersex all typically face varying forms of marginalisation in Australian society.

When a person from one or more of these groups also has a disability, the level of marginalisation that is experienced by that person is often more severe. This multi-faceted experience is known as 'intersectionality', or 'intersectional discrimination.'

An example of this is evident in the answer to the third quiz question: 90% of women with intellectual disability will experience sexual abuse at some point in their lives.

If we take disability out of the equation, we know that women already experience a higher rate of sexual violence than men. According to data published by the Australian Bureau of Statistics, in 2012, an estimated 17% of all women aged 18 years and over had experienced sexual violence since the age of 15, compared with 4% of men aged 18 years and over.¹⁴

Women with intellectual disability are often more vulnerable than women without disability, and consequently experience even higher rates of sexual violence.

The growing understanding that a person's level of participation can be enhanced or diminished by various environmental factors has resulted in governments around the world recognising that society has a role to play in addressing the barriers faced by people with disability.

There are now several frameworks in place in Australia to advance the rights of people with disability, which will be explored in greater detail throughout this unit of competency.

These include:

- *The United Nations Convention on the Rights of Persons with Disabilities*
- *The National Disability Strategy*
- *The National Disability Insurance Scheme*
- *The National Standards for Disability Services*
- *Anti-discrimination legislation and standards*

For now though, let's look at the concept of disability itself in a little more detail.

1.2 Common conditions and impairments which can contribute to disability

Approximate duration: 40 minutes

There are six main types of conditions or impairments that may lead someone to experience disability. These are:

- **Physical** (impacts on personal mobility or movement of the body)
- **Sensory** (impacts on vision and/or hearing)
- **Psychiatric or psycho-social** (impacts on thought processes or behaviour)
- **Neurological** (impacts on the ability to control movements)
- **Cognitive** (can impact on a person's thought processes and memory)
- **Intellectual** (can impact on communication and/or learning).

Can impact on communication and/or learning.

Let's consider some specific conditions and impairments that fall into each of these categories and explore their prevalence in Australian society.



Trainer's note: This entire section has been created in a 'question and answer' format to get learners thinking about what they know about the prevalence of disability in Australian society.

All of the questions, as well as answer options for each question, have been provided on pages 28-30 of the Learner Guide. Work through each of the questions one at a time and provide learners with an opportunity to discuss which answer they think is the correct one before covering the additional information provided for each question.

Question 1: Every, 5 Australians sustain a spinal cord injury

Answer options:

- Hour
- Day
- Week
- Month

Answer: Five Australians sustain a spinal cord injury every week.¹⁵

A spinal cord injury is a form of physical impairment. It is defined as any damage to the spinal cord that results in a loss of function. It is frequently caused by accident or trauma, but may also be caused by diseases such as polio or spina bifida.

The term quadriplegia is used to describe paralysis, or loss of movement below the neck (also known as tetraplegia). While paraplegia refers to paralysis or loss of movement below the chest.¹⁶

Question 2: Every, 10 to 15 Australians sustain a severe brain injury.

Answer options:

- Hour
- Day
- Week
- Month

Answer: 10 to 15 Australians sustain a severe brain injury every week.¹⁷

According to the Australian Bureau of Statistics 2003 survey of Disability, Ageing and Carers, around 1 in 45 Australians (432,700) had an acquired brain injury with activity limitations and participation restrictions.¹⁸ Acquired brain injury is defined as any injury to the brain that occurs after birth. An acquired brain injury can be caused by accident or trauma, stroke, brain infection, alcohol or other drugs or diseases of the brain such as Parkinson's disease.

Acquired brain injury is a form of neurological or cognitive impairment.¹⁹ It differs from intellectual disability, as people with acquired brain injury generally retain their intellectual abilities but may have difficulty coordinating, controlling or communicating their thoughts.²⁰

Question 3: Every hours, a child in Australia is born with cerebral palsy.

Answer options:

- 2
- 5
- 10
- 15

Answer: A child in Australia is born with cerebral palsy every 15 hours.²¹

Cerebral palsy, or CP, is caused by damage to a child's brain either during pregnancy, or shortly after.²²

Although it is caused by injury to the brain, cerebral palsy is classified as a physical impairment as it most commonly effects physical mobility and muscle control.

Cerebral palsy can vary greatly in severity and form and people with cerebral palsy sometimes also have vision or hearing impairment, intellectual disability or difficulty with speech.²³

Viewing activity



Video: 'What is cerebral palsy?'

Source: The Cerebral Palsy Alliance

Duration: 10 minutes 28 seconds

Summary: This video from the Cerebral Palsy Alliance talks about cerebral palsy -- what it is, how it is caused and how it is generally described and highlights the ways in which children with cerebral palsy can be supported to fulfil their individual potential, goals and aspirations.

Instructions:

1. Play the video 'What is cerebral palsy?'
2. Ask learners if they have any comments or questions about the video before moving on.

Information session
What is cerebral palsy?



Question 4: One in children born in Australia each year will have Down syndrome.

Answer options:

- 100
- 1,000
- 10,000
- 100,000

Answer: One in every one thousand children born in Australia each year will have Down syndrome.²⁴

Each cell in the human body typically has 46 chromosomes. When there is an extra chromosome, Down syndrome occurs. People with Down syndrome typically have some level of intellectual impairment and may experience challenges with health and development.²⁵

Question 5: Every hours, a child in Australia is diagnosed with autism spectrum disorder.

Answer options:

- 2
- 7
- 14
- 24

Answer: A child in Australia is diagnosed with autism spectrum disorder every seven hours.²⁶

Autism spectrum disorder is estimated to affect one in 100 Australians. It has been described by Autism Spectrum Australia as:

‘Lifelong developmental disabilities characterised by marked difficulties in social interaction, impaired communication, restricted and repetitive interests and behaviours and sensory sensitivities’.²⁷

Question 6: Every hours, a child in Australia will be born with an intellectual disability.

Answer options:

- 2
- 8
- 12
- 16

Answer: Every two hours, a child in Australia is born with an intellectual disability.²⁸

Intellectual disability occurs in the developmental period before the age of 18. An individual who is assessed as having an IQ of 70 or less is often defined as having an intellectual disability.

Intellectual disability impacts people in different ways, but may affect an individual's communication abilities, self-care, social skills or learning.²⁹

Question 7: One in Australians will experience mental illness in any 12-month period.

Answer options:

- 5
- 10
- 15
- 20

Answer: 20% of Australians, or one in five, will experience a mental illness within a 12-month period.³⁰

'Mental illness' is an umbrella term that includes conditions such as depression, anxiety, personality disorder/bipolar disorder, substance abuse, post-traumatic stress disorder and schizophrenia.

The term 'mental illness' is now used less frequently and instead the term 'psycho-social disability' is more commonly used.

45% of Australians will experience a psycho-social disability at some stage during their life, though the impact may vary in severity and duration. At least a third of young people will have experienced an episode of mental illness by the time they reach the age of 25.³¹

Question 8: Over Australians experience blindness or vision loss.

Answer options:

- 200,000
- 300,000
- 400,000
- 500,000

Answer: Over 300,000 Australians experience some form of blindness or vision loss that cannot be corrected. This number increases to over 400,000 when counting individuals with treatable conditions, such as cataracts, that they have not yet received medical intervention for.³²

Blindness or vision impairment can be caused by a number of different conditions, including, but not limited to:

- Macular degeneration
- Retinitis pigmentosa
- Diabetic retinopathy
- Accident or trauma

Question 9: One in Australians experience hearing loss.

Answer options:

- 6
- 8
- 10
- 20

Answer: One in six Australians experience hearing loss and around 30,000 Australians experience total hearing loss.

Hearing loss can be caused by a number of different conditions, such as Ménière's disease or usher syndrome. It can also be caused by exposure to loud noise, exposure to some drugs and chemicals, accident or injury and the aging process. More than half of the population between the ages of 60 and 70 have some degree of hearing loss, compared with more than 70% of people over 70 and more than 80% of people over 80.³³

Question 10: Around % of Australians have difficulty reading or understanding written information.

Answer options:

- 12
- 24
- 36
- 44

Answer: Around 44% of Australian adults have difficulty reading or understanding written information.³⁴

Reading can be difficult for a wide range of people, including people with cognitive impairments such as dyslexia, people with intellectual disability or acquired brain injury and some people from culturally and linguistically diverse backgrounds.



This activity has been adapted from information available on the '[Disability Statistics](#)' webpage of the House with No Steps website.³⁵



Trainer's note: You might like to familiarise learners with some other forms of conditions or impairments if time permits. A few suggestions have been provided below:

- Multiple sclerosis
- Osteogenesis imperfecta
- Prader-Willi syndrome
- Cystic fibrosis
- Muscular dystrophy

Optional activity: Fade to black



Activity type: Interactive class activity

Duration: 20 minutes

Equipment needed: Simulator goggles from Vision Australia (Phone: 1300 847 466)

Purpose: To demonstrate the impact of different types of vision conditions.

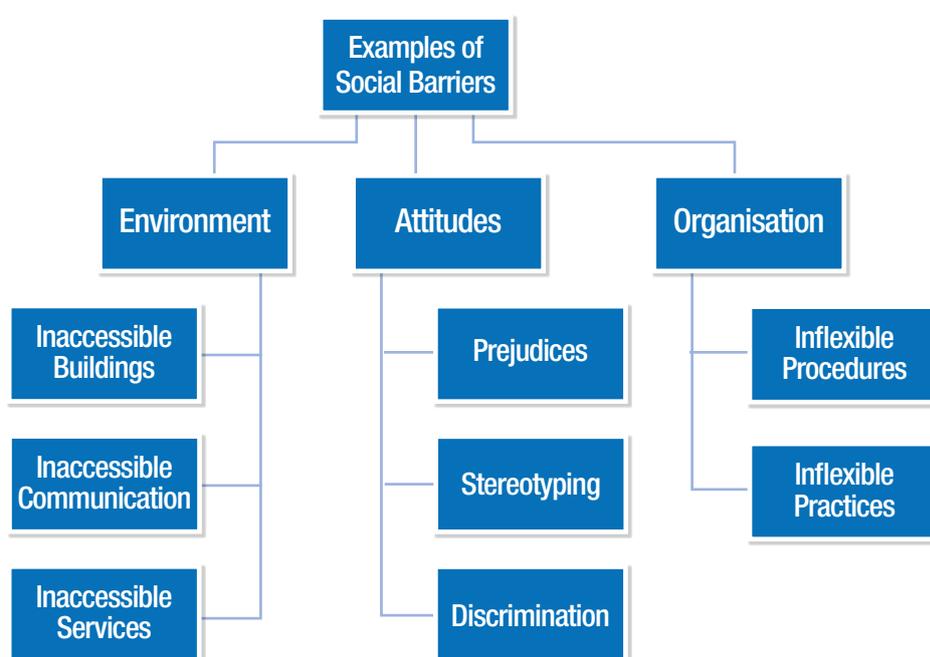
Instructions: Hand out the simulator goggles and provide learners with an opportunity to try each of the simulated vision conditions. Encourage further discussion.

1.3 Community attitudes towards people with disability

Approximate duration: 60 minutes

The social model of disability tells us that people with disability are often more limited by the barriers that society puts in their way than by the direct effects of a particular condition or impairment.

When we think about barriers, we might think about things like inaccessible public transport, housing and infrastructure. But it's also important to understand the extent to which attitudinal barriers can limit the full and equal participation of people with disability.



In 2010, the National People with Disabilities and Carer Council published a report entitled *SHUT OUT: The Experience of People with Disabilities and their Families in Australia*,³⁶ which was informed by over 750 submissions from people with disability, their families and carers. Significantly, the report noted:

A lack of social inclusion and the multiple barriers to meaningful participation in the community faced by people with disabilities were the most frequently raised issues in the submissions and consultations. More than half the submissions received (56 per cent) identified exclusion and negative social attitudes as critical issues.

People with disabilities and their families, friends and carers reported daily instances of being segregated, excluded, marginalised and ignored. At best they reported being treated as different. At worst they reported experiencing exclusion and abuse, and being the subject of fear, ignorance and prejudice. People with disabilities believe little progress has been made in challenging prevailing attitudes towards disability.

Submissions suggested that there are still widespread misconceptions and stereotypes informing the attitudes and behaviour of service providers, businesses, community groups, governments and individuals.

As a result, discrimination is a feature of daily life for many people with disabilities and their families.³⁷



Discussion question: What do you think is meant by the term ‘discrimination’?

Points to inform discussion:

- Discrimination involves someone being treated less favourably because of a personal attribute that is inherent to them such as: age, race, sex, sexual orientation or disability.
- People with disability are often subjected to discrimination as a result of the negative attitudes and misconceptions that continue to be held by people in the community.
- In the ‘What are the stats?’ activity in Section 1.1 for example, we saw that the rate of workforce participation of people with disability is much lower than it is for the rest of the population.

WORKFORCE PARTICIPATION OF PEOPLE WITH DISABILITIES AND WITHOUT DISABILITIES



- Employers can sometimes make assumptions about the ability of a person with disability to perform the requirements of a particular role. For example, many employers hold concerns that employing a person with disability may pose a risk to the safety of the work environment. However statistics show that employees with disability actually have fewer workplace injuries, make fewer workers compensation claims and take fewer days off than employees without disability.³⁸

These negative attitudes and misconceptions can impact heavily upon people with disability in their day-to-day interactions with others. This is explored further in the following viewing activity featuring a video of comedian and disability activist, Stella Young.

Viewing activity



Video: 'Inspiration porn and the objectification of disability'

Source: TEDxSydney

Duration: 9 minutes 26 seconds

Summary: This is a video of the TED Talk delivered by comedian and disability activist Stella Young in Sydney in 2014.

Instructions:

1. Play video the video 'Inspiration porn and the objectification of disability'.
2. After viewing the video, facilitate a discussion about the video content.



Discussion questions:

- What were some of the stereotypical attitudes and behaviours towards people with disability that Stella touched on in the video?
- What are the negative impacts of these attitudes and behaviours?
- What do you think Stella was trying to achieve?
- How, if at all, has the video made you think about your own attitude towards people with disability?

Activity: Reflecting on common interactions



Activity type: Individual written exercise

Duration: 20 minutes

Equipment needed: Learner Guide (page 36)

Purpose: To encourage learners to think about some of the ways that people typically think about and interact with people with disability and the impact of these interactions.

Instructions:

1. Ask learners to turn to the written exercise on page 36 of their Learner Guide.
2. Explain that this is a reflective task only and that they will not be required to share their answers with the rest of the class.
3. Instruct learners to read through each of the four scenarios listed and think about the emotions they would be feeling, or the thoughts that would be running through their mind if they were the person with disability in each of these scenarios. For reference, the scenarios are located on the following page.
4. Depending on the group dynamic, you might like to read each scenario aloud, providing learners with a few minutes to write down their thoughts on each one before reading out the next. Also explain that these scenarios have been directly informed by the everyday experiences of people with disability.
5. Allow approximately 10 minutes for learners to write down their thoughts in the space provided.
6. Ask if there are any comments or questions before moving on.



Trainer's note: The following notes offer guidance on why some of the interactions described in the scenarios were problematic and reflect a lack of understanding about different types of disability.

Scenario 1 – It can be common for people to assume that people with disability are less intelligent than other people, regardless of the particular type of condition that person has. In this scenario the person has a vision impairment, which would not have any impact on their ability to hear or understand information.

Scenario 2 – It is common for people to intrude on the privacy of people with disability and ask invasive or confronting questions when such questions would never be asked of a person without disability.



Scenario 3 – People with assistance animals are often interrupted by people who are interested in the animal, but pay no regard to the person with disability themselves and do not seem to consider what they are doing at that particular moment in time. Remember that a person with an assistance animal may sometimes deal with situations such as these several times a day, which can be quite exhausting.

Scenario 4 – It is often wrongly assumed that people with disability do not have the capacity to speak for themselves, so people will frequently direct questions to a person with the individual with disability, rather than the individual with disability themselves.

Activity sheet: Reflecting on common interactions

Scenario 1

You are a person who is blind. You need to get a train home from Central Station. You vaguely remember hearing something about there being track work taking place on your line, so you decide that you should check with a member of staff. You have had orientation and mobility training to learn how to navigate the station independently, so you make your way to the customer service desk. You voice your enquiry to the man behind the desk. He responds by telling you that there is track work and explaining the alternate travel arrangements, but he speaks to you very loudly, in a slow and deliberate voice.



Background information: People who are blind or vision impaired commonly receive 'Orientation and Mobility' training from a suitably qualified instructor to help them navigate new and unfamiliar environments confidently and independently.

Scenario 2

You are a wheelchair user who uses a wheelchair accessible taxi (WAT) to get to and from work. As you are sitting in the taxi one morning, the driver turns to you and asks 'Were you born like that?'

Scenario 3

You had a stroke several years ago and have limited dexterity in your hands. You have an assistance dog that is trained to assist you with various tasks throughout the day. You are sitting at a bus stop with your friend, waiting to get the bus home. You are midway through telling him a joke you heard on the radio yesterday. But just as you are nearing the punch line, you are interrupted by a complete stranger who asks if they can pat your dog.

Scenario 4

You are a woman with Down syndrome who has very low support needs and works in open employment. You and a colleague decide to visit a nearby café for lunch. You are both at the counter ready to order. It is clear that it is your turn to be served, but the woman behind the counter looks at your friend and says, 'What would she like?'

What are invisible disabilities?

A common underlying misconception about disability is that disability is always obvious. But this is not the case. There are many forms of disability that are invisible or not immediately recognisable.



Trainer's note: You may wish to begin this section by instructing learners to read the online opinion piece 'We need a radical rethink on disability',³⁹ published on ABC's Open Drum on 23 April 2015. This article serves to highlight some of the disadvantages that people with invisible disabilities experience.



Discussion scenario: Imagine you're in the carpark at your local shopping centre. You see a woman exit a vehicle that is parked in an accessible parking space that has been reserved for customers with disability. The woman does not appear to have any sort of impairment and walks into the shopping centre without any fuss.

Discussion question: What would you think or feel in this situation?

Points to inform discussion:

- It is true that people without disability sometimes park in accessible parking spaces illegally, however it is also common for people with invisible forms of disability to be abused for parking in one of these spaces, simply because the challenges they face are not visibly evident to onlookers. Anyone with a disability parking permit is entitled to use an accessible parking space.
- There are many invisible conditions that may justify someone requiring access to a parking space that is located nearer to the shop entrance, including but not limited to:
 - » back or brain injury
 - » chronic illness or pain
 - » heart conditions
 - » muscular, neurological, seizure, bone or spinal disorders
 - » organ transplant
 - » oxygen impairment.⁴⁰

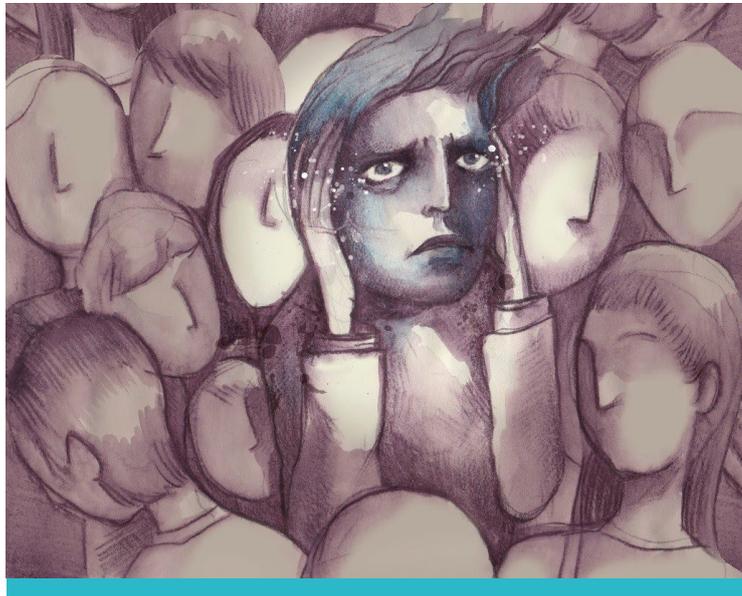
People with invisible forms of disability such as mental illness, intellectual impairment, brain injury, autism spectrum disorder and chronic illnesses, such as diabetes and HIV, can experience particular forms of exclusion and discrimination. Many people with invisible forms of disability report that the stigma that surrounds their disability can be just as distressing as the condition itself.



Discussion question: What do you think to the work stigma means?

The Oxford Dictionary defines stigma as: a mark of disgrace associated with a particular circumstance, quality or person.⁴¹

Discussion question: What do you think are some of the ways stigma might impact on people with invisible disabilities?



Examples of stigma experienced by people with invisible disability

The following are some examples of how stigma can affect people with different disabilities.

Diabetes

According to a study undertaken by the Juvenile Diabetes Foundation in 2015, 46% of Australians with Type 1 diabetes have felt excluded from activities or have experienced bullying.⁴²

Research suggests that people with diabetes are often:

- Treated unfairly in the workplace. Some employees or colleagues may treat a team member who has disclosed they have diabetes differently due to misconceptions about what they are and are not capable of, or how the condition is managed.
- Blamed by others. Many individuals believe that people who have diabetes have brought the condition upon themselves through leading an unhealthy lifestyle.
- Judged or treated negatively in social situations due to food choices or self-care needs; these might include self-monitoring of blood glucose levels and taking insulin.⁴³

HIV/AIDS

Individuals with Human Immunodeficiency Virus (HIV) are often stigmatised and excluded as a result of people negatively associating their condition with homosexuality, drug use, sex work or infidelity.

Many people also lack an understanding of how HIV is contracted, which can lead to irrational behaviour and fear.⁴⁴ Anyone can be susceptible to HIV/AIDS, regardless of their sexual orientation. Contracting HIV is possible from blood-to-blood contact, sharing needles or unsafe sex.

Psycho-social disabilities

Stigma also continues to cause widespread discrimination amongst people with psycho-social disability or mental illness. Sane Australia states:

Most often stigma against people with a mental illness involves inaccurate and hurtful representations of them as violent, comical or incompetent, which serves to dehumanise sufferers of mental illness and make them objects of fear or ridicule.⁴⁵

Viewing activity



Video: 'A Life without Stigma'

Source: SANE Australia

Duration: 3 minutes 22 seconds

Summary: Four everyday Australians talk about how they have been affected by prejudice against mental illness, and how we can all live a life without stigma

Instructions:

1. Explain that negative community attitudes often create barriers to the full and equal participation of people with invisible forms of disability. There is still a great deal of stigma surrounding psycho-social disability/mental illness in particular and it is important that this stigma is challenged.
2. After playing the video, invite learners to share any thoughts or reflections before moving on.



