INDIVIDUAL SUPPORT IN AUSTRALIA
INDIVIDUAL SUPPORT
IN AUSTRALIA
AGEING | DISABILITY | HOME AND COMMUNITY CARE
## CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE</td>
<td>INDIVIDUAL SUPPORT SERVICES</td>
<td>1</td>
</tr>
<tr>
<td>TWO</td>
<td>LEGAL AND ETHICAL REQUIREMENTS</td>
<td>45</td>
</tr>
<tr>
<td>THREE</td>
<td>WORKING WITH DIVERSE PEOPLE</td>
<td>85</td>
</tr>
<tr>
<td>FOUR</td>
<td>COMMUNICATING IN HEALTH OR COMMUNITY SERVICES</td>
<td>107</td>
</tr>
<tr>
<td>FIVE</td>
<td>SAFE WORK PRACTICES</td>
<td>141</td>
</tr>
<tr>
<td>SIX</td>
<td>HEALTHY BODY SYSTEMS</td>
<td>183</td>
</tr>
<tr>
<td>SEVEN</td>
<td>PROVIDING INDIVIDUALISED SUPPORT</td>
<td>227</td>
</tr>
<tr>
<td>EIGHT</td>
<td>DOCUMENTATION</td>
<td>251</td>
</tr>
<tr>
<td>NINE</td>
<td>PROVIDING HOME AND COMMUNITY SUPPORT SERVICES</td>
<td>283</td>
</tr>
<tr>
<td>TEN</td>
<td>SUPPORTING OLDER PEOPLE</td>
<td>321</td>
</tr>
<tr>
<td>ELEVEN</td>
<td>SUPPORTING PEOPLE LIVING WITH DEMENTIA</td>
<td>389</td>
</tr>
<tr>
<td>TWELVE</td>
<td>MEETING PERSONAL SUPPORT NEEDS</td>
<td>427</td>
</tr>
<tr>
<td>THIRTEEN</td>
<td>SUPPORTING PEOPLE WITH A DISABILITY</td>
<td>491</td>
</tr>
<tr>
<td>FOURTEEN</td>
<td>USING A PALLIATIVE APPROACH</td>
<td>537</td>
</tr>
<tr>
<td>FIFTEEN</td>
<td>ASSISTING WITH MEDICATION</td>
<td>563</td>
</tr>
<tr>
<td></td>
<td>GLOSSARY</td>
<td>599</td>
</tr>
</tbody>
</table>
“A NATION’S GREATNESS IS MEASURED BY HOW IT TREATS ITS WEAKEST MEMBERS.”
MAHATMA GANDHI
PREFACE

It is a time of considerable change in aged care, disability and home and community support sectors in Australia. With an increasingly ageing society, emerging disability initiatives and the advocacy for these services to be provided within the home and community sector as much as is possible, government policies are driving new directions for funding and delivery with a focus on consumer directed care providing greater autonomy and choice for the people utilising these services.

Individual Support in Australia is a valuable resource to support individual support workers in these sectors. It also provides a useful source of information for other workers in these sectors, carers and volunteer workers.

The text draws on the extensive experience of workers in the different sectors, peak bodies, and individuals utilising these services, as well as valuable case studies, to portray current and authentic experiences and best practices.

It promotes current philosophies and approaches to individual support and the legal and ethical requirements to be considered and practised when providing services.

Skills, knowledge, attitudes and values necessary for the delivery of quality support services are detailed and illustrated, interspersed with invitations to reflect and apply the content of the text. Research boxes throughout the text suggest independent investigations and together with self-assessment activities at the conclusion of each chapter, engage the reader as an active participant.

The three key sectors each have their own specific chapter supported by a further suite of chapters which provide detailed information across the broad spectrum of individual support. An extensive glossary provides a useful reference point for current terms relevant across the individual support sectors.

