



SAMPLE ON
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EDUCATION AUSTRALIA

PART 1

Working in disability support

Chapter 1



Working effectively in disability support

LEARNING OBJECTIVES

- 1.1 Meet job role requirements
- 1.2 Work within organisational requirements
- 1.3 Work within a disability support context

INTRODUCTION

Supporting people with disability is a brilliant career. Learning to listen and to understand people's needs is the largest part of any human services job, but it is also an opportunity to learn more about people, to develop your own interpersonal skills and to learn about yourself. Support work is an industry that is built upon the foundation of human kindness. Throughout history, people from all parts of the world have found ways to support others who experience illness, injury, disadvantage or disability. An attitude of care towards others is a highly valued quality that humans recognise and appreciate in each other. Although there are many different views on the best ways to contribute to the wellbeing of others, the practice of supporting each other is highly valued in most human societies.

In Australia, the need for people to support others is growing rapidly. Australia's population is getting older, and more people than ever before are experiencing declining health and loss of **independence**. Accordingly, the disability support industry is expected to grow rapidly in Australia over the next few decades. The National Disability Insurance Scheme (NDIS) National Workforce Plan (Department of Social Services 2020) reported that care and support is one of the largest and fastest growing sectors. Its growth is a result of a rapid expansion in the number of NDIS participants and the increasing number of older Australians

and veterans accessing care and support. Government policy changes, innovations in how support is provided, as well as an increased awareness of and demand for disability services are some of the factors that have led to a substantial demand for people to take up opportunities in support work.

The following campaign sites have more information on current initiatives to attract new people to disability support work:

- The NDIS National Workforce Plan: <https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>
- “A Life Changing Life” campaign: <https://campaignbrief.com/australian-government-launches-a-life-changing-life-campaign-via-mc-saatchi-melbourne>.

INDUSTRY IN FOCUS

Disability support work in Australia

The practice of supporting people with disability in Australia has gone through many changes. Prior to 1908, people with disability didn't appear to have much support at all except for that provided by family members and concerned citizens and through some benevolent asylums. In 1908 the Australian Government introduced the invalid pension, which provided some independent income to people with disability and firmly acknowledged their equal citizenship. Following the end of World War I in 1918, many people who had served overseas returned home with physical and psychological disabilities, and this may have raised public awareness of the importance of repatriation and rehabilitation services. The demand for rehabilitation services for service personnel with significant disabilities increased further during World War II, in the 1940s. In 1941, the Australian Army commissioned the building of Concord Repatriation General Hospital in Sydney, along with other repatriation hospitals in most major cities, to help people who had served in the armed forces to heal, reclaim and readjust to life in Australia and learn how to live with war-related disabilities (People with Disability Australia n.d.).

The development of rehabilitation services in specialised hospitals contributed significantly towards understanding and supporting people with disability. In the late 1960s, a medication was developed that helped people with Parkinson's disease to manage their symptoms more effectively. In 1978, the invention of the cochlear implant enabled some people with certain types of deafness to hear sounds. During the late 20th century, improved management of diseases that caused blindness occurred, and cataract surgery was developed (American Academy of Eye Surgery n.d.). Advances in pre-natal care, such as ultrasound and electronic pre-natal monitoring, as well as in pre-natal surgery, reduced the numbers of people born with disabilities (Drife 2002).



Richard Milnes/Alamy Stock Photo

Repatriation hospitals were set up after World War II in large Australian cities

Until about 1980, most services in Australia for people with disability were provided in hospitals by doctors, nurses and therapists. Although this period saw many gains in scientific understanding of disability, it also created a public perception that disability and illness are essentially the same thing. Children with disability were educated in hospital schools, or not at all. Most children with disability were not eligible to enrol in public education until the early 1950s, and it wasn't until the 1970s that new government policies required that all children, regardless of disability, should attend school (NSW Department of Education n.d.).