Inaccurate representations of people with mental illness can be challenged by gaining a greater insight into the facts and figures surrounding mental illness in Australia.

According to Sane Australia:

- Nearly half (45%) of the population will experience a mental disorder at some stage in their lives.
- Almost one in five Australians (20%) will experience a mental illness in a 12-month period.
- During a one-year period, anxiety disorders will affect 14% of the population and depression will affect 6%.
- Depression is one of the most common conditions in young people and increases during adolescence.
- At least one third of young people have had an episode of mental illness by the time they are 25 years old.
- Research indicates that people receiving treatment for a mental illness are no more violent or dangerous than the general population.
- People living with a mental illness are more likely to be victims of violence, especially self-harm.
- Mental illnesses are not purely 'psychological' and can have many physical features.
- Anyone can develop a mental illness and no one is immune to mental health problems.
- Most people with mental illness recover well and are able to lead fulfilling lives in the community when they receive appropriate ongoing treatment and support.⁴⁶



Almost one in five Australians will experience a mental illness in a 12-month period.

In regards to employment, the Australian Public Service Commission's guide for employers, *Working Together: Promoting mental health and wellbeing at work* states:

Many people with mental health conditions, across a wide range of workplaces, are highly successful employees. Organisations employing people with mental health conditions report good attendance and punctuality, as well as motivation, quality of work, and job tenure on par with or greater than other employees.⁴⁷



Further reading:

Sane Australia, *The SANE Guide to Reducing Stigma* (2014).

1.4 Disability etiquette

Approximate duration: 20 minutes

While people generally have the best of intentions, they can often interact with people with disability in a way that is unhelpful, patronising or offensive.

This section provides important information to help you interact with people with disability in a manner that is both helpful and respectful.

Offering assistance

Try not to assume a person will require assistance simply because they have a disability. While some people with disability may need or appreciate assistance from time-to-time, this is not always the case. Ask yourself if it appears as though the person actually requires assistance or whether they already appear to have everything under control.

If you are unsure of whether or not someone requires assistance, there is nothing wrong with politely asking. Approach the person in the same way you would approach anyone else and ask if there is anything you are able to do to assist them. This will ensure that the person with disability is still in control of the situation, that their space is respected and that you do not act in a way that is contrary to their needs or wishes.

You might also like to familiarise yourself with sighted guide technique (a technique which enables a person who is blind to use a person with sight as a guide) in case you come across someone who is blind or vision impaired who requires this assistance in the future.

Some key points for using the sighted guide technique are outlined in the following viewing activity.

Viewing activity



Video: 'Guiding and communicating with a person who is blind or has low vision'

Source: Vision Australia

Duration: 12 minutes 31 seconds

Summary: This video demonstrates the proper etiquette for communicating with, and assisting someone who is blind or vision impaired.

Instructions:

1. Play the video 'Guiding and communicating with a person who is blind or has low vision'.
2. Ask learners if they have any comments or questions about the video before moving on.



Mobility aids

Just as it is inappropriate to physically touch a person without their expressed permission, it is also inappropriate to touch, move, or interfere with someone's mobility aid without their expressed permission, whether it is a wheelchair, a mobility scooter, a cane or a guide dog.

Assistance animals must remain focused on their work at all times to ensure the safety of their handler. For this reason, you should never pat, talk to, feed or otherwise distract an assistance animal while the animal is working. It is also important to remember that under federal law, the only public premises where assistance animals are not allowed are commercial kitchens, hospital burns units and operating theatres and some national parks.

Questions

It is common for people with disability to be subject to intrusive questions about their condition or impairment. Some people might find this questioning confronting or offensive, while others may have acquired their disability through traumatic circumstances and might find it difficult to discuss.

Before asking questions about a person's condition or impairment, you should consider whether it is necessary for you to acquire this information, and ask yourself if you would ask the same question of a person without disability.

Language

Just as definitions of disability have evolved over time, certain terms that were once considered acceptable when referring to people with disability have come to be understood as unacceptable, offensive or politically incorrect. The disability rights movement has played an instrumental role in this shift in thinking, as people with disability have started to express their own views about the labels that have been used to define them.

Language is a topic that there is never likely to be complete agreement on, however best practice in Australia involves the use of person-centred language. This involves putting the person before the impairment. If you were to refer to someone as a 'paraplegic man', you are recognising them by their impairment first. If using person-centred language, you would change this sentence to 'a man with paraplegia'. Person-centred language demonstrates that you respect people with disability as individuals, rather than labelling them, or recognising them primarily by their impairment.

If you are working directly with a person with disability, you should be guided by the language that they prefer. Otherwise, you should be consistent in your use of person-centred language, as this is the standard that has been agreed upon by all Australian Governments and the majority of non-government organisations.

You should avoid using terms like 'suffers from', or 'is a victim of' when referring to someone's condition or impairment. Try to take the emotive terms out of the sentence e.g. 'Juan is blind' or 'Sarah experiences depression.'¹⁴⁸

Activity: What's hot and what's not



Activity type: Whole group activity

Duration: 10 minutes

Equipment needed: Learner Guide (page 46)

Instructions:

1. Ask learners to turn to the word list on page 46 of their Learner Guide.
2. The list includes the words from the 'Outdated term' column of the following table, as well as blank space for students to write the preferred term.
3. Using the table below, move through the words included in the left-hand column one-by-one and provide learners with an opportunity to try and think of a more politically correct term before revealing the preferred terms in the right-hand column.
4. Make sure you create a safe space for students to make mistakes during this activity by explaining that all of these terms were considered acceptable at some point in time, so it is okay not to know the correct answer.
5. When all of the terms have been covered, ask learners if they have any comments or questions before moving on.

Outdated term	Preferred terms
Handicapped	Has disability, person with disability
Spastic	Person with Cerebral Palsy, person with disability
Insane, crazy person	Person with psycho-social disability, person with mental illness
Dwarf, midget	Person with Dwarfism, person of small stature
Mongoloid	Person with Down Syndrome
Slow	Has intellectual disability/person with intellectual disability, person with learning difficulties
Wheelchair-bound	Wheelchair-user

Outdated term	Preferred terms
Cripple	Person with physical disability, wheelchair-user
Fit, attack	Seizure
Disabled toilet	Accessible toilet

The word list for this activity has been adapted from the NSW Department of Family and Community Services' *What's Hot and What's Not guide*.⁴⁹



Trainer's note: Conclude Topic 1 by asking learners to turn back to the definition of disability that they had written down on page 19 of their Learner Guide at the beginning of Topic 1, and ask them to provide feedback on whether or not they would change their definition, based on what they have learned throughout this topic.



Further reading:

Australian Network on Disability, *Inclusive Language* (2015).

People with Disability Australia, *Guide to Reporting Disability* (2015).

Topic 1: Endnotes

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Topic 2: Discrimination and anti-discrimination law



Topic 2: Discrimination and anti-discrimination law

Approximate duration: 2 hours 15 minutes

Topic sequence:

- 2.1 Australian anti-discrimination legislation (25 minutes)
- 2.2 Accessibility standards (50 minutes)
- 2.3 Direct and Indirect Discrimination (20 minutes)
- 2.4 Reasonable adjustment and inherent requirements (40 minutes)

Equipment needed:

- Audio-visual equipment with internet connection
- Learner Guide (pages 48-64)

2.1 Australian anti-discrimination legislation

Approximate duration: 25 minutes

Over the past 30 years, the Australian Government and the state and territory governments have introduced a number of laws to help protect people from discrimination and harassment.

The Australian Human Rights Commission (formerly known as the Human Rights and Equal Opportunity Commission) is a national independent statutory body, which was established by the *Australian Human Rights Commission Act* in 1986.

The role of the Australian Human Rights Commission is to foster greater understanding and protection of human rights in Australia.

Throughout the 1980s, the Australian Human Rights Commission and disability advocacy organisations called for stronger protection of human rights for people with disability.

In 1991, the Australian Government agreed to consider the enactment of a federal disability anti-discrimination act for people with disability.

After extensive consultation, the *Disability Discrimination Act 1992* (Cth) was adopted and subsequently came into force on 1 March 1993.¹

The three key objectives of the *Disability Discrimination Act* are to:

- eliminate 'as far as possible' discrimination on the ground of disability
- ensure 'as far as practicable' equality before the law for people with disability
- promote community acceptance of the rights of people with disability.²

Disability is broadly defined within the *Disability Discrimination Act* to include physical, intellectual, sensory, neurological and psychiatric disabilities as well as including people who may have a disease and people with an imputed disability (i.e. being treated as if you have a disability).

People like relatives, friends, and carers are also protected if they are discriminated against because of their association with someone with a disability.³



Trainer's note: An overview of the *Disability Discrimination Act* is provided on the next page.

Overview of the *Disability Discrimination Act 1992 (Cth)*

The *Disability Discrimination Act* makes it unlawful to discriminate against someone if they have a disability in the following areas of life:

Employment (Section 15)

For example, when someone is trying to obtain a position, equal pay or a promotion.

Education (Section 22)

For example, when enrolling in a school, TAFE, university or other colleges.

Access to premises used by the public (Section 23)

For example, using libraries, places of worship, government offices, hospitals, restaurants, shops, or other premises used by the public.

Provision of goods, services and facilities (Section 24)

For example, when a person requires goods or services from shops, pubs and places of entertainment, cafes, video shops, banks, lawyers, government departments, doctors, or hospitals.

Accommodation (Section 25)

For example, when renting or trying to rent a room in a boarding house, a flat, unit or house.

Buying land (Section 26)

For example, buying a house, a place for a group of people, or drop-in centre.

Activities of clubs and associations (Section 27)

For example, wanting to enter or join a registered club, (such as a sports club, RSL or fitness centre), or when a person is already a member.

Sport (Section 28)

For example, when wanting to play, or playing a sport.

Administration of Commonwealth Government laws and programs (Section 29)

For example, when seeking information.

Under the *Disability Discrimination Act*, the Australian Human Rights Commission can investigate and resolve complaints from individuals who feel that their rights have been breached.

In the 2013/14 reporting year alone, the Australian Human Rights Commission received **830 complaints** alleging discrimination on the grounds of disability. This represents **38% of all complaints** lodged with the Commission that year.⁴

Anti-discrimination legislation, which includes disability as a ground of discrimination, also exists in each state and territory. The state and territory legislation is as follows:

- *Discrimination Act 1991 (ACT)*
- *Anti-Discrimination Act 1977 (NSW)*
- *Anti-Discrimination Act 1996 (NT)*
- *Anti-Discrimination Act 1991 (QLD)*
- *Equal Opportunity Act 1984 (SA)*
- *Anti-Discrimination Act 1998 (TAS)*
- *Equal Opportunity Act 2010 (VIC)*
- *Equal Opportunity Act 1984 (WA)*⁵

The federal *Disability Discrimination Act* and state/territory laws generally overlap and prohibit many of the same types of discrimination, however there may also be some differences in the way that the laws apply. This is not covered in this section.



Further reading:

Australian Human Rights Commission, *A Brief Guide to the Disability Discrimination Act* (2015).

Australian Human Rights Commission, *Timeline: 20 years of the Disability Discrimination Act* (2013).

2.2 Accessibility standards

Approximate duration: 50 minutes

In addition to the *Disability Discrimination Act*, there are three sets of standards that exist at the federal level to protect the rights of people with disability:

- The *Disability Standards for Accessible Public Transport*
- The *Disability Standards for Education*
- The *Access to Premises Standards*

The Disability Standards for Accessible Public Transport 2002

In 1994, the South Australian Government announced that it was going to order 50 new buses (at a cost of \$23 million).

A wheelchair user by the name of Maurice Corcoran lodged a complaint against the South Australian Government, for its failure to purchase low-floor accessible buses under this contract.

The Australian Human Rights Commission negotiated a settlement, under which the South Australian Government agreed to make all new buses accessible by having ramps fitted in them.

This was the first of a number of successful complaints in the area of access to public transport, which led to negotiations with federal and state and territory governments, ultimately resulting in the *Disability Standards for Accessible Public Transport 2002* (the Transport Standards).⁶



The Transport Standards stipulate that all new transport services must comply with minimum accessibility requirements, facilities that were already in operation prior to 2002 were given between five and thirty years to comply with the standards.

Viewing activity



Video: 'Access for all'

Source: Australian Human Rights Commission

Duration: 4 minutes 56 seconds

Summary: Riding the bus is something most of us take for granted. For Maurice Corcoran, it's only been possible since 1994 and only because of his complaint. Prior to 1994, Maurice, who has quadriplegia had no choice but to get accessible taxis to work but wanted to be able to access public transport with other people in the community. His case started in South Australia but the case went national and achieved significant change in infrastructure, resulting in the introduction of the *Disability Standards for Accessible Public Transport 2002*.



Instructions:

1. Play the video, 'Access for all'.
2. Ask learners if they have any questions or comments about the video before moving on.

The Disability Standards for Education 2005

In 1999, the parents of Scarlett Finney, a child with spina bifida, applied to enrol her in kindergarten at Hills Grammar School. On the application, they provided the details of her disability which requires her to use a wheelchair, and outlined her particular needs. However, Scarlett was refused enrolment on the basis of her disability.

The Australian Human Rights Commission found that Scarlett had been discriminated against and the Hills Grammar School was ordered to pay \$42,628 in damages.

This case was instrumental in paving the way for the development of the *Disability Standards for Education 2005* (the Education Standards).

The Education Standards are about more than just ensuring school grounds are wheelchair accessible. They state that all students with disability, regardless of their condition or impairment, should be provided with the same educational opportunities as children without disability as long as they meet the entry requirements of a particular educational institution.⁷

Viewing activity



Video: 'A school in the bush'

Source: Australian Human Rights Commission

Duration: 5 Minutes 45 seconds

Summary: This video tells the story of Scarlett Finney. Now an adult, Scarlett Finney was refused enrolment to Hills Grammar School at age 7 on the grounds of her disability. The Finney's took the case all the way to the Federal Court and won, setting a precedent for other students with disability.

Instructions:

1. Play the video, 'A school in the bush'.
2. Ask students if they have any comments or questions about the video before moving on.



The Access to Premises Standards 2010

Prior to 2010, the requirements of the Building Code of Australia were not consistent with accessibility provisions under the *Disability Discrimination Act*. This meant that a building could be constructed in accordance with the building code, but could still be subject to a complaint alleging disability discrimination as the building may not have included certain access features.

In response to complaints that had been lodged by a number of people with disability, a new set of standards were developed to ensure that the *Building Code of Australia* was consistent with the *Disability Discrimination Act*. The *Disability Standards for Access to Premises* (the Access to Premises Standards) came into effect in 2011, laying out requirements that are to be followed when undertaking the construction or refurbishment of a building or space that is open to the public.⁸

Viewing activity



Video: 'Ramped up'

Source: Australian Human Rights Commission

Duration: 5 Minutes 34 seconds

Summary: It started off with Mark Hopper attempting to cross the street to buy a cup of coffee. Mark simply couldn't get his wheelchair onto the road safely, so he complained to the Australian Human Rights Commission and won. Mark went on to scrutinise every building, every footpath, and every access point in his home town in Victoria to test them against the standards which had been in place since the inception of the *Disability Discrimination Act*.



Instructions:

1. Play the video, 'Ramped up'.
2. Ask learners if they have any comments or questions about the video before moving on.

Below are examples of good and bad accessibility practices that have been implemented on public transport and in premises.

These examples have been included on page 56 of the Learner Guide.

The Good



The Bad



The Ugly



Discussion question:

Looking at each of these images, can you spot what makes them good, bad or 'ugly' (i.e. very bad) examples of accessibility practices?

Points to inform discussion:

- **The Good:** The images here show someone using a wheelchair easily boarding a public bus, and a reception desk with a lowered section to allow ease of access for someone approaching the desk from a lower height (e.g. someone using a wheelchair or a person with Dwarfism).
- **The Bad:** These images show a wheel-chair user who is unable to access a building because it can only be entered via stairs, and a service area without a lowered section.
- **The Ugly:** The top image shows an accessible toilet that has been used inappropriately as a storage facility, making it inaccessible to anyone with disability who wishes to use it (the support railing to the right of the toilet has also been installed incorrectly), and the concrete ramp only extends partially up the flight of stairs.

Activity: Check your knowledge



Activity type: Small group activity

Duration: 25 minutes

Equipment needed: Learner Guide (pages 50, 57)

Purpose: To encourage learners to think about the parts of domestic law that apply to a particular set of circumstances.

Instructions:

1. Organise learners into groups of three or four people.
2. Ask learners to turn to the activity on page 57 of their Learner Guide and read out the activity instructions, as they appear below:



- Khaira is experiencing difficulty accessing her university as she is a wheelchair user and a number of her lectures have been scheduled on the second floor of an older building that does not have lift access.
- Use the overview of the *Disability Discrimination Act* on page 50 of your Learner Guide to outline the sections that you think might apply to Khaira's case.
- Also consider the Access to Premises Standards and the *Disability Standards for Education*.

3. Inform groups that they will have 15 minutes to complete the task and ask them to begin.
4. After 15 minutes, ask each group to share their findings with the rest of the class.

2.3 Direct and indirect discrimination

Approximate duration: 20 minutes

Back in Topic 1, we talked about the fact that discrimination generally involves a person, or a group of people being treated less favourably on the grounds of a specific attribute, such as disability. The *Disability Discrimination Act* recognises two forms of discrimination, both of which are considered unlawful under the definition of the Act; these are:

- Direct discrimination
- Indirect discrimination

Direct discrimination

Direct discrimination includes more overt forms of discrimination where a person is treated less favourably, because of his or her disability, than a person without that disability would be treated in the same or similar circumstances.⁹

For example, if a man was refused entry to a café because of his assistance animal.

The following case conciliated by the Australian Human Rights Commission is an example of direct discrimination:

A woman had been offered employment at her local supermarket and was asked to attend a pre-employment medical assessment. During the medical assessment, she disclosed that she had depression. The supermarket Manager responded by withdrawing the offer of employment.



Trainer's note: Ask if there are any comments or questions about the above case study before moving on.

Indirect discrimination

Indirect discrimination is less obvious. It occurs when:

- a particular condition applies to everyone, but because of their disability the person is not able to comply or, although able to comply, would suffer a serious disadvantage by doing so, and
- the requirement or condition disadvantages a person because of their disability, and
- it is unreasonable in all of the circumstances.¹⁰

Examples of indirect discrimination:

- A woman who has a disability complained that her access to online services from a Commonwealth Government service provision agency had been locked because she had disclosed her password to her husband so he could assist her.
- A man who has a mental illness complained that he had been discriminated against in being required to confirm each fortnight his continuing eligibility to benefit from a Commonwealth program, which his illness made it difficult for him to do.



Discussion question: Can you think of an example of a condition or requirement that might indirectly discriminate against people with disability?

Points to inform discussion:

Some examples of indirect discrimination include:

- Requiring an employee who is deaf to attend meetings where no Auslan interpreter is provided to enable them to understand what is being said. Although they could still attend the meeting without an interpreter, they would suffer a serious disadvantage as they would have difficulty participating in the meeting.
- A television advertisement directing viewers to call the number on the screen, but not verbalising this number for those who cannot see the screen.
- The example of Khaira, who featured in the previous scenario (see page 57 of the Learner Guide). Khaira needed to be able to access the stairs in order to attend her classes, which she was unable to do.



2.4 Reasonable adjustment and inherent requirements

Approximate duration: 40 minutes

Reasonable adjustment refers to the administrative, environmental, or procedural alterations required to enable a person with disability to participate in an activity on an equal basis with others. The adjustment must be considered 'reasonable' in all of the circumstances, and must not impose an undue burden on others.¹¹

The *Disability Discrimination Act* requires that, wherever possible, 'reasonable adjustments' be put in place to meet the needs of people with disability.

An example of reasonable adjustment

The complainant who is a prisoner, has a mobility disability and uses a wheelchair. He claimed he was moved from a prison with a wheelchair accessible cell and facilities to one with limited wheelchair access. In particular, he claimed the bench seat in the shower was too low and the lifting bar above his bed was inaccessible.

The government department said it relocated the complainant to a lower security unit designed for elderly prisoners and indicated a willingness to make modifications to the complainant's new cell to make it more accessible.

The complaint was resolved after the department provided the requested modifications to the complainant's cell.¹²

This case study demonstrates how adjustments can be made to increase the accessibility of existing services or facilities.

Reasonable adjustment is often also referred to in the context of employment and education. It is a way of modifying the way that a student might meet the requirements of a certain course, or an employee might perform the inherent requirements of a work role.

It does not mean that the essential requirements of the course or job change in any way, but simply provides flexibility about how these requirements are met.

Reasonable adjustment in education

The following are two examples of cases previously conciliated by the Australian Human Rights Commission where reasonable adjustments were made.



Trainer's note: Instruct learners to turn to pages 60-61 of their Learner Guide and ask someone to read out the reasonable adjustment case studies as they appear below.



Example 1

A woman complained that her son had been discriminated against on the basis of dyslexia and Attention Deficit Disorder when her request for a reading/writing assistant for an exam was refused. The complaint was settled when the education authority agreed to permit an assistant for the exam.¹³

Example 2

A school student who has a hand tremor because of a disability complained that he had not been granted adequate adjustments for undertaking his upcoming final exams. The complaint was resolved with the education authority agreeing to provide the student with an extra 10 minutes per 30 minutes exam time to be used to write, dictate or rest as he chose.¹⁴



Discussion question: Consider Khaira's situation again (see page 57 of the Learner Guide). Is there a reasonable adjustment the university could make to allow her to attend her classes?

Points to inform discussion:

- The timetable could be changed so that Khaira's classes are held on the ground floor of the building, rather than one of the upper levels, or in another building that does have lift access.

Viewing activity



Video: 'Jacob's story'

Source: Australian Human Rights Commission

Duration: 6 minutes 4 seconds

Summary: Jacob Clarke wanted to go to the same high school as his friends. But he needed something his friends didn't: an interpreter. Jacob is deaf, so this was essential, but the school didn't think so. Buddy systems and note-takers weren't going to give Jacob the education he was entitled to. It ended up in court as a landmark case for Deaf rights.