Australia will require a well-trained and resourced pool of individual support workers. Individual Support in Australia provides a quality resource to support this need.
ACKNOWLEDGEMENTS

VETRes of TAFE NSW would like to acknowledge the following people for their hard work and expertise to bring together this textbook.

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SPECIAL ACKNOWLEDGEMENTS
VETRes of TAFE NSW gratefully acknowledges the organisations and individuals involved in compiling the Aged Care in Australia: A Guide for Aged Care Workers 2nd edition, 2011, from which some of the content contained in this publication was derived. In particular, Di Dawbin, Anthony Rogers, Diana Arciuli, Pauline Armour, Jenny Bray, Kylie Brennan, Peter Cleasby, Sheila Coupe, Amanda Culver, Susan Emerson, Kathryn Go ozone, Susan Griffith, Deborah Hammond, Brenda Hayman, Jennifer Houston, Wendy Howe, Kate Hurrell, Melissa Koff, Diane Miller, Bronwyn Mitchell, Nancy Pachana, Lisa Parker, Michael Rayment, Ruth Robinson, Caroline Romeo and Danielle White.

VETRes of TAFE NSW would also like to gratefully acknowledge Jason Wachtel from the TAFE NSW North Coast Institute for his contributions to this textbook with new images, as well as all the individuals who provided permission to use their own personal photos in this textbook.
CHAPTER ONE

INDIVIDUAL SUPPORT SERVICES

Individual support in Australia

Theories and approaches underpinning individual support

Issues that impact on health and wellbeing

Individual support services and government policy directions
INTRODUCTION

This chapter will provide an introduction and overview of individual support in Australia. This information will provide a context for the chapters that follow.

Regardless of the reason individual support is required there are some common principles and approaches that underpin the way that it is provided. These principles and approaches are discussed and explained in this chapter and provide a basis for delivery of support for each of the other chapters. The key theme to all of these is that the person being supported, with their own unique characteristics, strengths, experiences, needs and feelings must at all times be the centre of the support process. This means that the person is the first priority at all times and the reason for the support second.

The chapter will also identify issues that impact on wellbeing and health and provides an overview of the wide range of service types that support the aged care, home and community and disability sectors.

INDIVIDUAL SUPPORT IN AUSTRALIA

Individual support is a service that provides a broad range of individualised supports to people requiring assistance with activities, daily requirements and/or the development or acquisition of skills, through both government funded and/or privately funded means in a range of diverse contexts. Individual support provides a person requiring support with choice and control to service provision within an holistic, person-centred approach. It can be provided over a lifetime or for a shorter period, due to such situations as illness, accident, personal care requirements, respite, disability, rehabilitation and re-ablement. Individual support seeks to maximise independence and participation in all activities and to achieve the personal goals of the person requiring support. Families and carers can also provide an invaluable role in the person’s support and often work in partnership with formal support services.

Individual support work is diverse and varied and can include:
- housework
- personal care such as bathing and dressing
- meals and food preparation
- supporting people to be physically active
- providing social and cultural support and activities
- transport
- maintenance and modifications to the home
- providing and maintaining aids and equipment
- information
- referrals
- skill acquisition and development
- behavioural support
- emotional and psychological support
- re-ablement
- respite care
- supporting communication
- assisting with medication
- palliative care
- dementia care
- work, health and safety
- completing required reporting and documentation
- contributing to team approaches to support
- implementing and reviewing strategies for support
- advocacy
- identifying and reporting situations of abuse
- complying with legal and ethical requirements
- complying with an organisation’s policies and procedures
- assistance with employment.

Individual support should empower and enable people to make their own decisions and decide which supports are ideal for their personal situation. It should be flexible to ensure people being supported are able to decide how, when and where they receive their support and spend their funding. The individual support offered should ensure the person is able to participate in the community, be more independent, work or study if they wish to and have their unique requirements supported. It should enable the person to make informed choices for
the future while considering living arrangements, supports and the life situation of their carer if they have one.