Through the 1970s and 1980s, a radical shift began to occur in Australia and in many other Western countries. In the tragic aftermath of the Vietnam War, social inequality, racism and discrimination were brought into sharp focus. Dr Rhonda Galbally, an Australian sociologist, was heavily involved in the growth of the disability rights movement in Australia. The movement was propelled forward by large numbers of Australian and American service men and women who had returned from Vietnam with disabilities. Galbally (2004) claims:

The movement had started in the United States in the early 1970s when Vietnam veterans began to come home mutilated, many of them disabled for life. These were adult men who had fought in a war; they weren't passive patsies socialised from babyhood to put up with charitable crumbs . . . They had just fought an ambivalent war to come home to an ambivalent reception; now they were being expected to put up with the ambivalence that until then had been the ordinary fate of all disabled people. (© Commonwealth of Australia 2021; CC BY 4.0 <https://creativecommons.org/licenses/by/4.0>)

Many of the most significant changes that have changed the lives of people with a disability can be traced back to the disability rights movements of the 1970s and 1980s.

1.1 MEETING JOB ROLE REQUIREMENTS

1.1.1 Working in disability support

Some 4.4 million Australians currently have a recognised disability. Many people have more than one type of disability. A result of Australia's ageing population will be that a larger proportion of the population will have a disability, and the Australian Bureau of Statistics (ABS) predicts this trend will continue until 2060 (ABS 2019). The ABS uses the following categories and definitions to assess the numbers of people who are experiencing different types of disability in Australia:

- sensory and speech (sight, hearing, speech)
- intellectual (difficulty learning or understanding)
- physical (including breathing difficulties, chronic or recurrent pain, incomplete use of limbs, and more)
- psychosocial (including nervous or emotional conditions, mental illness, memory problems, and social or behavioural difficulties)
- head injury, stroke or acquired brain injury
- other (restrictions in everyday activities due to other long-term conditions or ailments) (ABS 2019).

Table 1.1 provides estimates of the numbers of people in Australia who are currently affected by conditions that may cause disability. It should be noted that not every person who has such a condition considers themselves to have a disability. For example, not every person who has epilepsy would consider that they have a neurological disability; similarly, not everyone who has an anxiety condition would necessarily consider that they have a **psychosocial** disability. Regardless of that, the number of people who have potentially restrictive conditions is very high and, when considered together, accounts for about one in two Australians.

TABLE 1.1 Estimated prevalence of common disability types in Australian population, 2019

Disability type	Percentage of Australian population	Approximate number of Australians
Sensory and speech (BUT if “hearing loss” is included, this may be up to 16% of the population, or 3.6 million)	2.4%	0.3 million
Intellectual disability (including learning disability and autism)	12.0%	3.0 million
Physical disability	13.0%	3.3 million
Psychosocial disability (mental health)	20.0%	5.0 million
Neurological (including acquired brain injury, epilepsy, strokes and all other neurological disorders)	37.0%	9.2 million

Source: <https://deafaustralia.org.au>; Australian Network on Disability, *Disability Statistics*, <https://www.and.org.au/resources/disability-statistics>, accessed 2 February 2023; Australian Institute of Health and Welfare (AIHW), *Autism in Australia*, 2017, <https://www.aihw.gov.au/reports/disability/autism-in-australia/contents/autism>, accessed 5 February 2023; AIHW, *People with Disability in Australia: Prevalence of Disability*, <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>, accessed 5 February 2022; ABS, *Disability, Ageing and Carers, Australia: Summary of Findings*, 2019, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>, accessed 2 February 2023.

PRACTICE POINT

Although it is good to develop your knowledge of the range and nature of disability that exists, it isn't usually helpful to categorise people on the basis of the type of disability they have. Not everyone who has the same condition has the same characteristics or the same experience. It is always best to get to know people individually.



Supporting everyday skills promotes independence and self-esteem



Fun and recreation builds friendship and community support

All support work is aimed at enabling people to exercise **self-determination**, or to live the life that they choose and to enjoy the benefits of full participation in their community. Disability support work includes a very wide range of activities because people with disability participate in a very wide range of activities. The list of duties and responsibilities support workers may be required to perform is staggering. They may find



Supporting physical development in very young children is an important part of early intervention



Providing sensory stimulation for babies builds stronger attachment to carers

themselves teaching someone basic cooking skills, or supporting someone who has difficulty swallowing, or accompanying someone who wants to ride a roller coaster at a theme park. They may be helping someone to listen to a university lecture on a screen reader or helping a baby to develop muscle strength in their legs. They may be chatting and joking with someone who mainly uses text messages to communicate, or they may find themselves helping someone to build a new garden shed. Human skills and abilities are very diverse and therefore support work is also very diverse.