Instructions:

1. Play the video, 'Jacob's story'.
2. Ask learners if they have any comments or questions about the video before moving on.

Reasonable adjustment in employment

In regards to employment, employers are required to provide reasonable adjustments to enable a person with disability to perform the inherent requirements of a work role.

The inherent requirements of a job will vary depending on what the job is. They may include:

- the ability to perform tasks that are essential to perform a job productively and to the required quality
- the ability to work effectively in a team or other organisation
- the ability to work safely.¹⁵



Trainer's note: Instruct learners to turn to the case study on page 63 of their Learner Guide and read out the case study, as it appears below:



A person with a prosthetic foot was dismissed from their position at a funeral parlour because they could not carry coffins as smoothly as other employees. Carrying coffins was an inherent requirement of the job. However, with a small amount of training, the employee could have carried out this requirement to the appropriate standard. The dismissal was found to be disability discrimination.¹⁶

An assessment of whether a person with disability is able to meet the inherent requirements of a particular role must not be based on assumptions about what a person is or is not capable of, but actual evidence.



Discussion scenario:

Jesse is completely blind. He sees an advertisement for a job as an outreach community worker, which would require him to visit service users' homes on a regular basis. The advertisement states that the preferred applicant must have a current driver's license. Jesse believes that he is being discriminated against because he cannot legally hold one. Is this discrimination?

Points to inform discussion:

- The position that Jesse is interested in is an outreach position and requires Jesse to be able to drive a company car.
- Driving is an essential component, or inherent requirement of the role.
- No two cases are the same and there are many factors that need to be considered, however generally speaking, it would not be possible to provide an adjustment to enable Jesse to meet this requirement. The advertisement is therefore not necessarily discriminatory.
- If the advertisement was for an office job, for example, that did not include outreach work and the employer specified that a driver's license was required, this may amount to discrimination.

Viewing activity



Video: 'Works for me'

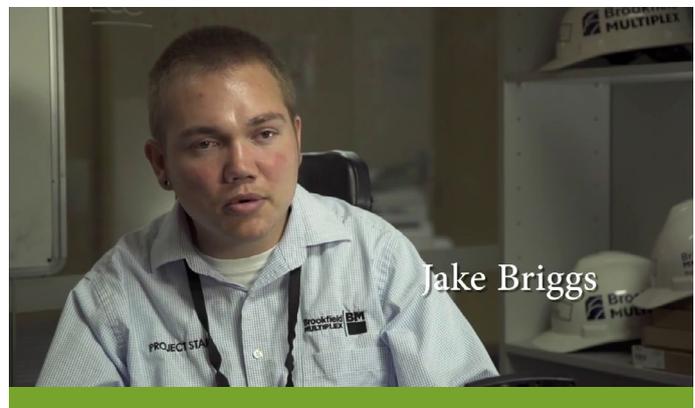
Source: Australian Human Rights Commission

Duration: 4 minutes 31 seconds

Summary: Jake Briggs was a qualified carpenter when an accident caused his disability. Carving out his new life in a wheelchair was challenging, but his employer retrained him and created a new role that has given Jake the chance to maintain a career.

Instructions:

1. Play the video, 'Works for me'.
2. Ask learners if they have any comments or questions about the video before moving on.



Topic 2: Endnotes

- 1 Australian Human Rights Commission, *Timeline: 20 Years of Disability Discrimination Act* (2012) <<https://www.humanrights.gov.au/twentystories/timeline.html>>.
- 2 Australian Human Rights Commission, *Timeline: 20 Years of Disability Discrimination Act* (2012) <<https://www.humanrights.gov.au/twentystories/timeline.html>>.
- 3 Australian Human Rights Commission, *A brief guide to the DDA, 'Who does the DDA protect?'* (2015) <<https://www.humanrights.gov.au/dda-guide-who-does-dda-protect>>.
- 4 Australian Human Rights Commission, *Annual Report 2013-2014* (2014).
- 5 Australian Human Rights Commission, *A quick guide to Australian discrimination laws, 'State and territory laws'* (2015) <<https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/quick-guide-australian-discrimination-laws>>.
- 6 Australian Human Rights Commission, *Timeline: 20 Years of Disability Discrimination Act* (2012) <<https://www.humanrights.gov.au/twentystories/timeline.html>>.
- 7 Australian Human Rights Commission, *Timeline: 20 Years of Disability Discrimination Act* (2012) <<https://www.humanrights.gov.au/twentystories/timeline.html>>.
- 8 Australian Human Rights Commission, *Timeline: 20 Years of Disability Discrimination Act* (2012) <<https://www.humanrights.gov.au/twentystories/timeline.html>>.
- 9 Australian Human Rights Commission, *Good Practice Good Business fact sheet – Disability discrimination* (2015) <<https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/disability-discrimination>>.
- 10 Australian Human Rights Commission, *Good Practice Good Business fact sheet – Disability discrimination* (2015) <<https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/disability-discrimination>>.
- 11 Australian Human Rights Commission, *Good Practice Good Business fact sheet – Disability discrimination* (2015) <<https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/disability-discrimination>>.
- 12 Australian Human Rights Commission, *2029842FC* (2012) <<https://www.humanrights.gov.au/2029842fc>>.
- 13 Australian Human Rights Commission, *Don't judge what I can do by what you think I can't: Ten years of achievements using Australia's Disability Discrimination Act, 3.4 Education* (2003) <<https://www.humanrights.gov.au/publications/dont-judge#education>>.
- 14 Australian Human Rights Commission, *DDA conciliation: education* (2009) <<https://www.humanrights.gov.au/dda-conciliation-education>>.
- 15 Australian Human Rights Commission, *Inherent Requirements* (2015) <<https://www.humanrights.gov.au/quick-guide/12052>>.
- 16 Australian Human Rights Commission, *Inherent Requirements* (2015) <<https://www.humanrights.gov.au/quick-guide/12052>>.

Topic 3: The Convention on the Rights of Persons with Disabilities



Topic 3: The Convention on the Rights of Persons with Disabilities

Approximate duration: 1 hour 40 minutes

Topic sequence:

- 3.1 About the Convention (60 minutes)
- 3.2 Implementation and monitoring (20 minutes)
- 3.3 Progressive realisation (20 minutes)

Equipment needed:

- Audio-visual equipment with internet connection
- Learner Guide (pages 65-77)
- Butchers paper
- Coloured markers
- Disability Convention Bingo cards (see back of Trainer's Manual)

3.1 About the Disability Convention

Approximate duration: 60 minutes

The international human rights system

In 1948, the United Nations General Assembly adopted the *Universal Declaration of Human Rights* (UDHR).

In its opening sentence, the UDHR recognises that ‘the inherent dignity of all members of the human family is the foundation of freedom, justice and peace in the world’.¹

The rights included in this important document include civil and political rights (such as the right to life, liberty, free speech and privacy), and economic, social and cultural rights (such as the right to health, education and social security).

The UDHR is not a treaty, which means it does not create binding obligations for countries. However, it is a fundamental statement of principle that forms the basis of international human rights law.

It has been argued that because countries have consistently invoked the UDHR for over 60 years, it has become binding as part of customary international law.



Discussion question: How would you define ‘human rights’?

Points to inform discussion:

Human rights can be defined as:

- The recognition and respect of people’s dignity.
- A set of moral and legal guidelines that promote and protect recognition of our values, our identity and ability to ensure an adequate standard of living.
- The basic standards by which we can identify and measure inequality and fairness.
- Those rights associated with the Universal Declaration of Human Rights.

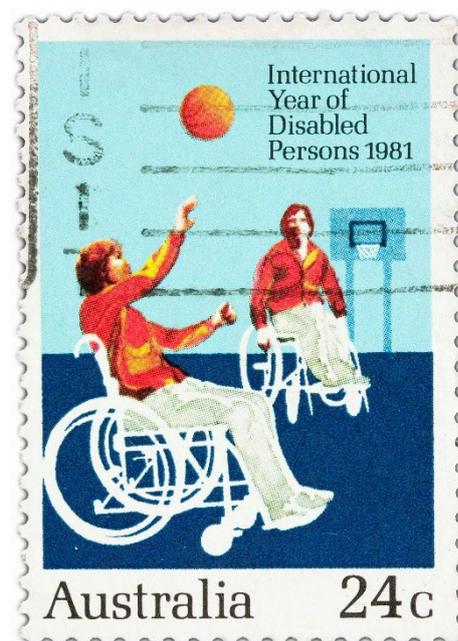
Development of the Convention on the Rights of Persons with Disability

In the 1970s, disability rights movements started to gain greater momentum, leading to greater efforts being made at the international level to address the inequalities faced by people with disability.

Over a period of several decades, the United Nations implemented a number of measures which aimed to promote the rights of people with disability.

For example:

- In 1975, the United Nations General Assembly passed the *Declaration on the Rights of Disabled Persons*, which outlined a number of social, economic, civil and political rights for people with disability.
- The United Nations declared 1981 to be the International Year of Disabled Persons. This year called for a plan of action which would allow people with disability to have equal opportunity and to participate fully in society.
- In 1982, the United Nations General Assembly adopted the World Programme of Action Concerning Disabled Persons. This programme outlined a global disability strategy aimed at realising the full participation of people with disability in society.
- To implement the World Programme of Action Concerning Disabled Persons, the United Nations proclaimed a Decade of Disabled Persons which ran from 1983 to 1992.
- In 1992, the General Assembly proclaimed December 3rd the annual International Day of Disabled Persons.
- In 1993, the United Nations General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities.²



While these initiatives all played a role in advancing the rights of people with disability in some way, it was eventually recognised that a more substantive instrument was needed to articulate and strengthen the rights of people with disability.

To this end, a new international treaty, the *Convention on the Rights of Persons with Disabilities* (the Disability Convention), was drafted to ‘promote, protect and ensure the full enjoyment of all human rights and freedoms by all persons with disability.’³

The Disability Convention was adopted by the United Nations General Assembly in 2006 and entered into force on 3 May 2008.⁴

The Disability Convention features eight general principles which underpin all the rights contained within the Disability Convention. They are:

- respect for inherent dignity, individual autonomy – including the freedom to make one’s own choices – and independence of persons
- non-discrimination
- full and effective participation and inclusion in society
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- equality of opportunity
- accessibility
- equality between men and women
- respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.⁵

Australia and the Convention on the Rights of Persons with Disabilities

The Australian Government was one of the first countries to sign and ratify the *Convention on the Rights of Persons with Disabilities* in 2008.

As a signatory to the Disability Convention, the Australian Government must ensure that its legislation, policies and practices are consistent with the obligations contained in the convention. On top of this, the Australian Government must take proactive steps to uphold, promote and protect the rights of people with disability in all areas of public life.

Activity: Applying the general principles of the Disability Convention



Activity type: Small group activity

Duration: 25 minutes

Equipment needed: Butchers paper, coloured markers

Purpose: To encourage learners to think about the practical application of the general principles of the Disability Convention.

Instructions:

1. Organise learners around desks in groups of three or four people.
2. Provide each group with a large sheet of butcher's paper and coloured markers.
3. Allocate one of the eight general principles to each group and ask them to draw a situation where this principle is being upheld, or their representation of a community where this principle is respected.
4. Inform groups that they will have 10 minutes to complete the task and instruct them to begin.
5. After 10 minutes, ask groups to stop drawing and nominate a spokesperson for their group.
6. Ask each group to come to the front of the room with their sheet of butcher's paper and explain their project to the rest of the class.



Activity: Disability Rights BINGO!



Activity type: Group activity

Duration: 15 minutes

Equipment needed: Disability Convention Bingo Sheets (located at the end of this Trainer's Manual), Learner Guide (pages 69-71)

Purpose: To familiarise learners with the articles of the Disability Convention

Instructions:

1. Ask learners to partner up with another person to complete the activity and provide each pair with a Disability Convention Bingo Sheet (there are 15 in total).
2. Instruct learners to call out 'Bingo' when they have crossed off five boxes in a row (this can be horizontally, vertically or diagonally).
3. Read out descriptions of various articles of the Disability Convention using the 'Overview of the Disability Convention' on the following pages. Focus on articles 5-30 only.
4. Learners should refer to the 'Overview of the Disability Convention' reference sheet (on pages 69-71 of their Learner Guide), identify the article number and – if it's on their Bingo Sheet – cross it off.



Trainer's note: You can make the game easier for learners by simply reading out the name of a particular article (for example, 'the right to health', referring to Article 25). Alternatively, you can make the game more challenging by describing aspects of an article (for example, 'this article refers to the right of people with disability to give and receive information and ideas through accessible means of communication', referring to Article 21).





Further reading:

People with Disability Australia, *History of the Human Rights Movement in Australia* (2015).

UN Enable, [United Nations Convention on the Rights of Persons with Disabilities](#).

Overview of the Disability Convention

Articles 1-4 are foundational articles that articulate the purpose, definitions and general principles of the Disability Convention and establish general obligations for States party to the Convention.

Article 5: Equality and non-discrimination

Everyone is entitled to the equal protection and benefit of the law without discrimination.

Article 6: Women with disabilities

Countries must take all appropriate measures to ensure that women with disability are able to fully enjoy the rights and freedoms set out in the Disability Convention.

Article 7: Children with disabilities

The best interests of the child must be a primary consideration in all actions concerning children with disability.

Article 8: Awareness-raising

Countries must raise awareness of the rights, capabilities and contributions of people with disability.

Article 9: Accessibility

People with disability have the right to access all aspects of society on an equal basis with others including the physical environment, transportation, information and communications, and other facilities and services provided to the public.

Article 10: Right to life

People with disability have the right to life. Countries must take all necessary measures to ensure that people with disability are able to effectively enjoy this right on an equal basis with others.

Article 11: Situations of risk and humanitarian emergencies

Countries must take all necessary measures to ensure the protection and safety of all persons with disability in situations of risk, including armed conflict, humanitarian emergencies and natural disasters.

Article 12: Equal recognition before the law

People with disability have the right to recognition as persons before the law. People with disability have legal capacity on an equal basis with others in all aspects of life. Countries must take appropriate measures to provide support to people with disability so that they can effectively exercise their legal capacity.

Article 13: Access to justice

People with disability have the right to effective access to justice on an equal basis with others, including through the provision of appropriate accommodations.

Article 14: Liberty and security of person

People with disability have the right to liberty and security of person on an equal basis with others.

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

People with disability have the right to be free from torture and from cruel, inhuman or degrading treatment or punishment.

Article 16: Freedom from exploitation, violence and abuse

People with disability have the right to be protected from all forms of exploitation, violence and abuse, including their gender based aspects, within and outside the home.

Article 17: Protecting the integrity of the person

Every person with disability has a right to respect for his or her physical and mental integrity on an equal basis with others.

Article 18: Liberty of movement and nationality

People with disability have the right to a nationality.

Article 19: Living independently and being included in the community

People with disability have the right to live independently in the community.

Article 20: Personal mobility

Countries must take effective and appropriate measures to ensure personal mobility for people with disability in the manner and time of their choice, and at affordable cost.

Article 21: Freedom of expression and opinion, and access to information

People with disability have the right to express themselves, including the freedom to give and receive information and ideas through all forms of communication, including through accessible formats and technologies, sign languages, Braille, augmentative and alternative communication, mass media and all other accessible means of communication.

Article 22: Respect for privacy

People with disability have the right to privacy. Information about people with disability, including personal information and information about their health should be protected.

Article 23: Respect for home and the family

People with disability have the right to marry and to found a family. Countries must provide effective and appropriate support to people with disability in bringing up children, and provide alternative care to children with disability where the immediate family is unable to care for them.

Article 24: Education

People with disability have a right to education without discrimination. Countries must provide reasonable accommodation and individualised support to maximise academic and social development.

Article 25: Health

People with disability have the right to the enjoyment of the highest attainable standard of health without discrimination.

Article 26: Habilitation and rehabilitation

Countries must take effective and appropriate measures to enable people with disability to develop, attain and maintain maximum ability, independence and participation through the provision of habilitation and rehabilitation services and programmes.

Article 27: Work and employment

People with disability have the right to work, including the right to work in an environment that is open, inclusive and accessible.

Article 28: Adequate standard of living and social protection

People with disability have the right to an adequate standard of living including food, water, clothing and housing, and to effective social protection including poverty reduction and public housing programmes.

Article 29: Participation in political and public life

People with disability have the right to participate in politics and in public affairs, as well as to vote and to be elected.

Article 30: Participation in cultural life, recreation, leisure and sport

People with disability have the right to take part in cultural life on an equal basis with others, including access to cultural materials, performances and services, and to recreational, leisure and sporting activities.

Article 31: Statistics and data collection

Countries must collect information about people with disability, with the active involvement of people with disability, so that they can better understand the barriers they experience and make the Disability Convention rights real.

Articles 32-50: Implementation and monitoring

These articles explain how governments, the United Nations and other international organisations will work together to ensure the rights of people with disability are protected.

3.2 Implementation and monitoring

Approximate duration: 20 minutes

Article 33 of the Disability Convention outlines the obligations on governments to implement and monitor the rights set out in the Disability Convention.⁶

There are a number of mechanisms in place in Australia that contribute towards implementing and monitoring the Disability Convention, some of which have been outlined below:

- The Australian Government provides funding to a number of non-government organisations representing people with disability to enable them to provide input on public policy, and to undertake systemic advocacy to address barriers to the full and equal participation of people with disability.⁷
- At a legislative level, all new federal legislation and amendment bills that are introduced into Parliament are required to include a statement of compatibility with human rights. This statement includes information explaining how the Bill complies with Australia's obligations under international instruments, including the *Convention on the Rights of Persons with Disabilities*. The Parliamentary Joint Committee on Human Rights then examines bills for compatibility and reports to both houses of Parliament as appropriate.⁸
- Through the Australian Human Rights Commission, Australia's federal Disability Discrimination Commissioner works towards the implementation and monitoring of the Disability Convention. The Commissioner undertakes work on systemic issues affecting the full and equal participation of people with disability at a national level. The Australian Human Rights Commission also has the power to investigate complaints alleging a breach of the Disability Convention.⁹
- The Australian Government has developed a ten-year strategy for the progressive implementation of the Disability Convention,¹⁰ which will be explored further in the next section.

International monitoring: The Committee on the Rights of Persons with Disabilities

All countries that are signatories to the Disability Convention are required to submit a report to a committee of independent experts called the Committee on the Rights of Persons with Disabilities. Signatories are required to submit a report two years after the Disability Convention comes into force in their country and every four years thereafter.¹¹

These reports must demonstrate the steps that have been taken to implement the Disability Convention during that reporting period.

The Australian Government made its first appearance before the Committee on 3 September 2013. At this appearance, the Committee made a number of concluding observations recognising positive achievements and highlighting where further work needed to be undertaken.¹² These concluding observations are referred to throughout this unit.



Further reading:

Australian Government, *Australia's Initial Report under the Convention on the Rights of Persons with Disabilities* (2013).

Committee on the Rights of Persons with Disabilities, *Concluding Observations on the Initial Report of Australia* (2013).

NGO CRPD Shadow Report Project Group, *Australian Civil Society Report to the United Nations CRPD* (2013).

3.3 Progressive realisation

Approximate duration: 20 minutes

International human rights law recognises that the full implementation of the rights set out in the Disability Convention cannot be achieved immediately, due to resourcing and other constraints. Governments are therefore encouraged to demonstrate how implementation will be progressed over a period of time. This is known as '**progressive realisation**'.

The Disability Standards for Accessible Public Transport, which were explored in Topic 2, are a good example of progressive realisation.

The standards stipulate that all public transport operators established after the standards came into effect must meet minimum accessibility requirements. However, facilities that were already in operation prior to 2002 were given between five and thirty years to comply with the standards.



In 2010, the Council of Australian Governments endorsed a whole-of-government strategy for the progressive realisation of the rights set out in the *Convention on the Rights of Persons with Disabilities*.

This plan is known as the *National Disability Strategy 2010-2020* (NDS).

The *National Disability Strategy* includes six core outcome areas. Each of these outcome areas includes a number of policy directives to guide the work of governments in meeting these outcomes.



Trainer's note: A summary of the National Disability Strategy and the six core outcome areas have been provided on pages 92-93.

Each state and territory has a state-wide plan in place to articulate how the National Disability Strategy will be implemented across their jurisdiction. Determine what policy measures are in place in your own state or territory and adapt the content for this section accordingly.

In its concluding observations on the initial report of Australia (handed down in 2013), the United Nations Committee on the Rights of Persons with Disabilities stated:

The Committee commends the State Party for the adoption of the National Disability Strategy 2010-2020 to implement the Disability Convention across all jurisdictions.¹³



Further reading:

National People with Disabilities and Carer Council, *Shut Out: The Experience of People with Disabilities and their Families in Australia* (2009).

Council of Australian Governments, *National Disability Strategy 2010-2020* (2010).

Overview of the National Disability Strategy 2010-2020

Outcome area 1 – Inclusive and accessible communities

- Increased participation of people with disability, their families and carers in the social, cultural, religious, recreational and sporting life of the community.
- Improved accessibility of the built and natural environment through planning and regulatory systems, maximising the participation and inclusion of every member of the community.
- Improved provision of accessible and well-designed housing with choice for people with disability about where they live.
- A public, private and community transport system that is accessible for the whole community.
- Communication and information systems that are accessible, reliable and responsive to the needs of people with disability, their families and carers.

Outcome area 2 – Rights protection, justice and legislation

- Increase awareness and acceptance of the rights of people with disability.
- Remove societal barriers preventing people with disability from participating as equal citizens.
- People with disability have access to justice.
- People with disability to be safe from violence, exploitation and neglect.
- More effective responses from the criminal justice system to people with disability who have complex needs or heightened vulnerabilities.

Outcome area 3 – Economic security

- Increase access to employment opportunities as a key to improving economic security and personal wellbeing for people with disability, their families and carers.
- Income support and tax systems to provide an adequate standard of living for people with disability, their families and carers; while fostering personal financial independence and employment.
- Improve access to housing options that are affordable and provide security of tenure.

Outcome area 4 – Personal and community support

- A sustainable disability support system which is person-centred and self-directed, maximising opportunities for independence and participation in the economic, social and cultural life of the community.
- A disability support system which is responsive to the particular needs and circumstances of people with complex and high needs for support.
- Universal personal and community support services are available to meet the needs of people with disability, their families and carers.
- The role of families and carers is acknowledged and supported.