Working in individual support can occur in a range of diverse settings that can include:

- a person’s home
- an activity centre
- a residential accommodation service
- the general community, shopping, paying bills, going to the movies, walking in the park, attending a party and other similar places the general public visit
- a community centre
- an activity day centre
- a day therapy centre
- a group home
- an advocacy service
- a retirement village
- a dementia specific service
- a behavioural support centre
- a community health centre
- a person’s workplace.

To provide quality individual support, workers will need to liaise and communicate with health professionals and other team members. A team of people will be involved in setting up an agreed individualised plan with the person being supported. Individual support workers implement plan strategies, monitor and document outcomes and any changes to the person’s condition.

Figure 1.1 identifies a range of health professionals and others that could be involved in a person’s individual support.

Table 1.1 identifies the key roles of interdisciplinary team members that may be involved in the provision of individual support.

There are many terms used in the study of individual support. It is important for individual support workers to be aware of these and their meaning as they will encounter these in their daily work. Some of these can be found in Table 1.2.

Additional tables of common terms can be found in Chapter 10 Supporting older people and Chapter 13 Supporting people with a disability.
### Table 1.1 | Key roles of interdisciplinary team members

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
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<tbody>
<tr>
<td>Activity/leisure worker</td>
<td>Focused on identifying and meeting individual interests and requirements for activity and leisure. Develops individual or group activities that promote independence and provide opportunities for recreation and leisure.</td>
</tr>
<tr>
<td>Audiologist</td>
<td>Evaluates and rehabilitates hearing loss and related disorders.</td>
</tr>
<tr>
<td>Dentist</td>
<td>A person who is trained, licensed and provides dental care for the person’s mouth, teeth and gums, dentures or dental prosthetic aids.</td>
</tr>
<tr>
<td>Dietitian</td>
<td>A health professional qualified in nutrition and dietetics who specialises in the planning and supervision of diets for the treatment of health problems and to maintain nutritional status.</td>
</tr>
<tr>
<td>Diversional therapist</td>
<td>Plans and provides programs to support the person’s social and emotional needs and physical and mental stimulation. These programs may include group or individual activities that promote leisure, enjoyment and self-fulfilment.</td>
</tr>
<tr>
<td>Domestic service worker</td>
<td>Provides cleaning and laundry support services within an organisation.</td>
</tr>
<tr>
<td>Enrolled nurse</td>
<td>Works under the supervision of a registered nurse in the delivery of holistic, person-centred care. Responsibilities include providing support and comfort, assisting with activities of daily living, and supporting the emotional needs of individuals in a range of settings including acute care, home and community support and aged care facilities.</td>
</tr>
<tr>
<td>Exercise physiologist</td>
<td>A person who has studied the principles of mechanics and anatomy in relation to human movement, and how the stress of exercise affects the body. This field is also sometimes called kinesiology or exercise science.</td>
</tr>
<tr>
<td>Food services staff</td>
<td>Provide support in the preparation, presentation and delivery of food within an organisation, working in conjunction with the dietitian and nursing staff who will direct specific dietary needs. Occupational therapists may advise on assistive equipment for eating.</td>
</tr>
<tr>
<td>Individual support worker</td>
<td>Provides holistic, person-centred support and services to people that promotes their abilities, requirements, quality of life, independence, empowerment, social inclusion, health and wellbeing.</td>
</tr>
<tr>
<td>Interpreter</td>
<td>Trained worker who translates orally and/or in writing what is said or written, so that it can be understood in a different language.</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>Responsible for a variety of maintenance and housekeeping roles within the facility or person’s home.</td>
</tr>
<tr>
<td>Medical officer (doctor/GP)</td>
<td>Provides general medical care for people. A geriatrician is a doctor who specialises in the health care of older people.</td>
</tr>
<tr>
<td>Music/art therapist</td>
<td>Provides music/art therapy services to individuals and groups to help them deal with special challenges and illness, social relationships and learning disorders, loneliness and isolation, self-confidence and self-esteem.</td>
</tr>
<tr>
<td>NAME</td>
<td>ROLE</td>
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</tr>
<tr>
<td>Occupational therapist</td>