Outcome area 5 – Learning and skills

- Strengthen the capability of all education providers to deliver inclusive high quality educational programs for people with all abilities from early childhood through adulthood.
- Focus on reducing the disparity in educational outcomes for people with a disability and others.
- Ensure that government reforms and initiatives for early childhood, education, training and skill development are responsive to the needs of people with disability.
- Improve pathways for students with disability from school to further education, employment and lifelong learning.

Outcome area 6 – Health and wellbeing

- All health service providers (including hospitals, general practices, specialist services, allied health, dental health, mental health, population health programs and ambulance services) have the capabilities to meet the needs of people with disability.
- Timely, comprehensive and effective prevention and early intervention health services for people with disability.
- Universal health reforms and initiatives address the needs of people with disability, their families and carers.
- Factors fundamental to wellbeing and health status such as choice and control, social participation and relationships, to be supported in government policy and program design.

Optional homework task: Progress towards implementing the Disability Convention



Purpose: This task encourages learners to think about what further steps need to be taken to implement the Convention on the Rights of Persons with Disabilities.

Instructions for learners:

1. Download a copy of the Committee on the Rights of Persons with Disabilities' [Concluding Observations on Australia's initial report](#).
2. Select three concluding observations from this document. Use these as headings and under each one, report on what Australia has done to address the observations since 2013, as well as what needs to be done in the future to work towards this goal.

Topic 3: Endnotes

- 1 Universal Declaration of Human Rights, GA Res 217A (III), UN GAOR, 3rd sess, 183rd plen mtg UN Doc A/810 (10 December 1948) preamble para 1.
- 2 Australian Human Rights Commission, *Timeline: 20 Years of Disability Discrimination Act* (2012) <<https://www.humanrights.gov.au/twentystories/timeline.html>>.
- 3 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008) Art. 1.
- 4 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008).
- 5 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008) Art. 3.
- 6 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008) Art. 33.
- 7 Department of Social Services, *National Disability Peak Bodies* (2015) <<https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/consultation-and-advocacy/national-disability-peak-bodies>>.
- 8 Australian Human Rights Commission, *Parliamentary Joint Committee on Human Rights* (2015) <<https://www.humanrights.gov.au/parliamentary-joint-committee-human-rights>>.
- 9 Australian Human Rights Commission, *National Human Rights Institutions and National implementation and monitoring of the Convention on the Rights of Persons with Disabilities* (2015) <<https://www.humanrights.gov.au/national-human-rights-institutions-and-national-implementation-and-monitoring-convention-rights>>.
- 10 Australian Human Rights Commission, 'National Disability Strategies as tools for implementing the Convention on the Rights of Persons with Disabilities', 2010 (Commissioner Graeme Innes) <<https://www.humanrights.gov.au/news/speeches/national-disability-strategies-tools-implementing-convention-rights-persons>>.
- 11 International Justice Resource Centre, *Committee on the Rights of Persons with Disabilities* (2015) <<http://www.ijrcenter.org/un-treaty-bodies/committee-on-the-rights-of-persons-with-disabilities/>>.
- 12 Attorney-General's Department, *Human rights treaty body reporting* (2015) <<https://www.ag.gov.au/RightsAndProtections/HumanRights/TreatyBodyReporting/Pages/default.aspx>>.
- 13 Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Australia*, 10th sess, UN Doc CRPD/C/AUS/CO1 (21 October 2013).

Topic 4: An overview of the disability service system



Topic 4: An overview of the disability service system

Approximate duration: 1 hour 45 minutes

Topic sequence:

- 4.1 About disability services (15 minutes)
- 4.2 The National Disability Insurance Scheme (NDIS) (30 minutes)
- 4.3 My Aged Care (20 minutes)
- 4.4 The National Standards for Disability Services (40 minutes)

Equipment needed:

- Audio-visual equipment with internet connection
- Learner Guide (pages 78-92)
- Butchers paper
- Coloured markers

4.1 About disability services

Approximate duration: 15 minutes



Trainer's note: Consider inviting a person with disability, or an adaptive technology distributor to come and talk to the class about aids and equipment and other forms of support during this section of the training.

Article 19 of the *Convention on the Rights of Persons with Disabilities* talks about the right of people with disability to live independently and be included in the community.

It refers to two types of support: personal support and community support.¹

Community support acknowledges the extent to which the participation of people with disability is limited by societal barriers. As such, it articulates the need for mainstream services to be accessible to people with disability in order to facilitate their full and equal participation in the community.

Community supports could include things like structural modifications, provision of sign language interpreters and other forms of live assistance, braille and easy read versions of information and accessible bathrooms and entrances.

Personal support, on the other hand, refers to those individualised services or supports that a person with disability may require to overcome functional limitations with mobility, communication, daily living or self-care.

Personal supports can include:

- **Attendant care support** – for example, one-on-one assistance with toileting, showering, feeding etc.
- **Home and community support** – for example, assistance with cooking, cleaning, shopping or garden maintenance.
- **Assistive or adaptive technology** – for example, a communication device with speech output for someone who cannot speak, or text-to-speech software to enable someone who is blind to use a computer. Adaptive technology is any system or device that allows a person with disability to do something that they would otherwise be unable to do. Technological advancements have created many new opportunities for adaptive technology to assist people with disability and there are more solutions available now than ever before. We'll explore technology further in Topic 5, when we look at augmentative communication.
- **Mobility aids** – for example, a wheelchair, a motorised scooter or a guide dog.

Historically, these personal services and supports were provided to people with disability by a number of key service providers who received funding from federal and/or state governments.

Informal supports or natural supports such as family, friends and carers also played, and continue to play, an important role in the care and support of many people with disability.

In 2012, there were around 2.7 million carers in Australia providing support to friends or family with disability or ill health.²

Of those 2.7 million people, just under a third were primary carers. The *Disability Services Act 1986* (Cth) defines a primary carer as:

- a) Someone providing care and support to the person because of his or her sense of responsibility as a relative of, or someone close to, the person; or
- b) if the person does not have anyone providing care and support as mentioned in paragraph (a) – someone most closely involved in the treatment or care of, or support to, the person.³

In 2010, the National People with Disabilities and Carer Council published a report entitled, *SHUT OUT: The Experience of People with Disabilities and their Families in Australia*. It was this report that informed the direction and focus of the *National Disability Strategy 2010-20* which we explored in Topic 3.

Importantly, the report was informed through extensive consultation with people with disability by the National People with Disabilities and Carer Council. Over 750 submissions from Australians with disability and their families and carers were received.

The report recognised that the system of care and support in place at that time was inadequate and that a major shift was needed. The following passage has been taken from this report:

The chronic underfunding that has characterised the disability service sector for decades has had many consequences. The extraordinary level of unmet need has forced many people with disabilities and their families to purchase services and support privately, contributing to the high cost of living with a disability and trapping many people and their families in a desperate cycle of poverty. It has also resulted in a demand-management approach to service delivery, with greater attention paid to rationing services than meeting individual need. Resource constraints also contribute to a one-size-fits-all approach. Most importantly, the system clearly fails to ensure people with disabilities have the support they require to live as independent a life as possible, and enjoy a quality of life others in the community take for granted.

Many submissions argued that the service system is so fundamentally flawed as to be beyond bandaid solutions, requiring a complete overhaul to deliver lasting change. And many saw the creation of a lifetime care and support scheme (sometimes known as a national disability insurance scheme) as the paradigm change required.

Despite recent commitments to an increase in resources, submissions argued that the system is clearly unable to meet current need and has limited capacity to meet anticipated increases in demand. They also spoke of a pressing need to address inequities in the system, which result in people with disabilities receiving different levels of support depending on how their disability was acquired.⁴



Further reading:

National People with Disabilities and Carer Council, *Shut Out: The Experience of People with Disabilities and their Families in Australia* (2009).

Productivity Commission, *Disability Care and Support: Inquiry report on the proposed National Disability Insurance Scheme* (2011).

4.2 The National Disability Insurance Scheme

Approximate duration: 30 minutes

Viewing activity



Video: 'The time has come for the NDIS'

Source: Every Australian Counts

Duration: 1 minute 42 seconds

Summary: The audio from this video is from Kurt Fearnley's Australia Day address on the 22nd of January 2013. The presentation outlines the importance of a National Disability Insurance Scheme (NDIS) and illustrates why it is such a monumental step forward for Australians with disability.



Instructions:

1. Play the video, 'The time has come for the NDIS'.
2. Ask learners if they have any comments or questions about the video before moving on.

Outcome Area 4 of the *National Disability Strategy* (Personal and community support), which was informed by Article 19 of the *Convention on the Rights of Persons with Disabilities* (Living independently and being included in the community) includes the following policy directives for Australian governments:

- A sustainable disability support system which is person-centred and self-directed, maximising opportunities for independence and participation in the economic, social and cultural life of the community.
- A disability support system which is responsive to the particular needs and circumstances of people with complex and high needs for support.
- Universal personal and community support services are available to meet the needs of people with disability, their families and carers.
- The role of families and carers is acknowledged and supported.

The introduction of the *National Disability Insurance Scheme* (NDIS), a scheme of lifetime care and support for people with disability, was a crucial step in meeting these policy directives.

In its Concluding Observations on the Initial Report of Australia, the Committee on the Rights of Persons with Disabilities commended the Australian Government for implementing the scheme, recognising it as a major milestone in Australia's implementation of the *Convention on the Rights of Persons with Disabilities*.⁵

The NDIS commenced rollout across several launch sites from July 2013, administered by a statutory authority called the National Disability Insurance Agency.



Trainer's note: Determine whether or not there have been any new developments with the rollout of the NDIS to help inform this section of the training. You should also aim to make this section of the training as relevant as possible to the state or territory where the training is being held.

The NDIS is very different from the previous system of disability care and support, as the scheme:

- provides lifetime care and support to anyone with disability up to the age of 65, regardless of where or how they acquired their disability.
- introduced a nationally coordinated approach to service delivery, meaning that people will not receive different levels of support based on their geographic location.
- as an insurance scheme, provides assurance to anyone who might acquire a disability in the future that their disability-related needs will be met.
- puts funding for disability services in the hands of people with disability rather than service providers, placing them at the centre of the decision-making process and granting greater choice and control over the services they receive.
- allows for a personal planning process, where scheme participants identify their goals and aspirations and supports are put in place to allow them to work towards these goals.
- is able to fully fund aids and equipment that are needed by a person with disability, as long as these aids are considered reasonable and necessary.

Viewing activity



Video: 'Living my plan, NDIS at work'

Source: National Disability Insurance Scheme

Duration: 7 minutes 27

Summary: Teens and adults explain how the NDIS has improved their lives as they receive support and equipment to live more independently and regain family relationships.

Instructions:

1. Play the video, 'Living my plan, NDIS at work'.
2. Ask learners if they have any comments or questions about the video before moving on.



Discussion question: Do you think that providing supports through the new model of person-centred practice could provide benefits for people in caring roles, as well as for people with disability? If so, how?

Enabling independence through the NDIS

Person-centred practice is at the heart of the NDIS. This means that through the scheme people with disability will have access to the services and supports they need, when they need them.

The following case study, taken from the National People with Disabilities and Carer Council's *SHUT OUT* report, illustrates how a lack of available supports can impede the independence and empowerment of a person with disability.

A child we will call S is 8-years-old and lives in a small rural community with her mother and siblings. S has cerebral palsy and uses a wheelchair permanently. She is unable to use verbal communication and uses a speech activated computer and has a manual wheelchair and attends public school.

Her mother has applied for and been waiting several years for an electric wheelchair for S, which would enable her to be more active at school with her friends and be more independent than she is. This would also free up her mother from having to push S everywhere as she is unable to use a manual wheelchair herself.⁶

Increased access to services and supports under the NDIS has the potential to reduce a person with disability's reliance on informal supports such as friends and family.

As well as enhancing an individual's independence this can also have significant ramifications for the wellbeing of personal relationships.

For example, an individual who had been involved in a 2-year trial of individualised funding prior to the introduction of the NDIS wrote:

I am extremely conscious of creating a life for myself so that I am not reliant on family and friends. I want to keep them just as that—family and friends—not as carers.⁷

In another study, an individual caring for a child with disability wrote:

I think people also often misunderstand what is needed and assume that we all need a break from our children. This is not the case. What is often needed is help with the endless chores so that we have the time and energy to enjoy being with our children.⁸



Further reading:

National Disability Insurance Agency, *Planning and Assessment – Assessment of Participants' Needs* (16 January 2014).

National Disability Insurance Agency, *Planning and Assessment – Facilitating the Participant's Statements of Goals and Aspirations* (16 January 2014).

National Disability Insurance Agency, *Planning and Assessment – The Planning Conversation* (16 January 2014).

National Disability Insurance Agency, *Planning and Assessment – Supports in the Plan* (1 September January 2014).

National Disability Insurance Agency, *Planning and Assessment – Risk and Safeguards* (16 January 2014).

National Disability Insurance Agency, *Planning and Assessment fact sheet – The Plan Management Decision* (16 January 2014).

Carers Australia, *NDIS and Carers* (26 June 2015).

4.3 My Aged Care

Approximate duration: 20 minutes

If an individual has acquired their disability before the age of 65 and is already a registered participant of the *National Disability Insurance Scheme*, they will have the option of continuing to receive supports under the NDIS or transferring to the aged care scheme (*My Aged Care*) once they have turned 65. Any individual who acquires their disability over the age of 65, or who is over the age of 65 when the NDIS rolls out in their area, will not be eligible to receive supports through the NDIS.⁹

The aged care system has undergone major reforms over the past few years to bring it in line with the principles of person-centeredness that underpin the *National Disability Insurance Scheme*.



Trainer's note: Determine whether there have been any new developments with the reforms taking place in the aged care sector to help inform this section of the training. You should also aim to ensure this section of the training is as relevant as possible to your own state or territory.

There are varying types of support available under *My Aged Care*, including home care packages to allow older people with disability to remain living in their own homes for as long as possible. Home Care Packages are flexible and tailored to meet the needs of the individual. Home Care Packages may include supports such as:

- assistance with transport
- assistance with shopping
- assistance with household tasks such as cooking and cleaning
- assistance with showering, toileting, feeding etc.
- home modification
- aids and equipment/adaptive technology.¹⁰



Home care packages are now delivered under a model called ‘consumer-directed care’, or ‘CDC’. Under this model, the package is allocated to the person with disability, placing them at the centre of decision-making and giving them greater choice and control over the supports and services they receive.

The home care package also stays with the individual if they decide to move, which was not possible under previous arrangements.¹¹

People who require home care will receive a different level of assistance depending on their individual circumstances. There are four options available to address varying levels of need. These are:

- Home Care Level 1 – to support people with basic care needs
- Home Care Level 2 – to support people with low-level care needs
- Home Care Level 3 – to support people with intermediate care needs
- Home Care Level 4 – to support people with high-level care needs

The key shift that has taken place in both the disability sector and the aged care sector involves the adoption of a person-centred approach to service delivery, although this is referred to as ‘consumer-directed care’ under the *My Aged Care* scheme.

Activity: Mind mapping person-centeredness



Activity type: Whole class activity

Duration: 10 minutes

Equipment needed: Butchers paper and markers, or smart board

Purpose: to encourage learners to think about the key elements that make up a person-centred approach.

Instructions:

1. In the middle of the smart board, or your sheet of butcher's paper, draw a stick figure.
2. Explain to learners that this stick figure represents a person with disability who may require disability services.
3. Ask learners what factors might help to ensure that this person is at the centre of the services they receive and write these words or phrases around the stick figure.



Trainer's note: A person-centred approach puts people and their right to self-determination at the centre of professional practice. Dignity, respect and rights-based ideals are at the core of person-centred approaches, which focuses on the service user's experiences and insight. By employing a person-centred practice, workers aim to be empathetic and demonstrate that service users can make free choices and exercise agency over their own lives.¹²



Further reading:

Department of Social Services, *My Aged Care* (21 October 2015).

4.4 The National Standards for Disability Services

Approximate duration: 40 minutes

Standards play an important role in regulating service delivery by determining the parameters under which service providers are to operate.

Prior to the introduction of the NDIS, service providers receiving funding from the Australian Government operated under the Disability Service Standards set out in the *Disability Services Act 1986* (Cth). Agencies receiving funding from state governments were subject to the standards set out in state-based legislation.

The establishment of the NDIS meant that the Disability Service Standards needed to be reviewed to ensure they were consistent with the person-centred principles in the NDIS.

After extensive consultation with people with disability, their families and carers, the Standing Council on Disability Reform endorsed the revised standards at the end of 2013.

The revised set of standards include six core standards, as well as a number of performance indicators to help guide the work of service providers in meeting these standards.

The new *National Standards for Disability Services* ensure a nationally consistent approach to service quality across the disability sector.

The new *National Standards for Disability Services* have been summarised on the following pages.



Trainer's note: Research how the *National Standards for Disability Services* have been implemented in your own state or territory and adapt the training content for this section accordingly. If teaching this unit as part of an aged care qualification, you might also like to refer to the provisions outlined in schedule 1 of the *Aged Care Act 1977* (Cth), 'User Rights Principles', and particularly the Charter of Care and Recipients' Rights and Responsibilities – Residential Care.

Overview of the National Standards for Disability Services

Note: The 'indicators of practice' describe what service providers need to do to meet each standard.

Standard 1: Rights

Indicators of Practice

- 1:1 The service, its staff and its volunteers treat individuals with dignity and respect.
- 1:2 The service, its staff and its volunteers recognise and promote individual freedom of expression.
- 1:3 The service supports active decision-making and individual choice including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.
- 1:4 The service provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.
- 1:5 The service has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.
- 1:6 The service addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.
- 1:7 The service supports individuals with information and, if needed, access to legal advice and/or advocacy.
- 1:8 The service recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.
- 1:9 The service keeps personal information confidential and private.

Standard 2: Participation and inclusion

Indicators of Practice

- 2:1 The service actively promotes a valued role for people with disability, of their own choosing.
- 2:2 The service works together with individuals to connect to family, friends and their chosen communities.
- 2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.
- 2:4 Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.
- 2:5 The service works in partnership with other organisations and community members to support individuals to actively participate in their community.
- 2:6 The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.

Standard 3: Individual outcomes

Indicators of Practice

- 3:1 The service works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.
- 3:2 Service planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.
- 3:3 The service plans, delivers and regularly reviews services or supports against measurable life outcomes.
- 3:4 Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.
- 3:5 The service collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.

Standard 4: Feedback and complaints

Indicators of Practice

- 4:1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.
- 4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice and representation are clearly communicated to individuals, families, friends, carers and advocates.
- 4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.
- 4:4 The service seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.
- 4:5 The service develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.
- 4:6 The service effectively manages disputes.

Standard 5: Service access

Indicators of Practice

- 5:1 The service systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.
- 5:2 The service provides accessible information in a range of formats about the types and quality of services available.
- 5:3 The service develops, applies, reviews and communicates commencement and leaving a service processes.
- 5:4 The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.
- 5:5 The service monitors and addresses potential barriers to access.
- 5:6 The service provides clear explanations when a service is not available along with information and referral support for alternative access.
- 5:7 The service collaborates with other relevant organisations and community members to establish and maintain a referral network.

Standard 6: Service management

Indicators of Practice

- 6:1 Frontline staff, management and governing bodies are suitably qualified, skilled and supported.
- 6:2 Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.
- 6:3 The service documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management.
- 6:4 The service has monitoring feedback, learning and reflection processes which support continuous improvement.
- 6:5 The service has a clearly communicated organisational vision, mission and values which are consistent with contemporary practice.
- 6:6 The service has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.
- 6:7 The service uses person-centred approaches including the active involvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.

Activity: Standards in practice



Activity type: Small group Activity

Duration: 25 minutes

Equipment needed: Learner Guide (page 92)

Purpose: To encourage learners to think about what the *National Standards for Disability Services* mean in practice.

Instructions:

1. Organise learners into groups of three or four people.
2. Ask learners to turn to the case study on page 92 of their Learner Guide and read through the case study:



Kylie is 21 and lives in a major city. She has an intellectual disability. After she finishes school, she isn't too sure what to do. She works for a while in the local supermarket but finds the customer focus challenging, as she doesn't enjoy talking with people she doesn't know. After talking with her family, Kylie decides to study painting and design at the local TAFE, however finds that she doesn't meet the eligibility criteria.

The course coordinator refers Kylie to a training course that the TAFE has developed with a disability employment service. It includes painting, woodwork and ceramics. It also includes teamwork, time management and public speaking. The intention is to prepare students for further study or training or employment, and support community participation.

Kylie discusses study options with disability employment service staff, as well as her goals for the future and her learning preferences. She then enrolls in the course with staff support. A highlight of the course for Kylie is the end of course exhibition, which was held at the TAFE jointly with a number of other arts and design courses. She develops a folio of work, and gains confidence with public speaking, which assists with her interview for a visual arts TAFE course.

The TAFE and the disability employment service built their partnership over several years, to develop more pathways for people with disability into the TAFE system, as well as to improve disability awareness within the TAFE.¹³

3. Ask groups to refer back to their overview of the National Standards for Disability Services on pages 89-91 of their Learner Guide and try to identify the indicators of practice that might apply in this scenario. The answers have been provided below.

National Standards for Disability Services

Indicators of Practice

Standard 2: Participation and Inclusion

2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.

2:5 The service works in partnership with other organisations and community members to support individuals to actively participate in their community.

2:1 The service actively promotes a valued role for people with disability, of their own choosing.



Further reading:

Department of Social Services, [National Standards for Disability Services](#) (30 June 2015).

(Webpage includes additional supporting resources).

Topic 4: Endnotes

- 1 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008) Art. 19.
- 2 Australian Bureau of Statistics, *4430.0 – Disability, Ageing and Carers, Australia: Summary of Findings* (2012) <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>>.
- 3 Commonwealth of Australia, *Disability Services Act*, 'Section 7 – Meaning of primary carer' (1986) <http://www5.austlii.edu.au/au/legis/nt/consol_act/dsa213/s7.html>.
- 4 National People with Disabilities and Carer Council, 'SHUT OUT: The Experience Of People With Disabilities And Their Families In Australia' (2009) 29.
- 5 Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Australia*, 10th sess, UN Doc CRPD/C/AUS/CO1 (21 October 2013).
- 6 National People with Disabilities and Carer Council, 'SHUT OUT: The Experience Of People With Disabilities And Their Families In Australia' (2009) 20.
- 7 National People with Disabilities and Carer Council, 'SHUT OUT: The Experience Of People With Disabilities And Their Families In Australia' (2009) 18.
- 8 Kate Holland, *Carers' perspectives on caring: A qualitative analysis of open-ended responses to the Carer Health and Wellbeing Index survey*, '3.2 Carers need access to quality respite', ID 2407, carer of autistic son, in (University of Canberra and Carers Australia, 2008) 19.
- 9 National Disability Insurance Scheme, *Continuity of support* (2015) <<http://www.ndis.gov.au/people-disability/continuity-support>>.
- 10 My Aged Care, *Caring for someone with a disability*, (2015) <<http://www.myagedcare.gov.au/caring-someone-particular-need/caring-someone-disability>>.
- 11 My Aged Care, *Consumer Directed Care (CDC)* (2015) <<http://www.myagedcare.gov.au/aged-care-services/home-care-packages/consumer-directed-care-cdc>>.
- 12 NSW Department of Ageing, Disability and Home Care, *Exploring And Implementing Person Centred Approaches* (2009) <http://www.adhc.nsw.gov.au/search_results?q=exploring%20and%20implementing%20person%20centred%20approaches>.
- 13 Department of Social Services, *National Standards for Disabilities – Stories* (2013) <<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>>.

Topic 5: Communicating effectively with service users



Topic 5: Communicating effectively with service users

Approximate duration: 2 hours

Topic sequence:

- 5.1 Augmentative and alternative communication (40 minutes)
- 5.2 Easy English (30 minutes)
- 5.3 Translation and interpreting services (30 minutes)
- 5.4 Alternative accessible formats (20 minutes)

Equipment needed:

- Audio/visual equipment with internet connection
- Learner Guide (pages 93-106)
- Charades action cards and scoresheet

5.1 Augmentative and alternative communication

Approximate duration: 40 minutes

Access to information

Access to information is one of the fundamental cornerstones of participation.

The right to seek and receive information in various formats is articulated in Article 21 of the *Convention on the Rights of Persons with Disabilities* (Freedom of expression and opinion, and access to information). It states that:

People with disability have the right to express themselves, including the freedom to give and receive information and ideas through all forms of communication, including through accessible formats and technologies, sign languages, Braille, augmentative and alternative communication, mass media and all other accessible means of communication.¹

Being able to communicate with service users in a way that is appropriate to their needs is also a core component of the *National Standards for Disability Services*.

National Standards for Disability Services	Indicators of Practice
Standard 1: Rights	1:2 The service, its staff and its volunteers recognise and promote individual freedom of expression. 1:3 The service supports active decision-making and individual choice including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.
Standard 4: Feedback and Complaints	4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice and representation are clearly communicated to individuals, families, friends, carers and advocates.
Standard 5: Service Access	5:2 The service provides accessible information in a range of formats about the types and quality of services available.

Optional activity: Charades



Activity type: Group/class activity

Duration: 15 minutes

Equipment needed: Action cards, score sheet, prizes (optional)

Purpose: To demonstrate that it is possible for people to convey information in a range of ways other than speech.

Instructions:

1. Organise learners into groups of three or four people and provide each group with a team number. Write the numbers down on a piece of paper so that you can keep score.
2. Inform groups that you will be playing charades and that all of the phrases will be action phrases, for example 'Kicking a ball.'
3. Starting with the first group, ask for a volunteer from the group to act out the first phrase. Provide them with their action card and inform them that they have one minute.
4. Note which team has scored the point each time someone guesses the correct answer and then ask someone from the next group to take a turn at acting out the next phrase, until there are no phrases left. You should only allow one minute for each phrase and if nobody has guessed the correct answer, move on to the next one.
5. At the end of the activity, announce the winning team. An additional option may be to provide learners from the winning team with a small prize, such as a fun-size chocolate bar.
6. Conclude the activity by informing learners that this activity demonstrated that it is still possible to communicate thoughts and actions without using speech. This will help to introduce the topic of augmentative and alternative communication.



Trainer's note: The action cards for this activity have been included below.

Making
a cup of tea

Mowing
a lawn

Building
a sandcastle

Playing
baseball

Flying
a kite

Milking
a cow

Building
a campfire

Going
bowling

Flipping
pancakes

Playing
chess

Augmentative and alternative communication

Augmentative and alternative communication, or AAC, is a term used to refer to methods of communication that do not involve human speech. AAC can either be aided or unaided.

Acting out words or phrases is an example of unaided communication. Unaided communication is simply any form of communication that requires only the use of the body.



Discussion question: Can anyone think of any other forms of unaided communication?

Points to inform discussion:

Examples of unaided communication

- Blinking
- Nodding
- Waving
- Sign language

Australian sign language, or Auslan, is an alternative form of communication that is widely used by Australians who are deaf or hard of hearing. But there is no 'one size fits all' approach. Some people who are deaf may only use finger-spelling (which involves spelling out words using hand signs for each letter), while others may use some form of aided communication devices.

Remember that it is your role to facilitate communication with the service user in a way that is most appropriate to their needs.

If the person is an Auslan user, this will mean ensuring that they have access to an interpreter to facilitate their full and equal participation in conversations around service delivery.

You might also like to consider learning how to finger-spell as it is relatively easy to learn and may allow you to communicate directly with the service user in the event that the interpreter is running late, or there is some other change that needs to be communicated. A quick tutorial on how to spell the alphabet in Auslan is included in the following viewing activity.

Viewing activity



Video: 'Fingerspelling A-Z in Auslan'

Source: Lisa Mills – Honeybee Creations

Duration: 7 minutes 4 seconds

Summary: This quick video tutorial explains how to finger-spell the letters A-Z in Auslan.

Instructions:

1. Play the video, 'Fingerspelling A-Z in Auslan'.
2. Ask learners if they have any comments or questions about the video before moving on.



Aided communication systems utilise other tools in addition to the user's body. They can be high tech or low tech, ranging from flash cards, communication boards and a pencil and paper, to electronic communication devices that produce images or speech output.

Many people who are deaf or hard of hearing, or otherwise have difficulty communicating via speech utilise a free Australia-wide telephone service called the National Relay Service. The National Relay Service is an example of an aided communication system. When someone makes a call through the NRS there will be a person in the middle of the call known as a 'relay officer'. Relay officers relay exactly what is said by both parties, without interfering with what is being said. This service is available 24 hours each day. Depending on the user's needs, they can use one of eight different call options, which include a telephone, mobile telephone, computer, tablet or smartphone. Another option is a TTY (teletypewriter) which is a phone with a small keyboard and screen that allows the user to type a message and read what is being said in reply.²

Viewing activity



Video: 'AAC Lamp Words for Life iPad App Speech'

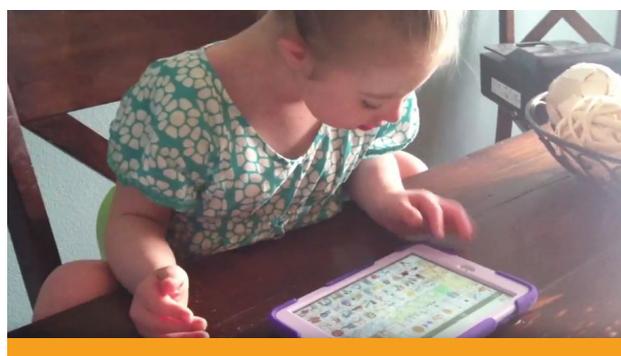
Source: McKenna Powell

Duration: 5 minutes 40 seconds

Summary: This video shows a mother teaching her daughter how to use her new communication device to say a range of different words.

Instructions:

1. Play the video 'AAC Lamp Words for Life iPad App Speech.'
2. Ask learners if they have any comments or questions about the video before moving on.



As you would have heard, the little girl that features in this video is able to form some words. Some children will only require an augmentative communication system for a period of time, until they are able to further develop their speech. Others will develop augmentative communication strategies that will be life-long.

Technology has created many new opportunities for people to communicate. There are a wide variety of applications available for this purpose, as well as additional applications that will allow you to search for the app that might best meet the needs of the person you are working with.

Optional homework task: Searching the App Store



Purpose: To encourage learners to review some of the AAC applications that are available on their tablet or smart phone and share what they have learned with the rest of the class.

Instructions:

1. Tell learners that if they have a tablet or a smart phone, they might like to have a look at the App Store on their device and see if they can find any apps for augmentative communication.
2. Encourage learners to download and install a free app if they can find one, and take a look at how it works.

5.2 Easy English

Approximate duration: 30 minutes



According to the Australian Bureau of Statistics, almost half of the Australian population (46%) lack the literacy skills to deal with everyday life.³



Discussion question: What are some of the factors that may make it difficult for someone to understand verbal or written information?

Points to inform discussion:

- coming from a non-English speaking background
- acquired brain injury
- intellectual disability
- low levels of English literacy.

Without realising it, we often use acronyms or complex words and phrases that other people might not understand.

When communicating, use language that will help you convey information to the widest range of people possible.



Discussion question: What are some of the techniques you could use to keep language simple when speaking to service users?

Points to inform discussion:

- use common, everyday words
- use short words, short sentences and short paragraphs
- try not to use jargon, acronyms or slang
- use the active voice e.g. 'Sally opened the door' rather than 'the door had been opened by John'
- explain technical or complex terms.⁴

Another option is providing written information in Easy English. Easy English is used to create simplified versions of documents for people who, for a range of different reasons, might find it difficult to read, interpret or understand written information. Easy English is also sometimes referred to as 'Easy Read.'



Trainer's note: Instruct learners to turn back to the overview of the *National Standards for Disability Services* on pages 89-91 of their Learner Guide, then distribute copies of the [Easy English version of the National Standards](#) from the Department of Social Services.

This is a large document, so you only need to provide a couple of copies for reference. Ask learners to comment on the main differences between the two versions of the National Standards.

The key features of Easy English, or 'Easy Read', documents are:

- simplified language and grammar
- minimal punctuation
- simplified font, layout and design
- images that illustrate headings and key messages.⁵

Activity: Writing in Easy English



Activity type: Partner/small group activity

Duration: 25 minutes

Equipment needed: Learner Guide (pages 69-71), Butchers paper, coloured markers, Easy English version of the Convention on the Rights of Persons with Disabilities⁶

Purpose: To encourage learners to think about how they can explain information to service users in a non-complicated manner.

Instructions:

1. Organise learners into pairs or groups of three people and provide each pair or group with a set of coloured markers and a sheet of butcher's paper.
2. Ask learners to turn back to the 'Overview of the Disability Convention' reference sheet on pages 69-71 of their Learner Guide.

3. Allocate two articles from the 'Overview of the Disability Convention' reference sheet to each pair or group and ask them to rewrite this information using the key features of Easy English:
 - simplified language and grammar
 - minimal punctuation
 - simplified font, layout and design
 - images that illustrate headings and key messages.⁷
4. Inform learners that they will have around 15 minutes to complete the activity.
5. After 15 minutes, ask a spokesperson from each pair or group to read out their allocated articles of the Disability Convention and then read out their Easy English version of the articles. Groups should explain any images they have chosen to include.
6. When all groups have presented their article, provide learners with a copy of the Easy English version of the Convention on the Rights of Persons with Disabilities, located on page 21 of the UK Equality and Human Rights Commission's resources '[The United Nations Convention on the Rights of People with Disabilities: What does it mean for you? \(Easy Read\)](#)'. Allow learners a few minutes to read over it.
7. Ask if there are any questions or comments, or if anyone would have changed anything about their Easy English versions of the articles after reading through the handout.



Activity resources:

Equality and Human Rights Commission (UK), [The United Nations Convention on the Rights of People with Disabilities: What does it mean for you? \(Easy Read\)](#) (2010).

Department of Social Services, [National Standards for Disability Services \(Easy English version\)](#) (16 July 2015).

5.3 Translation and interpreting services

Approximate duration: 30 minutes



Trainer's note: For this section you might like to source a copy of the multilingual poster from the Western Australian Government Department of Health to show learners during this section of the training. The poster is available in the 'More Information' section of the WA Health webpage '[Using the Interpreter Symbol and promoting language services](#)'.

You should also find out whether your state or territory has its own interpreting services for Aboriginal and Torres Strait Islander dialects and include this information in the training.

Although speaking in plain English can be useful for some people whose first language is not English, this will not always be the case.

Nearly 20% of Australians speak a language other than English at home.⁸

In 2011, the most widely spoken languages other than English were Mandarin (1.7%), Italian (1.5%), Arabic (1.4%), Cantonese (1.3%) and Greek (1.3%).⁹

There are also a wide range of dialects spoken within Aboriginal and Torres Strait Islander communities throughout Australia.

Article 30 of the *Convention on the Rights of Persons with Disabilities* sets out the right to participation in cultural life, recreation, leisure and sport, stating that:

Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity¹⁰

This means providing access to a language interpreter where necessary. To identify the language needed, you can either ask the service user or use a visual list that identifies languages and ask the service user to identify their preferred language.

It is important to understand that if a service user requires an interpreter to enable them to access a service and the service does not accommodate this request, the individual may seek to pursue the matter under anti-discrimination law.

The Australian Government, through the Department of Social Services, provides a free interpreting service for people who do not speak English. This service is called TIS National (TIS – translating and interpreting service). TIS is only available to approved community organisations and service providers. The TIS National website states that:



Incorporated, not-for-profit, non-government, community-based organisations can apply for the Free Interpreting Service through TIS National to support the delivery of casework and emergency services (which do not receive substantial government funding).¹¹

Interpreting can take place face-to-face, via telephone and via video conference.



While service users might sometimes have a family member or friend who is willing to translate information for them, this will rarely be an appropriate option. Friends and family may not be impartial and are not bound by the same standards of conduct as accredited interpreters.

Allowing a friend or family member to interpret may also raise issues in regards to privacy and confidentiality, as there may be sensitive issues that need to be discussed.

Remember that many of the same considerations that apply to people who speak a foreign language may also apply to people who are deaf or hearing impaired who require an Auslan interpreter. You never know when a service user might require an interpreter, so you should undertake research to familiarise yourself with the process of hiring an interpreter in advance. Below are a few guiding questions to assist with your research:

- Does your workplace have a policy relating to the use of interpreters?
- Does your workplace have a preferred interpreting provider?
- If you are accompanying a service user to a meeting (especially with a Government Department), do they have access to an interpreter for this meeting?



Discussion question: What other factors might you need to consider when choosing an interpreter?

Points to inform discussion:

- How long will you require the interpreter for? For example if the service user will be attending a meeting, have you allowed extra time for interpreting in case the meeting runs overtime?

- The specific language or dialect that is required. Some foreign languages have several different dialects. Similarly, Auslan symbols may differ slightly in each state and territory.
- The personal preferences of the service user. Are they more comfortable with an interpreter of a certain gender? Or is there a particular interpreter that they have worked with before and feel comfortable with? It may not always be possible to accommodate personal preferences, but you should attempt to satisfy them wherever possible.
- Is the service user comfortable with the interpreter that has been chosen? In small community groups, for example, it is possible that the service user may already know the interpreter that has been chosen.



Discussion question: What do you think are some of the factors you might need to consider when you are **using** an interpreter?

Points to inform discussion:

- Ask the interpreter to only interpret what is being said (not to add anything else).
- Make sure you tell the interpreter what the service is about and tell them if it may be upsetting.
- Speak directly to the service user and keep eye contact with them, rather than the interpreter.
- Be clear about the need for confidentiality and ensure the interpreter is bound by these standards.
- Do not have separate conversations with the interpreter.
- Use first person language when speaking to the service user, e.g. when do you want to pick up the documents?
- If you are asking questions, ask one question at a time.
- Speak in simple English, use short sentences and pause regularly so that the interpreter can interpret regularly. For example, do not use acronyms.
- Debrief with the interpreter to check how the session went.



Further reading:

Western Australian Department of Health, Multilingual poster, available from Western Australian Department of Health, [Using the Interpreter Symbol and promoting language services](#).

(The poster is available in the 'More Information' section of the WA Health webpage).

My Aged Care, [Other languages](#) (1 July 2015).

5.4 Alternative accessible formats

Approximate duration: 20 minutes

In addition to engaging directly with service users in a way that is respectful of their needs, you will often be required to provide written information tailored to the needs of service users.

In these situations, it is important to remember that printed information will not meet the needs of all service users and you may need to source information in alternative formats.

We've already explored how providing information in Easy English and translating information into foreign languages are ways of providing information to people with diverse needs. However, 'alternative formats' also includes other forms of communication such as Braille, large print and audio.

Braille is used by many people who are blind, vision impaired or deaf blind. However, it is important to remember that not all people with these disabilities will know or use Braille. Information can be reproduced in Braille using a machine called a Braille Embosser.



There are several companies in Australia who can translate written information into Braille. A directory of these companies can be found on the '[Directory](#)' page of the Braille Australia website.

Some people now also access Braille via an electronic Braille display, or electronic note taker. These devices feature a display made up of tiny pins which rise up to produce words in Braille, allowing the user to access electronic documents, internet content etc. These devices are extremely cost prohibitive and still out of reach for many people with disability, although it is hoped that this may be addressed through the implementation of the National Disability Insurance Scheme.

Large print can be useful for a number of service users, including older service users with diminishing vision.

The most commonly used font size for large print is 18pt, but the text may sometimes be larger. Other factors to consider when producing large print documents include the choice of font, line spacing and margins and use of bold and underline. Italics should generally be avoided as it distorts the text and can make it difficult to read.

Audio versions of information can be useful for a wide range of people with disability including people who are blind or vision impaired, people with dyslexia, people with acquired brain injury and people with intellectual disability. Again, this is not a hard and fast rule and not all people with these conditions or impairments will need or want to use audio.

Specialised software is available that produces audio versions of print documents using synthesised speech. There are also several companies that reproduce information into an audio format for a fee.

Web Content Accessibility Guidelines

As we move into a digital world, electronic information is presenting a range of new opportunities for people with disability to be able to access information. But there are a few guidelines that need to be followed to ensure that information can be accessed by the widest range of people possible.

The Web Content Accessibility Guidelines 2.0, developed by the World Wide Web Consortium, establish an internationally recognised benchmark for web accessibility.¹²

Below are a few key points covered by the guidelines:

- Video content should not start playing automatically when you enter a website, as this can prevent people who use screen readings software from being able to navigate the page.
- Video content should be captioned for people who are deaf or hard of hearing, and audio described for people who are blind or vision impaired. An accompanying transcript of the video should also be provided.
- The use of Graphical CAPTCHAS on websites should be avoided, as these are not accessible to people with a print disability (a person who cannot effectively read print because of a visual, physical, perceptual, developmental, cognitive, or learning disability). CAPTCHAS are a security test that only a human operator can bypass. They usually involve having the user retype the text that appears in an image on the screen.
- Web links should be tagged with meaningful names so that the nature of the link is clear to people who use screen-reading software.
- Graphics or images should include meaningful Alt text describing the images for people who are blind or vision impaired. Alt Text is used in HTML coding to allow a person who is using screen reader software to interact with visual elements of webpages such as images or tables.

- Many pdf files are not accessible to people who use screen reading software, so if in doubt, you should ensure that a Microsoft Word or rtf version is provided as an alternative. Documents should also be made available in large print, Easy English and in other community languages wherever possible.



Further reading:

Media Access Australia, [Service Providers' Accessibility Guide](#).

World Wide Web Consortium, [Web Content Accessibility Guidelines 2.0](#) (2008).

Topic 5: Endnotes

- 1 United Nations, *Convention on the Rights of Persons with Disabilities*, 'Article 21 – Freedom of expression and opinion, and access to information' (2006) <<http://www.un.org/disabilities/default.asp?id=281>>.
- 2 National Relay Service, *An introduction to the NRS* (2015) <<http://relayservice.gov.au/resources/>>.
- 3 Australian Bureau of Statistics, *1301.0 – Year Book Australia*, 'The National year of Reading: Libraries helping to make Australia a nation of readers' (2012) <<http://www.abs.gov.au/ausstats/abs%40.nsf/Lookup/by%20Subject/1301.0~2012~Main%20Features~The%20National%20Year%20of%20Reading:%20libraries%20helping%20to%20make%20Australia%20a%20nation%20of%20readers~206>>.
- 4 The Plain Language Action and Information Network, *Plain Language: What is Plain Language?* (2015) <<http://www.plainlanguage.gov/whatisPL/>>.
- 5 Scope Vic, *Accessible Information* (2015) <<http://www.scopevic.org.au/service/accessible-information/>>.
- 6 Equality and Human Rights Commission (UK), *The United Nations Convention on the Rights of People with Disabilities: What does it mean for you? (Easy Read)* (2010) 21 <http://www.equalityhumanrights.com/uploaded_files/publications/uncrpd_guide_easyread.pdf>.
- 7 Scope Vic, *Accessible Information* (2015) <<http://www.scopevic.org.au/service/accessible-information/>>.
- 8 Australian Bureau of Statistics, 'Australian Social Trends 2013' (4102.0 9 April 2013) <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/244402E7BB2A27E2CA257BB200141ADB?opendocument>>.
- 9 Australian Bureau of Statistics, 2012-2013, *Reflecting a Nation: Stories from 2011 Census (2071.0 16 April 2013)* <<http://www.abs.gov.au/ausstats/abs@.nsf/lookup/2071.0main+features902012-2013>>.
- 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. 30.
- 11 Department of Social Services, *Free Interpreting Service* (10 July 2015) <<https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/free-interpreting-service>>.
- 12 Web Content Accessibility Guidelines (WCAG) 2.0, *W3C Recommendation 11 December 2008* (11 December 2008) <<http://www.w3.org/TR/WCAG20/>>.

Topic 6: Achieving cultural awareness in your work



Topic 6: Achieving cultural security in your work

Approximate duration: 2 hours 40 minutes

Topic sequence:

- 6.1 Culturally and linguistically diverse communities (60 minutes)
- 6.2 Aboriginal and Torres Strait Islander peoples (60 minutes)
- 6.3 Unconscious bias and casual racism (40 minutes)

Equipment needed:

- Audio-visual equipment with internet connection
- Learner Guide (pages 107-124)

6.1 Culturally and linguistically diverse communities

Approximate duration: 60 minutes



Trainer's note: For this section, undertake your own research to see whether your state and/or local government has a policy framework in place to determine how the needs of people from culturally and linguistically diverse backgrounds will be met. You could also consider approaching a few service providers to see if they have a specific set of policies or procedures in place to establish the parameters for accommodating the needs of service users from culturally and linguistically diverse backgrounds.