<td>Specialises in providing assistance to maximise a person’s independent living and participation in everyday activities by adapting the environment, recommending the use of assistive aids/equipment, and retraining people to manage or regain abilities.</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>Diagnoses and rehabilitates diseases of the eye.</td>
</tr>
<tr>
<td>Pastoral care worker</td>
<td>Support worker who provides emotional and spiritual support. May have a religious background of a specific denomination.</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Provides advice on medications to customers and health professionals. Responsible for dispensing and supplying prescription medications and over-the-counter medications. Also reviews medication management in residential care and in community homes.</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>Provides physiotherapy treatment and rehabilitation to promote recovery, and maximise mobility and quality of life. Physiotherapy treatment includes heat, electrical stimulation, exercise, massage and application of splints.</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>Diagnoses foot disease, problems and defects. A podiatrist conducts biomechanical assessment of the foot and lower leg, and provides treatment including nail cutting, general foot care, removal of calluses and corns, supply of orthotics, and minor surgical procedures.</td>
</tr>
<tr>
<td>Psychiatric nurse</td>
<td>Provides specific support for psychiatric health issues.</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>A medical doctor who specialises in the study, treatment and prevention of mental disorders.</td>
</tr>
<tr>
<td>Psychogeriatrician</td>
<td>A psychiatrist who specialises in the diagnosis, treatment and prevention of mental disorders in people.</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Engaged in the scientific study of the mind, mental processes and behaviour. Psychologists are not medical doctors and are not qualified to prescribe drugs.</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>Takes a leadership role in coordinating support and services within a range of settings, including acute care, home and community support and aged care residential facilities. The role includes promoting and maintaining health and preventing illness in individuals with a physical or mental illness, disability and/or rehabilitation needs. They are responsible for delegating tasks to enrolled nurses, assistants in nursing and individual support workers. The registered nurse is a key person who communicates with other members of the health team and advocates for the person being supported.</td>
</tr>
<tr>
<td>Social worker/ welfare worker</td>
<td>Provides support, counselling and advice to help people access basic services such as housing, employment, social benefits and social networks.</td>
</tr>
<tr>
<td>Specialist nurses</td>
<td>A nurse with additional training who specialises in a particular area, such as continence or stomal therapy.</td>
</tr>
<tr>
<td>Speech pathologist</td>
<td>Diagnoses speech and language problems and swallowing difficulties, and provides therapy to correct and manage these problems.</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Works without payment in a range of roles in the community or aged care facility to support the person; for example Meals on Wheels, visiting or social support.</td>
</tr>
</tbody>
</table>
Individual support in Australia is providing a broad range of services to meet an ever increasing demand for home and community, ageing and disability support services. In many areas this has resulted in skills shortages that need to be met by increasing the numbers and availability of trained individual support workers. There are a number of drivers for this increasing demand. They include:

- A growing population
- An ageing population that is increasing its percentage of the total population due to longer life expectancy
- Increasing prevalence of chronic disease, for example diabetes
- Government financial efficiency measures designed to decrease acute care and days spent in hospital but which requires increased home and community support, respite care, and periods of rehabilitation, re-ablement, restorative care and recovery
- Government cost savings and increased personal wellbeing by providing support for people in their homes rather than in more expensive options of residential care or hospitals.

Government policy is also influencing this higher demand for individual support in Australia due to new directions in how ageing, disability and home and community services are funded. Both the disability and ageing sectors have become strong advocates of their health, human rights and support requirements in recent years through a greater presence in media and lobbying by specific peak organisations committed to raising the rights and positive profile of these sectors. This has resulted in the Australian Government commissioning reports into these sectors to investigate and provide information on how best to fund and support these sectors.

Outcomes of these reports have resulted in new funding models for these sectors with an emphasis on consumer directed care and individualised support.