When we talked about intersectional discrimination earlier in the training (see Learner Guide page 27), we saw that people with disability who belong to vulnerable groups in Australia experience heightened levels of disadvantage.

This means that the experiences of Aboriginal and Torres Strait Islander peoples with disability and people with disability from culturally and linguistically diverse backgrounds will differ greatly from those of the general population of people with disability in Australia.

The *Convention on the Rights of Persons with Disabilities* requires that the nationality and cultural identity of persons with disability must be respected at all times.¹

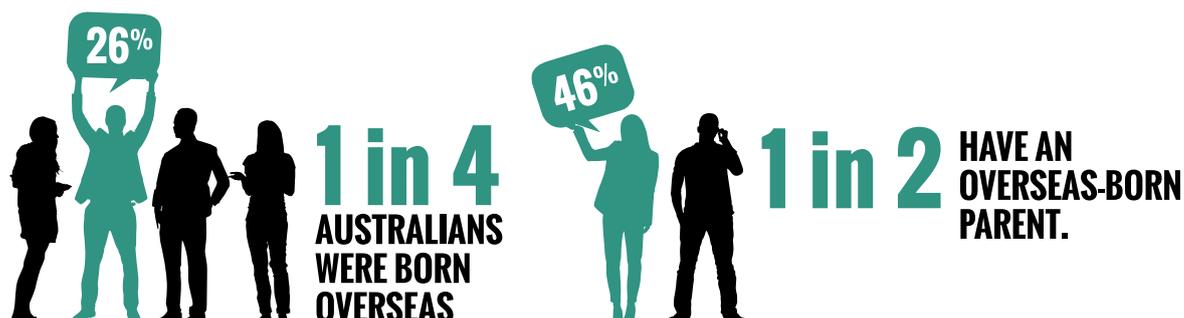
In the previous topic, we explored the importance of providing translation and interpreting services to service users from linguistically diverse backgrounds.

This topic will consider ways of understanding and respecting the customs, beliefs and practices of service users from diverse backgrounds, and strategies for reflecting on your own professional practice to improve cultural awareness and cultural competency.

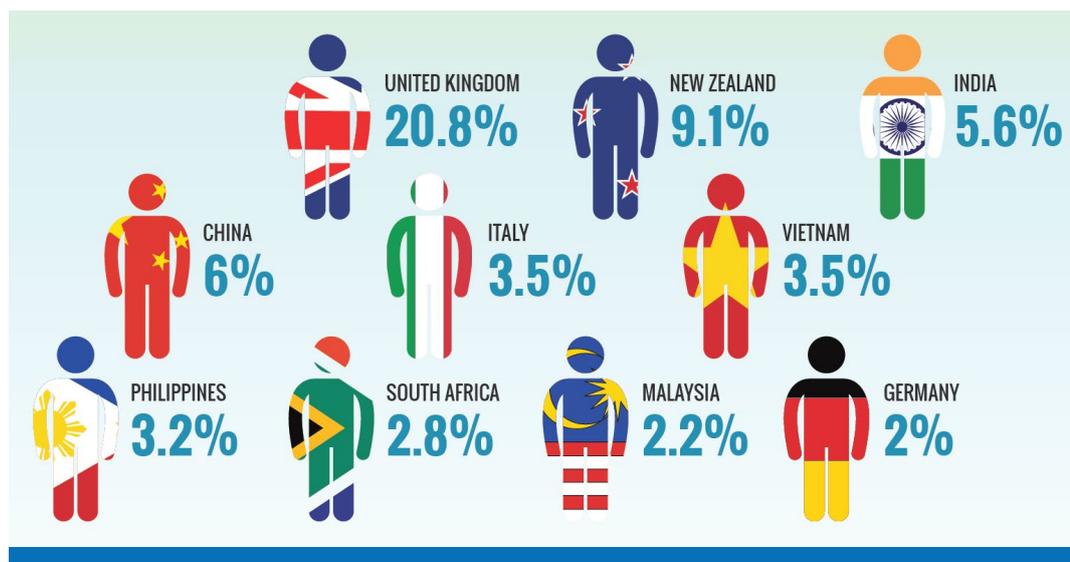
Cultural diversity in Australia

Today, Australia is one of the most ethnically diverse countries in the world.

At the time of the 2011 Census, over one quarter of the Australian population (26%) had been born overseas, and 46% of the population had at least one parent who was born overseas.²



The following illustration show the top 10 countries of birth for Australia's overseas-born population.³



In 2013, overseas migration made up 60% of Australia's population growth.⁴

While it may not be possible to be aware of the cultural norms and practices of every cultural group, it is important to be aware that the use of body language, eye contact and titles of address may differ for service users from culturally and linguistically diverse backgrounds.

Where possible, familiarise yourself with the cultural norms and practices of service users in order to understand how these may impact on service delivery.

Activity: Exploring community profiles



Activity type: Partner activity

Duration: 20 minutes

Equipment needed: 'Community Profiles for Health Care Providers', Queensland Government, Learner Guide (page 110)

Purpose: To familiarise learners with the norms and practices of other cultures.

Instructions:

1. Inform learners that they will be working in pairs for this activity.
2. Instruct learners to turn to the 'Responding to cultural diversity' checklist on page 110 of their Learner Guide.
3. Provide each pair with a different 'Community Profile' from Queensland Health's Community Profiles for Health Care Providers resource (there are 18 in total).
4. Ask each pair to work through the profile, and try to answer as many of the questions from the checklist as possible. The questions have been included below for your reference:
 - Does the service user require a language interpreter?
 - Is it appropriate to use eye contact when working with the service user?
 - Is there any body language I should avoid?
 - What language should I use to address the service user?
 - Is the service user uncomfortable with working with staff of a certain gender?
 - Are there any religious practices that need to be accommodated when working with the service user?
 - What role does the family play in the service user's culture?
 - How is disability typically viewed within the service user's culture?
5. Inform learners that they have 10 minutes to complete the task and ask them to begin.
6. After 10 minutes, ask one person from each pair to outline the culture they have researched and summarise their findings.

When working with any service user whose cultural identity differs from your own, it is important to remember that you may need to alter the way in which you approach service delivery in order to demonstrate respect for that person's beliefs, traditions and cultural identity. Developing cultural awareness is the first step in this process.

Activity: Moving from awareness to practice



Activity type: Small group activity

Duration: 40 minutes

Equipment needed: Learner Guide (page 112), computer with internet access

Purpose: To encourage learners to think of ways to apply cultural awareness to a work context to improve the experiences culturally and linguistically diverse service users.

Instructions:

1. Organise learners into groups of three people.
2. Instruct learners to turn to the case study activity on page 112 of their Learner Guide.
3. Read out the case study, as it appears below:



You are a man, working for a disability service provider where it is your role to assist service users to develop their personalised support plans. You have just received a referral for a service user who is seeking support after a stroke left her with extensive frontal lobe damage.

The service user has recently immigrated to Australia from rural India. You are aware from her file that she and her family are Hindu. The stroke has impacted her ability to verbally communicate and her first language is not English.

Using the questions below, outline how you will ensure that this service user's cultural needs are met.

4. Inform learners that they have 25 minutes to use the internet to answer the questions in the Learner Guide and ask them to begin.
5. After 25 minutes, ask one person from each group to explain their group's answers to the rest of the class.



Questions:

- In this scenario, the service user is a Hindu woman who has recently immigrated to Australia from rural India. How might the service user's cultural background impact on your planning and service delivery?
- What cultural considerations should you take into account, as a man working with this service user?
- From who and where is information about this service user's culture best sourced?
- How will you translate your awareness of the service user's cultural needs into practice? What actions will you take?

Although it is useful to build an awareness of service users' cultural norms and practices, it is important to remember that regardless of ethnicity, no two service users are the same. For this reason, you should be guided by the preferences of the individual when establishing a foundation for respectful communication.



Further reading:

Queensland Council of Social Service and AMPARO Advocacy, *Multicultural Resource Book for Disability Service Providers* (2014).

NSW Department of Community Services, *Working with Aboriginal people and communities: a practice resource* (2009).

Australian Human Rights Commission, *Good Practice Good Business fact sheet – Racial Discrimination* (2015).

Australian Human Rights Commission, *Racism. It Stops With Me – Clearinghouse*.

6.2 Aboriginal and Torres Strait Islander peoples

Approximate duration: 60–90 minutes



Trainer's note: For this section, undertake your own research to see whether your state and/or local government has a policy framework in place to determine how the needs of Aboriginal and Torres Strait Islander peoples will be met, for example through a Reconciliation Action Plan.

You could also consider approaching a few service providers to see if they have a specific set of policies or procedures in place to establish the parameters for accommodating the needs of Aboriginal and Torres Strait Islander service users. It would also be advisable to approach the [First Peoples Disability Network Australia](#) for further advice on how to deliver this section of the training.

Aboriginal and Torres Strait Islander peoples are the first peoples of Australia and as such hold a unique place in Australia's history and culture.⁵

Over time, the following definition has been agreed on by the community and Australian Government to identify when someone is an Aboriginal and/or Torres Strait Islander person. The person:

- is of Aboriginal and/or Torres Strait Islander descent
- identifies as an Aboriginal and/or Torres Strait Islander person
- is accepted as an Aboriginal and/or Torres Strait Islander person by the community in which he or she lives.⁶

Around 50% of Aboriginal and Torres Strait Islander peoples have a disability or long-term health condition, while the rate of disability for the general population is less than 20%.⁷

Aboriginal and Torres Strait Islander peoples are also twice as likely to experience a psycho-social disability or mental illness.⁸

There are many factors that contribute to the high rate of disability in Aboriginal and Torres Strait Islander communities, including:

- intergenerational trauma resulting from the impact of colonisation and the stolen generations
- cultural disconnection and loss of cultural identity
- social disadvantage and poverty
- racism and discrimination.⁹

While we know that the rate of disability is higher for Aboriginal and Torres Strait Islander peoples than it is for the rest of the population, the above figures may still be an under-representation. According to the First Peoples Disability Network:

The vast majority of Aboriginal people with disability do not self-identify as people with disability. This occurs for a range of reasons including the fact that in traditional language there was no comparable word for disability. Also that many Aboriginal people with disability are reluctant to take on the label of disability particularly if they may already experience discrimination based on their Aboriginality.¹⁰

Despite experiencing higher rates of disability, Aboriginal and Torres Strait Islander peoples continue to face barriers to accessing appropriate services and supports for reasons such as:

- differing cultural attitudes towards disability
- social marginalisation
- mistrust of community workers
- a lack of services that meet the cultural needs of Aboriginal and Torres Strait Islander peoples.¹¹

The need to provide services that meet the cultural needs of Aboriginal and Torres Strait Islander service users is explicitly stated in the *National Standards for Disability Services*.

National Standards for Disability Services	Indicators of Practice
Standard 2: Participation and Inclusion	2:6 The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.



Trainer's note: The e-learning module in the activity below takes approximately 1-1.5 hours to complete. You may therefore decide to have learners complete the module as a homework task, or select only key elements of the module for learners to complete in-class.

Activity: Find out about Aboriginal Kinship



Activity type: E-learning module

Duration: 30–90 minutes

Purpose: To broaden learners' awareness and understanding of Aboriginal cultures and communities.

By undertaking the module, learners will gain a greater understanding of and insight into:

- experience of Aboriginal Kinship systems and how they operate
- Aboriginal social structures and how these differ from Western societies
- how cultural assessment assists in understanding these impacts
- potential conflict in working with people from differing cultural backgrounds.

Instructions:

1. Ask learners to log on to a computer and find the University of Sydney's '[Aboriginal Kinship](#)' module.
2. Specify which parts of the module you would like learners to complete and ask them to begin the online module. The learning outcomes for the module have been included below:

Aboriginal and Torres Strait Islander cultures and histories

It is important to remember that Aboriginal peoples and Torres Strait Islander peoples have distinct cultures.

Aboriginal peoples are comprised of many different language and/or tribal groups, while Torres Strait Islanders are from the Torres Strait Islands region.

Some Torres Strait Islander peoples have moved to mainland Australia either through forced removal or for employment and education. Aboriginal and Torres Strait Islander peoples retain their cultural identities whether they live in urban, regional or remote areas of Australia.

Because there is such a great diversity of cultures, languages, kinship structures and ways of life among Aboriginal and Torres Strait Islander peoples across Australia,¹² there is no one set of protocols that will meet the needs of every community.

One of the most important aspects of working with Aboriginal and Torres Strait Islander peoples is the need to work with the community and gain a better understanding of their traditions, customs, practices and preferences.¹³

Below are a few general tips to keep in mind when working with Aboriginal or Torres Strait Islander service users:

- Some Aboriginal and Torres Strait Islander people may still have a high level of mistrust towards community workers due to the entrenched trauma of historical events. Building trust and respect with the service user is therefore paramount to developing a strong working relationship.¹⁴
- Many Aboriginal and Torres Strait Islander communities still operate according to the principles of men's business and women's business, whereby specific traditions and customs are performed separately by men and women. When working with Aboriginal and Torres Strait Islander communities, you should enquire as to whether or not the topic of conversation is appropriate for everyone or if the rules of men's and women's business will apply.¹⁵
- Family kinship structures are very important in Aboriginal and Torres Strait Islander cultures and there may be times when non-Indigenous people are asked to leave the room so that matters can be discussed in private. You should be respectful of these boundaries and allow service users and their families (where appropriate) the opportunity to discuss matters in private.
- Especially in circumstances where trust has not already been established, it is preferable for men to speak to men, and women to speak to women.¹⁶
- After an individual has passed away, many Aboriginal and Torres Strait Islander communities will observe traditional grieving customs known as 'sorry business' for several weeks. You should generally avoid initiating contact with service users during times of sorry business.¹⁷
- Within Aboriginal and Torres Strait Islander communities, elders are generally referred to as 'Aunty' or 'Uncle' as a sign of respect. However, it may not be appropriate for a non-Indigenous person to use these titles if they have not already established a relationship of trust and respect with the elder in question.¹⁸



Further Reading:

Australian Indigenous HealthInfoNet, [Disability within the Indigenous Community](#) (20 October 2015).

Australian Indigenous HealthInfoNet, [National Aboriginal and Torres Strait Islander flexible aged care program](#) (27 September 2012).

6.3 Unconscious bias and casual racism

Approximate duration: 40 minutes

Unconscious bias, also commonly referred to as ‘implicit bias’ or ‘hidden bias’ is something that we have all been influenced by at some point in our lives. We’ll explore the meaning of this term in the next viewing activity.

Viewing activity



Video: [‘Unconscious bias: the theory behind “Implicitly”’](#)

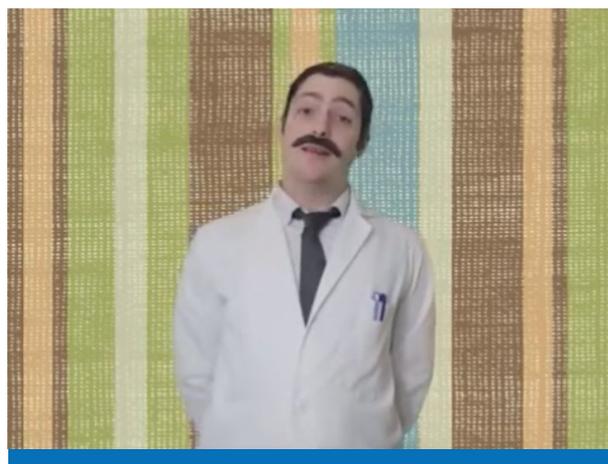
Source: Hogrefe Ltd

Duration: 5 minutes 26 seconds

Summary: This video explores the theory behind Hogrefe’s ‘Implicitly’ test. ‘Implicitly’ is a collection of tests which can be used to help uncover our unconscious biases and their likely impact on behaviour.

Instructions:

1. Play the video ‘Unconscious bias: the theory behind “implicitly”’.
2. Use the following questions to encourage discussion about the video:
 - What did you think of the video?
 - What do you think is meant by the term ‘unconscious bias’?
 - What are some biases we might have that we may not always be aware of?



Activity: Check your bias



Activity type: Individual exercise

Duration: 5 minutes

Equipment needed: Learner Guide (page 118)

Purpose: To encourage learners to reflect on their level of unconscious bias towards people whose cultural identity may differ from their own.

Instructions:

1. Ask learners to turn to the 'Check your bias' activity on page 118 of their Learner Guide.
2. Inform learners that they will have 5 minutes to respond to the three questions listed on this page. Explain that this is a reflective task only and learners will not be required to share their responses with the rest of the class if they are not comfortable with doing so.
3. Encourage a group discussion about what some of the answers mean. Ensure learners feel safe and understand that they are not being judged for their responses. The questions for this activity have been provided below:



Discussion questions:

- How often do you specify someone's race when it is not necessarily relevant (for instance a Black doctor or Latina lawyer?)
- Have you ever assumed that someone is good or bad at an activity (like athletics, mathematics, driving, or cooking) because of their race?
- Have you ever asked a person 'Where are you really from?'
- How might doing any of these things involve a form of bias or prejudice?

Unconscious bias

What we call unconscious bias is unavoidable. People naturally categorise information, which means we routinely sort objects and people into groups to help us make decisions. It is a product of biology and the way our brains work.

Consequently, we associate people who may look or sound a particular way with certain things, whether good or bad. These are associations that are activated without us being aware. As social psychologists have demonstrated, we all make implicit assumptions – including about ethnic or racial groups – even if we consciously think that we reject a group stereotype.¹⁹

Studies demonstrate there are often massive discrepancies between our conscious and unconscious biases. For example, in 2010, economists at the Australian National University found substantial racial discrimination in hiring by Australian employers.

The researchers sent over 4,000 fake job applications for entry-level jobs. The applications contained the same qualifications but with different names, distinguished by their ethnic origin.

In order to get the same number of interviews as an applicant with an Anglo-Saxon name, someone with a Chinese name needed to submit 68% more applications. Those with a Middle Eastern name would need 64% more, while those with an Italian name needed to put in 12% more applications.²⁰

These figures may, in part, be the result of overt forms of racism such as a belief in racial superiority or deliberate acts of discrimination. However, it is likely that decisions about whether or not to hire an individual with a non-Anglo-Saxon name are sometimes made unconsciously, based on negative prejudices or stereotypes concerning race.

Casual racism



Discussion question: What do you think is meant by the term, ‘casual racism’?

Points to inform discussion:

- Casual racism refers to conduct involving negative stereotypes or prejudices about people on the basis of race, colour or ethnicity.
- Examples include making offensive jokes and off-hand comments, and excluding people from social situations on the basis of their race.
- Unlike overt and intentional acts of racism, casual racism often isn’t intended to cause offence or harm.²¹

Viewing activity



Video: 'Casual Racism: Robbie's Story'

Source: Studio 10

Duration: 6 minutes 35 seconds

Summary: Not all racism is crude and shocking. There's also casual racism, it's subtle and sometimes not even intended, but can have devastating effects.

Instructions:

1. Play the video, 'Casual Racism: Robbie's Story'.
2. Ask learners if they have any comments or questions about the video before moving on.



Like other forms of racism, casual racism can marginalise, denigrate or humiliate those who experience it. Research demonstrates that racism can have adverse effects on people's physical and mental health, causing anxiety, depression, low self-esteem and high blood pressure.²²

Casual racism, such as jokes and slurs can also exclude the target from wider society by sending a message that they aren't welcome, reinforcing social barriers and attacking the dignity of the victim as an equal member of society.²³

Being aware of casual racism involves recognising that we are all accountable for the things we say or do. Joking about matters of race, culture or ethnicity not only has negative consequences for the victims of such jokes, but may also result in service users developing unfavourable impressions of you.

The *National Standards for Disability Services* requires you to foster a work environment that respects cultural diversity and makes service users feel safe and welcome. Sometimes, this might require you to go beyond just reflecting upon your own practice and taking a stand against instances of casual racism that occur in the workplace.

The case study below is a positive example of such an intervention:

Pradeepta is 28 and lives in a major city. She has lived in supported accommodation for several years. The accommodation organisation has recently merged with another service which means that Pradeepta has a number of new workers working with her.

One of these workers, Kerri, makes negative comments about the religious objects in Pradeepta's room and her food, and pressures Pradeepta to change her haircut.

A manager, Diane, overhears this and explains to Kerri that Pradeepta is free to practice her culture and her religion. Diane tells Kerri she is not to make negative comments about Pradeepta. Kerri replies that she was 'just teasing'.

Diane identifies that Kerri has a very low understanding of anti-discrimination and equal opportunity laws, and becomes worried about broader staff practice. She puts in place extra supervision for Kerri, to help her to reflect on how she engages with clients and the impact of her practice.

With Pradeepta's consent, Diane speaks with Pradeepta and her family to make it clear that Kerri's actions are not acceptable, and what changes are needed so it doesn't happen again.

Diane organises compulsory cultural competency training for staff, run by a multicultural advocacy service. She uses an existing representative group with family members, carers and advocates deciding which issues and situations to include. The group also recommends the service update its Cultural Diversity Action Plan. Diane runs a specific session for residents about rights and how they should be supported and protected. Diane works with the Human Resources team to update recruitment processes, including advertising, interview questions and reference checking, to make sure there is a clear focus on cultural respect and anti-discrimination.

This scenario has been adapted from a case study from the *National Standards for Disability Services – Stories* publication, provided by the Department of Social Services.²⁴



Activity: Responding to casual racism in the workplace



Activity type: Small group activity

Duration: 10 minutes

Equipment needed: Learner Guide (page 122)

Purpose: To encourage learners to think about the steps they might take to combat casual racism in the workplace.

Instructions:

1. Organise learners into groups of three or four people
2. Ask learners to turn to the activity on page 122 of their Learner Guide and read out the scenario for this activity, as it appears below:



You are assisting to coordinate a peer support group for a number of people with disability. One of the men in the group is a refugee from Sudan. You overhear one of the other group members making offensive comments about people from Africa. What immediate and short to long term steps would you take to deal with this situation?

3. Inform groups that they have five minutes to write their response and ask them to begin.
4. After five minutes, ask groups to briefly share their thoughts with the rest of the class.

A change in social attitudes is necessary for combatting casual racism. Everyone can contribute to this change through speaking up against racism when they encounter it.

You could start a conversation with a friend, family member, colleague or teammate. For example, this could involve pulling them aside to ask them what they mean by their comment or prompting them to think how they would feel if they were subjected to stereotypes.



Discussion questions:

- How do you think unconscious bias and casual racism might impact on your work with people from diverse backgrounds?
- What are some of the things you can do to identify and address unconscious bias when working with Aboriginal and Torres Strait Islander service users and service users from culturally and linguistically diverse backgrounds?
- To what extent do you think unconscious bias might influence the way you think about other groups of people, such as people with disability, older people or people who are gay, lesbian, bisexual, transgender or intersex?

Examples:

- There is a common misconception that older people cannot use technology.
- It is common for men to be asked if they have a wife or girlfriend and for women to be asked if they have a husband or boyfriend. This assumes that people are heterosexual and can make people who are gay, lesbian or bisexual feel like they might be treated differently because of their sexual orientation.



Further reading:

Australian Human Rights Commission, [Casual racism FAQs](#) (9 July 2014).

Harvard University, [Project Implicit](#).

Topic 6: Endnotes

- 1 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008) Art. 18.
- 2 Australian Bureau of Statistics, *Australian Social Trends 2013* (4102.0-9 August 2013) <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/244402E7BB2A27E2CA257BB200141ADB?opendocument>>.
- 3 Australian Bureau of Statistics, *Reflecting a Nation: Stories from the 2011 Census 2012-2013* (2071.0 16 April 2013) <<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features902012-2013>>.
- 4 Australian Bureau of Statistics, *Australian Demographic Statistics 2013-2014* (3101.0 26 March 2014) <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/54A5E977BB10644CCA257E1300775B9B?opendocument>>.
- 5 The Australian Human Rights Commission understands the importance of using appropriate terminology when referring to Aboriginal and Torres Strait Islander peoples. The Commission recognises there is strong support for the use of Aboriginal and Torres Strait Islander peoples, First Nations and First Peoples. The word 'peoples' recognises that Aborigines and Torres Strait Islanders have a collective, as well as an individual dimension to their lives. This is affirmed in the *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295, UN GAOR, 61st sess, 107th plen mtg, Supp No 49, UN Doc A/RES/61/295 (13 September 2007).
- 6 Department of Aboriginal Affairs, *Report on a Review of the Administration of the Working Definition of Aboriginal and Torres Strait Islanders*, in John Gardiner-Garden, *The Definition Of Aboriginality* (Dept. of Parliamentary Library, 2000).
- 7 Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, October 2010 (4704.0 19 December 2010) <<http://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbytitle/3C18155D35250456CA2574390029C0E5?OpenDocument>>.
- 8 Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, October 2010 (4704.0 19 December 2010) <<http://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbytitle/3C18155D35250456CA2574390029C0E5?OpenDocument>>.
- 9 The Royal Australian College of General Practitioners, *An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives*, 'Core principles for working with Aboriginal and Torres Strait Islander people' (2012) 23.
- 10 First Peoples Disability Network *Ten-point plan for the implementation of the NDIS in Aboriginal communities* (2015) <<http://www.fpdn.org.au/10-point-plan-ndis>>.
- 11 Australian Indigenous Health InfoNet, *Disability within the Indigenous community* (2015) <<http://www.healthinfonet.ecu.edu.au/related-issues/disability/reviews/disability-within-the-indigenous-community>>.
- 12 Australian Human Rights Commission, *Face the Facts*, (2012) <<https://www.humanrights.gov.au/publications/face-facts-2012/2012-face-facts-chapter-1#fn2>>.
- 13 The Royal Australian College of General Practitioners, *An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives*, 'Core principles for working with Aboriginal and Torres Strait Islander people' (2012) 20.
- 14 The Royal Australian College of General Practitioners, *An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives*, 'Core principles for working with Aboriginal and Torres Strait Islander people' (2012) 22.
- 15 NSW Department of Community Services, *Aboriginal People and Communities: A Practice Resource*, 'Men's and Women's Business' (2009) 16.
- 16 NSW Department of Community Services, *Aboriginal People and Communities: A Practice Resource*, 'Men's and Women's Business' (2009) 16.
- 17 NSW Department of Community Services, *Aboriginal People and Communities: A Practice Resource*, 'Grief and loss (Sorry Business)' (2009) 6.
- 18 NSW Department of Community Services, *Aboriginal People and Communities: A Practice Resource*, 'Communication' (2009) 18.
- 19 Dr Tim Soutphommasane, 'Unconscious bias and the bamboo ceiling' (2014) (Speech delivered at the Asian Australian Lawyers Association, 10 June 2014) <<https://www.humanrights.gov.au/news/speeches/unconscious-bias-and-bamboo-ceiling1>>.
- 20 A Booth, A Leigh and E Varganova, 'Does Racial and Ethnic Discrimination Vary Across Minority Groups? Evidence from a Field Experiment', July 2010, CEPR Discussion Paper No. DP7913 (July 2010) <<http://ssrn.com/abstract=1640989>>.
- 21 Australian Human Rights Commission, *Casual racism FAQs* (2014) <<https://www.humanrights.gov.au/our-work/race-discrimination/projects/casual-racism-faqs>>.
- 22 Australian Human Rights Commission, *Casual racism FAQs* (2014) <<https://www.humanrights.gov.au/our-work/race-discrimination/projects/casual-racism-faqs>>.
- 23 Australian Human Rights Commission, *Casual racism FAQs* (2014) <<https://www.humanrights.gov.au/our-work/race-discrimination/projects/casual-racism-faqs>>.
- 24 Department of Social Services, *National Standards for Disability Services - Stories* (2013) <<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>>.

Topic 7: Person-centred practice in action



Topic 7: Person-centred practice in action

Approximate duration: 3 hours 20 minutes

Topic sequence:

- 7.1 Assisting service users to understand their rights (40 minutes)
- 7.2 Supported decision-making and the role of family, friends and carers (50 minutes)
- 7.3 Dignity of risk (50 minutes)
- 7.4 Advocacy and referral (60 minutes)
- 7.5 Inclusive practices (50 minutes)

Equipment needed:

- Audio-visual equipment with internet connection
- Learner Guide (pages 125-152)
- Butchers paper
- Coloured markers
- Computers or smart devices for undertaking individual research

7.1 Assisting service users to understand their rights

Approximate duration: 40 minutes



Trainer's note: If teaching this unit as part of an aged care qualification, you might like to refer to the provisions outlined in schedule 1 of the *Aged Care Act 1977 (Cth) User Rights Principles*,¹ and particularly the *Charter of Care Recipients' Rights and Responsibilities – Residential Care*.² You might also like to consider sourcing some examples of internal complaints or grievance procedures that are used by organisations within the disability sector.

A person-centred approach to service delivery involves the individual being at the centre of decision-making and having control over the services they receive. This means that they are empowered to be able to recognise when their basic rights are not being respected and upheld.



Discussion scenario: Alex has just registered to receive an occupational therapy service through your agency. What important information should you pass on to Alex about his rights when using this service?

Points to inform discussion:

- Alex should be provided with information about what to expect from the service.
- He should also be provided with information that tells him where he can go if he is not happy with the service that he receives, and what will happen to any complaint that he makes.
- It is common for people with disability to delay making a complaint, or to refrain from complaining altogether because they fear that this may have negative consequences.
- You should stress to Alex that the organisation appreciates and values complaints as it wants services to be as responsive as possible for all who access them.

As we've already learned, the *National Standards for Disability Services* must be upheld by all service providers working with people with disability.

In order to empower service users with disability and help them to understand their rights, it is important that you talk to them about the standards when they first start accessing your service. Service users must also be informed about what they can do if, at any time, they feel that their rights are not being upheld.

All organisations are required to have procedures in place for dealing with grievances and complaints. It is essential that you familiarise yourself with these processes so that you are able to explain them to service users.

Consider the following indicators on feedback and complaints outlined under Standard 4 of the *National Standards for Disability Services*.

National Standards for Disability Services	Indicators of Practice
Standard 4: Feedback and Complaints	4:1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences. 4:2 Feedback mechanisms including complaints resolution, and how to access independent support, advice and representation are clearly communicated to individuals, families, friends, carers and advocates. 4:3 Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner. 4:4 The service seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement. 4:5 The service develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community. 4:6 The service effectively manages disputes.

Activity: Having the conversation



Activity type: Individual exercise/partner role play

Duration: 30 minutes

Equipment needed: Learner Guide (page 127)

Purpose: To encourage learners to think about how to explain the rights that service users are entitled to expect from service delivery, in plain and easy to understand language.

Instructions:

1. Instruct learners to turn to (page 127) of their Learner Guide, then read out the scenario below.



You are working as an Intake and Assessment Officer with an agency that provides a range of services to people with disability. Padma, a young woman with Cerebral Palsy has just registered to receive services through your agency. You need to tell Padma about her rights so that she knows what to expect from your service, and what she can do if she does not feel that her rights are being respected.

2. Next, ask learners to consider how they would explain the six *National Standards for Disability Services* to Padma. Remind learners that they can refer back to the overview of the *National Standards for Disability Services*, located on pages 89-91 of their Learner Guide.
3. Inform learners that they have 20 minutes to write some key points down in the space provided.
4. After 20 minutes, ask for two rounds of volunteers to role play this scenario.

The activity question and additional information that appears in the Learner Guide is included below.



Discussion question:

How would you explain the six *National Standards for Disability Services* to Padma?

Points to think about:

- Consider your language and try and keep things as simple as possible.
- Think about how you will communicate information about the complaints process. Remember to make sure this is a two-way conversation and that you allow Padma to ask questions about anything that you are saying and contribute to the overall conversation.
- Remember that you should also consider how you might provide written information to the service user about their rights.
- Information about the *National Standards for Disability Services* is available in 15 community languages, in addition to Easy English.



Further reading:

Department of Social Services, [National Standards for Disability Services – Conversation Tool](#) (26 June 2015).

Department of Social Services, [Charter of Care Recipients' Rights and Responsibilities – Residential Care](#) (18 September 2015).

Department of [Social Services, Rights and responsibilities – home care](#), (1 July, 2015).

7.2 Supported decision-making and the role of family, friends and carers

Approximate duration: 50 minutes



Trainer's note: In teaching this section, undertake your own research into guardianship laws that are in place in your own state and territory.

Also consider any progress that has been made in implementing the recommendations of the Australian Law Reform Commission's report *Equality, Capacity and Disability in Commonwealth Laws*.³ It is recommended that you familiarise yourself with this report as a starting point for teaching this section of the training. Also read through *General Comment Number 1: Article 12, Equal recognition before the law*, adopted by the Committee on the Rights of Persons with Disabilities in 2014.⁴ Both of these documents have been included as further reading at the end of this section.

It should always be assumed that people with disability have the capacity to make their own decisions.

Some state and territory guardianship laws currently allow for decision-making power to be transferred to a guardian who has been legally appointed to make decisions that are in the best interests of the person with disability as a last resort.

A decision of this sort would typically be made where a person with disability is deemed to lack the ability to make decisions that are in his/her/their own best interests.

In most states and territories, a friend or family member can be appointed as a legal guardian, or a public guardian may be appointed by the state where this is not a viable option.⁵ When someone is appointed to make decisions on behalf of a person with disability, this is known as 'substitute decision-making'.

In 2014, the Committee on the Rights of Persons with Disabilities released a general comment on Article 12 of the Disability Convention (Equal recognition before the law), which stated that:

The human rights-based model of disability implies a shift from the substitute decision-making paradigm to one that is based on supported decision-making.⁶



Discussion question: How do you think 'supported decision-making' might differ from 'substitute decision-making'?

Points to inform discussion:

- The will and preferences of the person with disability is always at the centre of the supported decision-making process.
- Within supported decision-making, the person with disability is recognised as the primary decision-maker, while the support person provides information about the issues at hand and communicates the will and preferences of the individual.
- This person-centred approach is what distinguishes supported decision-making from substitute decision-making.
- Substitute decision-making gives a guardian the legal authority to make decisions without properly consulting with the individual about their preferences.⁷

In the *Equality, Capacity and Disability in Commonwealth Laws* report, the Australian Law Reform Commission recommended the adoption of a national set of decision-making principles to improve inconsistencies between Commonwealth and state and territory legislation concerning decision-making for people with disability or older people who may require support.⁸

The four principles recommended by the Australian Law Reform Commission are:

Principle 1: The equal right to make decisions

All adults have an equal right to make decisions that affect their lives and to have those decisions respected.

Principle 2: Support

Persons who require support in decision-making must be provided with access to the support necessary for them to make, communicate and participate in decisions that affect their lives.

Principle 3: Will, preferences and rights

The will, preferences and rights of persons who may require decision-making support must direct decisions that affect their lives.

Principle 4: Safeguards

Laws and legal frameworks must contain appropriate and effective safeguards in relation to interventions for persons who may require decision-making support, including to prevent abuse and undue influence.



Discussion question: What do you think is meant by the term ‘undue influence’?

Points to inform discussion:

- Undue influence is any act of persuasion by one person that overcomes the free will and judgment of another.
- The Committee on the Rights of Persons with Disabilities, has stated that:
All people risk being subject to ‘undue influence’, yet this may be exacerbated for those who rely on the support of others to make decisions. Undue influence is characterized as occurring, where the quality of the interaction between the support person and the person being supported includes signs of fear, aggression, threat, deception or manipulation.⁹

Keep the four principles proposed by the Australian Law Reform Commission in your mind as we start to explore the role of family, friends and carers.

The role of family, friends and carers

Family, friends and carers play an active role in the care and support of many people with disability.

As we saw back in Topic 4, in 2012 there were around 2.7 million carers in Australia providing support to friends or family with disability or ill health.¹⁰



At the same time, many people with disability operate independently of informal support structures and will prefer that family and friends are not involved in conversations about disability services at all.

Consider the following indicators of practice from the *National Standards for Disability Services*.

National Standards for Disability Services	Indicators of Practice
Standard 2: Participation and Inclusion	2:4 Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.
Standard 3: Individual Outcomes	3:2 Service planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.



Discussion question: What do you think are some of the key words in these indicators of practice?

Points to inform discussion:

- Significant key words are 'where appropriate', 'individual choice' and 'with consent' because they emphasise the independence and agency of the person with disability.

You should always recognise the person with disability as their own expert and let them determine whether or not they would like family, friends or carers to be involved in conversations around service delivery. In instances where family are actively involved in a service user's planning, there are times where you might be required to balance the concerns of the family with the will and preferences of the person you are supporting.

Viewing activity



Video: 'Dee's place'

Source: Australian Human Rights Commission

Duration: 5 minutes 16 seconds

Summary: Living independently is something most teenagers look forward to. So it wasn't a surprise when at 18, Dee Holmes told her mum and dad that she wanted to live in her own place, like her brothers. But for people like Dee, who have an intellectual disability, finding enough support to live with independence can be difficult.



Instructions:

1. Play the video 'Dee's place'.
2. Ask learners if they have any comments or questions about the video before moving on.

While Dee's parents were concerned about her living in the community, they supported her choice. Not all families operate this way and some may need extra reassurance.



Trainer's note: Instruct learners to turn to the case study on page 134 of their Learner Guide and read the case study out loud, as it appears below.



Heath is 20 and lives in a large regional town. He lives with another young man who also has a neurological condition. Heath uses domestic assistance, and personal assistance with appointments and events. He likes where he lives, but wants to live in a big city, where he could go to the football, theatre and musicals. His family however discourage him from moving, as they are concerned about how he might cope. His support workers also say that it would be hard to organise.

After turning 21, Heath decides that he definitely wants to experience living in a city. Heath asks Denise, his key support worker, to assist him to speak with his family about his goal to move away.

They sit down together and map out what is required for Heath to move. Heath's family outline their worries, and Heath expresses his life goals to his family. They discuss housing, health, study, employment, friendship and travel, and together they explore the kinds of support that would be available for Heath in the city. They identify a few risks, and discuss how to manage them. They also explore new skills that Heath will need such as using public transport and managing his household budget.

Suitable accommodation is found but it isn't available straight away. In the meantime, Heath and Denise develop a plan together that involves Heath using online networks to meet other young people in the city who share his interests. He also enrolls in a TAFE that is close to his new home. He makes contact with the disability support worker to discuss his needs and supports on campus.¹¹

In this scenario, Heath had given his consent for the support worker to help him address the concerns of his family. The support worker was able to reassure Heath's family while still allowing Heath to work towards his own goals. But what might happen when the wishes of the person with disability and the wishes of the family are completely inconsistent?

Activity: Family challenges



Activity type: Small group activity

Duration: 20 minutes

Equipment needed: Overview of the *National Standards for Disability Services* (pages 89-90 of the Learner Guide), butchers paper, coloured markers

Purpose: To encourage learners to think about how they would respond if there were differences in opinions between a service user and their family.

Instructions:

1. Organise learners into groups of three or four people.
2. Ask learners to turn to the case study on page 135 of their Learner Guide and read the scenario out loud, as it appears below:



You are working with Pedro, a 19-year-old man with Cerebral Palsy, to prepare a personalised support plan. When Pedro is outlining his goals and aspirations, he indicates that he would like to learn how to get to a local meet-up group for young people who are same-sex attracted. The next day, you receive a phone call from Pedro's mother who tells you that she doesn't want Pedro to go along to the group because she does not agree with Pedro's 'lifestyle choice'. How would you respond to this situation?

3. Ask groups to brainstorm the factors that they would need to consider in managing this situation, and identify the indicators of practice from the *National Standards for Disability Services* that would apply to this scenario. Inform groups that they have 10 minutes to complete the task.
4. After 10 minutes, ask a spokesperson from each group to share their thoughts with the class.

Some indicators of practice that might apply have been outlined below:

National Standards for Disability Services	Indicators of Practice
Standard 1: Rights	<p>1:2 The service, its staff and its volunteers recognise and promote individual freedom of expression.</p> <p>1:3 The service supports active decision-making and individual choice including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.</p> <p>1:4 The service provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.</p> <p>1:9 The service keeps personal information confidential and private.</p>
Standard 2: Participation and Inclusion	<p>2:1 The service actively promotes a valued role for people with disability, of their own choosing.</p> <p>2:2 The service works together with individuals to connect to family, friends and their chosen communities.</p> <p>2:3 Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.</p> <p>2:4 Where appropriate, the service works with an individual's family, friends, carer or advocate to promote community connection, inclusion and participation.</p>
Standard 3: Individual Outcomes	<p>3:1 The service works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.</p> <p>3:2 Service planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.</p> <p>3:4 Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.</p>
Standard 4: Feedback and Complaints	<p>4:1 Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.</p>

Other points to inform discussion:

- It is important to consider whether Pedro has provided his consent for you to speak openly to his family about his supports.
- In any case, you should contact Pedro and inform him that you have received this call so that he is in control of what happens next.
- If Pedro does not feel comfortable addressing this matter with his mother and asks for your support, you should explain your responsibilities to Pedro under the *National Standards for Disability Services* and your organisation's code of ethics.
- With Pedro's consent you can speak with his mother and explain that helping Pedro to achieve his goals and aspirations is a core component of a person-centred approach to service delivery.



Further reading:

Commonwealth of Australia, *Carer Recognition Act 2010* (2010).

Department of Families, Housing, Community Services and Indigenous Affairs, *National Carer Strategy Evidence Base* (2011).

Department of Families, Housing, Community Services and Indigenous Affairs, *National Carer Strategy Implementation Plan* (2012).

Australian Law Reform Commission, *Equality, Capacity and Disability in Commonwealth Laws: The role of family, carers and supporters* (2014).

Australian Law Reform Commission, *Equality, Capacity and Disability in Commonwealth Laws (ALRC report 124)* (2014).

Committee on the Rights of Persons with Disabilities, *General Comment No. 1: Article 12, Equal recognition before the law* (2014).

7.3 Dignity of risk

Approximate duration: 50 minutes

Viewing activity

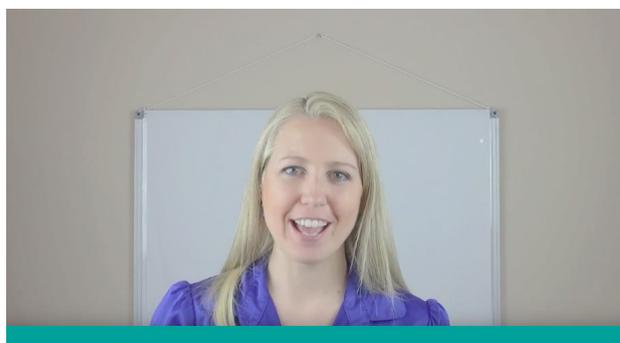


Video: 'What is Duty of Care? Duty of Care vs Dignity of Risk'

Source: The Mental Health Recovery Institute

Duration: 9 minutes 3 seconds

Summary: Every day in Australia, workers in human services are faced with situations where considerations of duty of care may apply. This video examines the vital differences between duty of care and dignity of risk and explains when each applies and what to do about it.¹²



Instructions:

1. Play the video, 'What is Duty of Care? Duty of Care vs Dignity of Risk'
2. Ask learners if they have any comments or questions about the video before moving on.



Trainer's note:

Duty of care is defined as:

The responsibility or the legal obligation of a person or organisation to avoid acts or omissions (which can be reasonably foreseen) to be likely to cause harm to others.¹³

But duty of care does not mean preventing service users from taking risks, or having opportunities to succeed or fail on their own terms.

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

States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.

States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.¹⁴

Ways of managing risk

If you suspect that there is reasonable risk of a service user experiencing harm as a result of their participation in an activity, you could think about taking the following steps:

- Investigate the potential dangers involved in participating in the activity and communicate these to the service user.
- Talk to the service user about potential consequences that may arise as a result of them participating in the activity.
- Talk through any alternative options that may reduce the level of risk involved.
- Tell your supervisor how you have managed the situation (in person and in writing).

If the service user still wishes to go through with their decision after exploring all of the risks involved, it is important to remember that you cannot stop the individual from exercising their rights unless you have the legal authority to do so. You should consult your supervisor if you are concerned about whether or not you could be found liable for any harm that may arise.¹⁵



Activity: Discussing dignity of risk



Activity type: Small group activity

Duration: 15 minutes

Equipment needed: Learner Guide (page 138), Butchers paper, coloured markers

Purpose: To encourage learners to think about the extent to which rights may be limited in exercising duty of care.