### Table 1.2 | Common terms relating to individual support

<table>
<thead>
<tr>
<th>TERMS</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable</td>
<td>To give the knowledge, means or opportunity to do something.</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Control and influence over one’s life with personal interests acknowledged.</td>
</tr>
<tr>
<td>Self-determination</td>
<td>Making your own decisions without being influenced by others.</td>
</tr>
<tr>
<td>Person-centred approach</td>
<td>A way of supporting and working with people which respects and places the person with their unique experiences and strengths first and puts the person at the centre of decision making about their plans, supports and services.</td>
</tr>
<tr>
<td>Individualised self-directed funding</td>
<td>Funding allocated specifically to a person to fund their assessed support requirements who then chooses how and where to access supports or services.</td>
</tr>
<tr>
<td>Individualised plan (also called NDIS plan/individual support plan/service plan)</td>
<td>This is a document that outlines a person’s goals and how they will be achieved. It documents services and supports in place and is reviewed and evaluated regularly, and amended if required, to ensure their needs are being met.</td>
</tr>
<tr>
<td>Independence</td>
<td>Thinking and acting for oneself, not controlled by others.</td>
</tr>
<tr>
<td>Capacity</td>
<td>The maximum ability that one can achieve or demonstrate.</td>
</tr>
</tbody>
</table>
Consumer directed care (CDC) is defined by the Australian Government, Department of Social Security 2016 as:

“a model of service delivery designed to give more choice and flexibility to consumers. Consumers who receive (funding) will have more control over the types of care and services they access and the delivery of those services, including who delivers the services and when.”

These new funding models and the drivers mentioned earlier have implications that indicate that the demand for individual support workers in Australia will continue to increase in the future.

A summary of Australian Government policy directions for the ageing, disability and home and community sectors is located in the box following.

THEORIES AND APPROACHES UNDERPINNING INDIVIDUAL SUPPORT

Underpinning individual support work are theories and approaches that inform the way in which support is provided. This topic provides an overview of some of the underpinning theories and the current endorsed approaches to be followed in order to provide quality individual support.

Further theories on ageing can be found in Chapter 10 Supporting older people.

HUMAN MOTIVATION THEORY

Abraham Maslow was an influential psychologist who developed a theory of human motivation based on a hierarchy of needs as outlined in Figure 1.2. Maslow (1954) believed that each person has five key human needs, and that these needs are arranged in a hierarchy, starting with the most important need first. In his theory, basic survival needs must be met before our needs for emotional and psychological wellbeing.

Maslow’s theory suggests that when a person’s basic needs are met and they have positive relationships in their life, they are able to pursue goals towards personal achievement, gaining respect and social recognition. We need to love and be loved and to feel accepted by others; this develops feelings of self-worth that in turn enhance self-esteem and confidence, and encourage us to fulfil our unique talents.

Maslow believed that few people truly achieve the fifth and final level of self-actualisation, although most of us experience this type of satisfaction occasionally in our lives.

This theory emphasises the importance of firstly ensuring basic needs are met to enable people with a disability and older people to continue to be positively engaged with their community. It reminds us that people need to feel physically, culturally and emotionally safe to develop relationships with others. This in turn creates a sense of belonging which builds confidence and self-esteem.

ERIKSON’S LIFESPAN STAGES THEORY

Erik Erikson (1959) looks at human development across the lifespan. His is a psychosocial stage theory that identifies particular tasks that need to be resolved at various points throughout the lifespan.

Table 1.3 Erikson’s Lifespan Stages Theory outlines the stages of development he described. Each stage identifies a task that has a positive or negative resolution. If resolved positively the person will develop a skill/ability to support positive lifespan development. Although there are critical life periods for these tasks Erikson believed that if a task had been resolved negatively it could be re-visited at a later stage and resolved positively if the emotional and social experiences of the person were able to support a positive change.

This theory can inform individual support workers of some of the emotional/cognitive/social challenges that confront the people that they are supporting.