Instructions:

1. Organise learners into groups of three or four people.
2. Ask learners to turn to the case study on page 138 of their Learner Guide and read out the case study, as it appears below:



Sian, 55, has an intellectual disability, lives in a Community Residential Unit (CRU) and works at an Australian Disability Enterprise (ADE) five days per week. Sian is a smoker and her CRU support workers send one packet of cigarettes to Sian's work to last a month, with strict instructions that limit Sian to only one cigarette per day.

Sian has recently begun to ask for two cigarettes at lunchtime. She is very angry about the restriction, and yells and shouts abuse when she is given only one cigarette. ADE staff contact the CRU manager, Matt, who says that they are looking out for Sian's health.¹⁶

3. Ask groups to brainstorm their responses to each of the questions listed underneath the case study. The questions have been included below:
 - What are your observations on the balance between dignity of risk and duty of care in this scenario?
 - Do you think that Sian's rights are being upheld in this situation?
 - Is there anything you would do differently if you were confronted with this situation?
 - If you were confronted with this situation, what indicators of practice from the *National Standards for Disability Services* might you need to consider?
4. Inform groups that they have 10 minutes to complete the task and ask them to begin.
5. After 10 minutes, ask each group to share their findings with the rest of the class.

Activity: Identifying risk



Activity type: Small group activity

Duration: 20 minutes

Equipment needed: Learner Guide (pages 139-140)

Instructions:

1. Divide the class into three groups and allocate one of the following three case studies to each group.
2. Ask learners to read their allocated case study in their groups and discuss whether they think the disability support worker in the scenario has shown negligence.
3. After 10 minutes, ask each group to read out their case studies to the class and explain whether the disability support worker in their case study was negligent or not.

Case study 1:

Sarah has been helping Emily learn how to safely cross the road using the traffic signals. Emily has not been able to successfully demonstrate that she understands what is required. Sarah lets Emily go out independently and is aware that she will need to cross the road. As Emily is crossing a road, she is hit by a car.

Could Sarah be in breach of her duty of care and be seen as negligent? Why?

Case study 2:

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

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

Case study 3:

Prasit is supporting Matthew who is 22 years old and has an intellectual disability requiring minimal support. Matthew tells Prasit he wants to go skateboarding at the local skateboard park. Prasit explains the risks involved and offers him protective gear such as a helmet, elbow pads, knee pads and wrist pads. Matthew refuses to wear them and breaks his wrist.

Has Prasit failed in his duty of care? Explain why or why not.

These case studies have been adapted from the *Supporting Disability Support Workers Coordinators Manual* by the Spina Bifida Association of WA.¹⁷



Further reading:

National Disability Services, *The Upside of Risk* (16 February 2011).

Department of Human Services (Victoria), *Supporting decision making guide* (2012).

National Disability Insurance Agency, *Planning and Assessment Fact Sheet – Risk and Safeguards* (16 January 2014).

7.4 Advocacy and referral

Approximate duration: 60 minutes

The *Convention on the Rights of Persons with Disabilities* requires that people with disability be provided with appropriate support to enable them to exercise their legal capacity on an equal basis with others.¹⁸

The Committee on the Rights of Persons with Disabilities has explained that within a legal context:

‘Support’ is a broad term that encompasses both informal and formal support arrangements, of varying types and intensity. For example, persons with disabilities may choose one or more trusted support persons to assist them in exercising their legal capacity for certain types of decisions, or may call on other forms of support, such as peer support, advocacy (including self-advocacy support), or assistance with communication.¹⁹



Discussion question: What do you think is meant by the term ‘disability advocacy’?

Definition:

Disability advocacy ensures the human rights and legal rights of people with disability are promoted and protected so that people with disability can fully participate in the community.²⁰

The role of advocacy in providing support for people with disability to exercise their rights is well-recognised in the *National Standards for Disability Services*.

National Standards for Disability Services	Indicators of Practice
Standard 1: Rights	1:7 The service supports individuals with information and, if needed, access to legal advice and/or advocacy. 1:8 The service recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.

Types of advocacy

The three main types of advocacy are:

1. Self-advocacy

Self-advocacy involves a person with disability advocating for themselves if their rights have been contravened or unfulfilled.

2. Individual advocacy

Individual advocacy involves an advocate working with a person with disability to assist them to resolve a complaint, or provide them with information to allow them to address the complaint on their own.

3. Systemic advocacy

Systemic advocacy involves advocating for change on issues that affect a wide range of people, such as captioning on television or audio announcements on public transport. When an advocate takes on an individual advocacy case, it may sometimes lead to systemic advocacy depending on the nature of the issue the individual is seeking to address.

Let's start by looking at self-advocacy.

Remember back in Topic 2, when we explored the three sets of standards that were put in place to govern access to certain facilities for people with disability (i.e the Transport Standards, Education Standards, and Access to Premises Standards)?

We saw that each of these sets of standards came about largely due to complaints that were lodged by people with disability. Each of these cases are examples of self-advocacy which also led to systemic change.

Viewing activity



Video: 'What is self-advocacy?'

Source: Department of Social Services (DSS)

Duration: 4 minutes 55 seconds

Summary: This video from the Department of Social Services explains the nature of self-advocacy from the perspective of a person with disability.

Instructions:

1. Play the video 'What is self-advocacy?'
2. After the video has played, ask learners what tools a person with disability might need in order to become a good self-advocate.



Research (both nationally and internationally) demonstrates that increased levels of self-determination through self-advocacy leads to:

- enhanced mental health and general wellbeing
- increased independence
- greater control over life situations
- better outcomes in education and employment
- an enhanced ability to solve problems.²¹

When assisting a service user to undertake advocacy on a specific issue, aim to build the capacity of the individual to resolve the problem on their own, rather than becoming reliant on you.

Advocating for people with disability



Discussion question: Remember Khaira, the student who was unable to access her classes because the building was not wheelchair accessible? (see Learner Guide page 57)

What are some of the steps you could take to enable Khaira to stand up for her rights?

Points to inform discussion:

- You could start by asking Khaira if she has already taken any steps to try and address the situation.
- If Khaira is unsure about her rights and what she is able to do, you could explain the section of the *Disability Discrimination Act* that might apply, or explain the need for educational institutions to make adjustments for students with disability under the *Disability Discrimination Act*.
- If Khaira feels nervous about speaking to someone at the university about her rights, you could offer to role play the scenario so that she can come prepared and think about what she would like to say.
- You could provide Khaira with information about self-advocacy.



Discussion scenario: Khaira gets very upset and tells you that she is stressed about missing classes and does not feel that she can approach the university about her problem on her own. She asks for you to speak to the university on her behalf. What should you do?

Points to inform discussion:

- What you do next really comes down to the organisation you are working for, its core business and your individual work role.
- If providing advocacy support is part of your role, you may be able to assist Khaira further. You could suggest that you try to arrange a meeting with the university together so that you are there as a support person. This would still allow for Khaira to be in control of the situation. If Khaira still does not feel confident enough with this, she may ask you to approach the university on her behalf.
- If advocacy is not a part of your role, but it is a service that is offered by your organisation, you may be able to refer Khaira to another member of staff within your workplace.
- If your organisation does not provide advocacy support at all, Khaira will need to access this support elsewhere. But you have a responsibility to ensure that she is provided with information about other organisations that might be able to help her.



Discussion question: If part of your role is to provide assistance with advocacy matters, what are some of the factors you might need to consider to ensure that Khaira is at the centre of the process?

Points to inform discussion:

- Talk to Khaira about the steps that could be taken to resolve the complaint and ask for her input in how you approach this.
- If the agreed action requires lodging a formal complaint, explain the steps involved in the complaints process and ensure that Khaira understands what to expect, and how long the process might take.
- Advocate for the outcome that Khaira wants. It is fine to explain all of the options available, but ultimately, Khaira is in charge of how she would like the complaint to be resolved.
- Consult with and actively engage Khaira throughout the complaint process.



Trainer's note: For the following activity, you might like to state the city that Khaira lives in to make the activity more relevant to where the training is being held.

Activity: Sourcing referral options



Activity type: Group activity

Duration: 30 minutes

Equipment needed: Learner Guide (page 145), computer with internet access

Purpose: To get learners to undertake a practical research task, in line with what is expected in the workplace.

Instructions:

1. Organise learners into groups of three or four people.
2. Ask learners to turn to the activity on page 145 of their Learner Guide and read through the instructions, as they appear below.



Imagine you are working for an organisation that does not provide individual advocacy for people with disability. Use the internet to research some referral options for Khaira. What are some of the organisations that might be able to assist her and how will you determine which is the most appropriate?

3. Inform groups that they have 20 minutes to complete the task and ask them to begin.
4. After 20 minutes, ask groups to share their findings with the rest of the class.



Further reading:

Ethnic Disability Advocacy Centre, [Let Me Speak \(online self-advocacy training\)](#).

Australian Human Rights Commission, [Complaints under the Disability Discrimination Act](#).

Advocacy for Inclusion, [Resources](#) (16 November 2015).

7.5 Consultation

Approximate duration: 50 minutes

Activity: The importance of consultation



Activity type: Individual written exercise

Duration: 5 minutes

Equipment needed: Learner Guide (page 146)

Purpose: To encourage learners to think about how they would feel if they had not been consulted in an important decision that would have a significant impact on their lives.

Instructions:

1. Instruct learners to turn to the written exercise on page 146 of their Learner Guide.
2. Read out the scenario and question below, as it appears in the Learner Guide:



You've been working for a large organisation in the community services sector for the past six years. One Monday, your manager pulls you into a private meeting to inform you that the organisation is being restructured and that you will be moved into a new role. The new role sounds very different from what you are currently doing and you are told that you will no longer be working directly with clients, which is the aspect of the job that you enjoyed most.

How do you think you would feel if you were placed in this situation, and how could these feelings have been avoided?

3. Inform learners that this is a reflective activity, and they will not be required to share their answers with the class.

It is important to everyone to be included in conversations about – and have a say in – decisions that might affect them.

The preamble to the *Convention on the Rights of Persons with Disabilities* states:

Persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them.²²

This is also reflected in the *National Standards for Disability Services*.

National Standards for Disability Services	Indicator of Practice
Standard 6: Service management	6:4 The service has monitoring feedback, learning and reflection processes which support continuous improvement of people with disability, families, friends, carers and advocates to review policies, practices, procedures and service provision.

Nothing about us without us

A phrase that you'll hear quite frequently in the disability sector is 'Nothing about us without us.' Back at the beginning of this topic, we learnt about the disempowerment that was historically experienced by people with disability who continued to be subjected to decisions that were made by others.

The expression 'nothing about us without us' recognises that people with disability are their own experts, and the best people to advise on issues that impact on their lives.

If your workplace is about to implement new policies or programmes that may have an impact on service users with disability, it is necessary to seek input from people with disability in this process.

Consultation can take many forms, however many people with disability still prefer face-to-face consultation.

There are a number of factors that you will need to consider in order for the face-to-face consultation process to be fully accessible to all service users.

Activity: Organising accessible events



Activity type: Small group activity

Duration: 30 minutes

Equipment needed: Butchers paper, coloured markers, and the 'Accessible Events Checklist' handout

Purpose: This activity is designed to get learners thinking about the various elements of accessibility they might need to consider when organising an event.

Instructions:

1. Organise learners into groups of three or four people.
2. Ask learners to imagine that they are working for an organisation that provides a peer support program for people with disability, and that the organisation is about to plan the schedule of meetings and activities for the coming year. Management has decided to hold a number of face-to-face consultation forums to gauge the needs and interests of the service users who the meetings are targeted at.
3. Inform groups that they have 10 minutes to brainstorm all of the different elements that need to be taken into account to ensure that their event is accessible and instruct them to write these, or draw them on their piece of butcher's paper.
4. At the end of the 10 minutes, instruct learners to turn to the Accessible Events Checklist on page 149-151 of the Learner Guide and see if there are any elements that they missed in their planning.
5. Ask learners if they have any comments or questions about the activity.



Disability advocate and former Disability Discrimination Commissioner Graeme Innes using tactile ground surface indicators at a train station

Checklist to ensure inclusion of people with disability in meetings and other events

Venue

- Wheelchair accessible – people who use wheelchairs can enter, exit and move about easily.
- Accessible toilets.
- Functioning hearing loop is available.
- PA system (microphone and speakers) for meetings/events in a space with poor acoustics or with 16 or more people.
- Venue is close to accessible public transport and has accessible parking.
- The speakers platform is accessible for people who use wheelchairs.
- Reception desk is at a height that is accessible for people who use wheelchairs.
- There is space and water provisions for people using assistance animals (e.g. guide dogs).

Transport

- Information about public transport options is provided to attendees, including information about whether the train stations or bus services running near the venue are accessible for people with disability.
- Venue drop off points for taxis and other vehicles are as close to the entrance of the venue as possible. Check if there is a kerb ramp at the drop off point to allow a person using a wheelchair to get from the road to the entrance.
- Car spaces in the venue car park include spaces that are identified as being reserved for people with disability.

Sign language interpreters

- Large public meeting/event – If the event is a large public meeting/event where members of the public do not need to RSVP or it is highly likely that people will turn up without RSVP, a sign language interpreter is booked at least 3 weeks in advance.
- Meetings/Consultations – Sign language interpreters will be booked if and when any attendees/participants indicate requirement when RSVP is received.

Invitations

- Include a notice within invitations about accessibility and support requirements.
For example: 'If you have any access or support requirements in order to participate fully, please let us know when you RSVP. Please note: The venue is accessible for people using wheelchairs'.
- The invitation is available in Word or html format. If a PDF format is designed and distributed (hard and soft copies) this will be accompanied by electronic circulation of Word or html version containing identical information.

- Ensure the invitation conforms to the accessibility requirements for producing readable text, especially in relation to minimum font size, font type, layout and contrast colour etc. Microsoft Word has the ability to check for accessibility issues.
- Any ticket booking or registration systems that are used should comply to web accessibility standards.

Videos

- The video is captioned.
- The video has been audio described.
- If the video is not audio described, presenters have been reminded to verbalise any important visual elements such as on-screen text.

PowerPoint presentations

- Any images/photos in presentations will be described by presenters.
- Any text that is specifically referred to on the screen should be read.

Documentation to be circulated prior to, or at, meeting/event

- Documents (including agenda, issues papers, reports etc.) conform to requirements for producing readable text. Microsoft Word has the ability to check for accessibility issues.
- Prior to, or at, the event, accessible formats should be circulated concurrently or arrangements made for access to accessible formats (accessible formats include large print, Braille and Word or text versions of documents on CD, memory stick or by email). Please note – PDF documents are not accessible for people who use screen reading technology.

Layout of room

- Sufficient circulation space exists for people who use wheelchairs.
- Seating for people who use wheelchairs is reserved at the front or middle of the room if possible (not always at the back).
- If a sign language interpreter will be present, seats are reserved at the front for people who are deaf or hard of hearing so they have direct line of sight and are close to the interpreter.

Group activities (meetings, consultations, seminars and workshops)

- If group activities (including ice-breakers etc.) are planned, the needs of people with disability have been considered and addressed so full participation of all participants is ensured.

Housekeeping

- If a microphone is being used, the person opening the event should briefly go off-microphone to orientate people who are blind to their location.
- Non-visual directions should be given when explaining the locations of toilets, emergency exits etc.

Catering

- Provide different catering choices where possible and ensure that catering staff are briefed on helping people with disability with their selection and service. Other considerations include ensuring that there are sufficient seats and tables available, that there is room for everybody to manoeuvre safely between tables and that there is a range of cutlery and crockery provided.



Further reading:

Meetings and Events Australia, *Accessible Events Guide* (2009).

Department of Social Services, *Guide to Inclusive Consultation* (2012).



Trainer's note: Instruct learners to turn to page 152 of their Learner Guide and ask someone to read out the following case study.



Disability discrimination in the provision of goods and services

(This case study is based on a complaint that was conciliated by the Australian Human Rights Commission).

The complainant, who is blind and has a hearing impairment, attended a conference organised by the respondent industry body. He claimed he was unable to access or participate in large sections of the conference because materials were not made available to him in accessible formats, presenters were not briefed on how to deliver accessible sessions and the hearing loop was not functional in a number of rooms.

On being advised of the complaint the industry body agreed to participate in conciliation.

The complaint was resolved with an agreement that the industry body pay the complainant \$3,000 and provide him with presentation materials in an accessible format. The industry body agreed to seek expert advice on its guidelines for planning accessible events, which were developed in response to the complaint, and to publish the finalised guidelines on its website.



Discussion questions:

- In this case study, which of the complainants rights were limited and how?
- How might this have impacted on his level of inclusion?
- What key policies and practices do you think the industry body should include in their new guidelines?

Topic 7: Endnotes

- 1 Assistant Minister for Social Services, Mitch Fifield, 'User Rights Principles 2014' (Australian Government, 2014).
- 2 Department of Social Services, 'Charter of Care Recipients' Rights And Responsibilities – Residential Care' (Australian Government, 2014).
- 3 Australian Law Reform Commission, *Equality, Capacity and Disability in Commonwealth Laws* ALRC Report No 124 (2014).
- 4 Committee on the Rights of Persons with Disabilities, *General comment No. 1-Article 12: Equal recognition before the law*, 11th sess UN Doc CRPD/C/GC/1 (19 May 2014).
- 5 Western Australian State Administrative Tribunal, *Frequently asked questions* (2015) <http://www.publicadvocate.wa.gov.au/G/guardianship_frequently_asked_questions.aspx?uid=6194-8506-7822-0632>.
- 6 Committee on the Rights of Persons with Disabilities, *General comment No. 1-Article 12: Equal recognition before the law*, 11th sess UN Doc CRPD/C/GC/1 (19 May 2014).
- 7 UN Enable, *Handbook for Parliamentarians*, '6. From provision to practice: implementing the Convention' (2007) <<http://www.un.org/disabilities/default.asp?id=242>>.
- 8 Australian Law Reform Commission, *Equality, Capacity and Disability in Commonwealth Laws*, '3. National Decision-Making Principles' ALRC Report No 124 (2014) <<https://www.alrc.gov.au/publications/national-decision-making-principles>>.
- 9 Committee on the Rights of Persons with Disabilities, *General comment No. 1-Article 12: Equal recognition before the law*, 11th sess UN Doc CRPD/C/GC/1 (19 May 2014).
- 10 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Finding* (4430.0 2012) <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>>.
- 11 Department of Social Services, *National Standards for Disability Services – Stories* (2013) <<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>>.
- 12 Mental Health Recovery Institute, *What is Duty of Care? Duty of Care vs Dignity of Risk* (2015) <<https://www.youtube.com/watch?v=Nf4Y7v-SLtc>>.
- 13 Online Business Dictionary, *What is duty of care? Definition and meaning* (2015) <<http://www.businessdictionary.com/definition/duty-of-care.html>>.
- 14 *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.
- 15 Spina Bifida Association WA Inc., *Supporting Disability Support Workers: A Self-Paced Learning Guide*, 'Duty of care', (2007) 49-50.
- 16 Adapted from National Disability Services, *Strengthening Human Rights in Disability Services: Case Scenarios for discussion*, 'Case study 3' (2012) 14.
- 17 Chris Kuca-Thompson, Spina Bifida Association of WA, *Supporting Disability Support Workers Coordinators Manual* (2007) 51 <https://www.google.com.au/search?q=Supporting+Disability+Support+Workers+work+book&oq=Supporting+Disability+Support+Workers+work+book&aqs=chrome..69i57.189j0j4&sourceid=chrome&es_sm=122&ie=UTF-8http://www.ideaswa.net/upload/editor/files/downloads/SupportingDisabilitySupportWorkers-CoordinatorsManual.pdf>.
- 18 *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.
- 19 Committee on the Rights of Persons with Disabilities, *General comment No. 1-Article 12: Equal recognition before the law*, 11th sess UN Doc CRPD/C/GC/1 (19 May 2014).
- 20 Disability Advocacy Resource Unit, *What is Advocacy?* (2014) <<http://www.daru.org.au/what-is-advocacy>>.
- 21 Christina Ryan and Karen Hedley, *Developing Supporting Self-Advocacy Training – Why And How* (2012) Advocacy for Inclusion <http://www.advocacyforinclusion.org/publications/Reports/developing_supporting_selfadvocacy_final.pdf>.
- 22 *Convention of the Rights of Persons with Disabilities*, opened for signature 13 December 2006, 2515 UNTS 3 (entered into force 3 May 2008) Preamble.

Topic 8: Legal and ethical considerations of service delivery



Topic 8: Legal and ethical considerations of service delivery

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

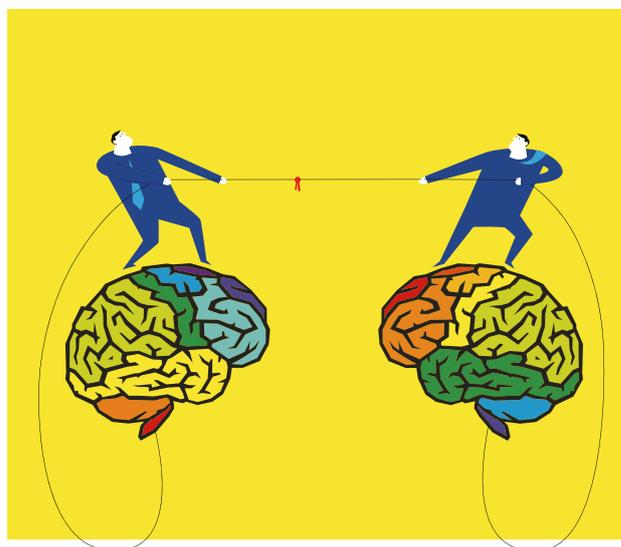
Approximate duration: 20 minutes



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

Disability Rights Bingo

B	I	N	G	O
Article 12	Article 27	Article 6	Article 28	Article 25
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

Disability Rights Bingo

B	I	N	G	O
Article 9	Article 12	Article 28	Article 4	Article 23
Article 14	Article 24	Article 26	Article 15	Article 10
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

Disability Rights Bingo

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

Disability Rights Bingo

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

Disability Rights Bingo

B	I	N	G	O
Article 26	Article 18	Article 20	Article 5	Article 19
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

Disability Rights Bingo

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

Disability Rights Bingo

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

Disability Rights Bingo

B	I	N	G	O
Article 4	Article 13	Article 21	Article 25	Article 8
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

Disability Rights Bingo

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

Disability Rights Bingo

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

Disability Rights Bingo

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

Disability Rights Bingo

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

Disability Rights Bingo

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

Further Information

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