1.1.2 Working in a disability support organisation

Every job has rules and expectations that employees must adhere to. Most workplaces have employment contracts, job descriptions, policies and procedures that have been written to guide employees' actions and that spell out their terms of employment. Disability support work is guided by all these employment requirements and is also guided indirectly by the individual plan of the person who is being supported.

A job description or position description is usually made available when you apply for a job. These are usually brief summaries of the types of duties you will be expected to perform.

Figure 1.1 is an example of a job description.

Job descriptions are usually flexible and rarely contain all the activities that are undertaken in support work. Employees may also have agreements with their employers about pay and working conditions, they may be expected to follow a "code of conduct", and they will need to know and follow policies and procedures. Most disability support services have policies and procedures that apply only to their workplaces. All employees in Australia are expected by law to comply with all reasonable directions of their employers, and so it is important to know and understand all of these important documents when you are employed as a disability support worker.

1.1.3 Clarifying your role with a supervisor

Disability support work is rarely predictable. Unexpected events occur, problems arise and people may act in ways that were unplanned. When you are employed by an organisation to support someone, you are answerable to the organisation and you should follow all of the guidance and instructions your employer has given you.

At times, your organisation's rules may not fit with the plans and goals of the person you are supporting. You may receive requests to do things differently or to undertake activities that are at odds with your employer's expectations. It is often unwise to deal with conflicting issues on your own. Sharing this problem with your direct supervisor has many advantages. First, it is an opportunity to check that you correctly

FIGURE 1.1 Sample job description

Bayside Support Services Pty Ltd
Duties of a disability support worker

Working with people with disability

- Read and understand all policies and procedures applying to disability support work.
- Understand and work within the principles of inclusion and person-centred practice.
- Promote social interaction and inclusion between people with disability and the wider community.
- Encourage people with disability to develop skills for independent living.
- Ensure that living environments are safe for all people who use them.
- Work with people towards their goals that have been identified in their individual service plans.
- Respond to behaviours of concern as directed by behaviour support staff.
- Use communication skills that fit with the individual needs of the people you support.
- Undertake professional development and training as required.
- Adhere to the NDIS code of conduct.
- Maintain privacy and confidentiality in accordance with policies and procedures.
- Report concerns regarding the safety and wellbeing of others to your supervisor or senior manager.

Working with colleagues

- Maintain respectful communication with others in your workplace.
- Attend meetings and workshops as required by your supervisor.
- Participate in regular performance reviews.
- Refer serious conflicts or disputes to your supervisor.
- Participate in conflict resolution meetings when required by your supervisor.

Administration

- Record daily notes, communication books and financial records as directed by your supervisor.
- Comply with audits and reviews as directed by your supervisor.

General

- Maintain and promote the good reputation of Bayside Support Services.
- Comply with all reasonable directions of your supervisor and senior managers.

understand your workplace policies and procedures. Second, your supervisor may be in a position to offer another solution to the problem. Third, by sharing your questions with your supervisor you may feel more confident about dealing with similar conflicts in the future.

1.1.4 Referring work that is outside of your role

As discussed, people with disability may seek support for a wide range of reasons. Some needs support workers can meet very effectively, while other needs may require the work of people with different skills and qualifications. Commonly, people may ask support workers for their advice on medical matters or legal questions that should be handled by professional, registered practitioners. It is both dangerous and illegal to offer professional advice to people when you are employed as a support worker. It is very helpful to have a current list of people who you can refer to when the people you are supporting request services or

information that is outside of your expertise and job role. Developing from within your own community your own list of people and services who can help with a range of needs is a great way to ensure that the people you support can gain access to the services they require. This list may include:

- medical practitioners
- psychologists
- counsellors
- community nurses
- mental health workers
- legal services
- therapists
- allied health workers
- income support services such as Centrelink
- employment services
- education providers
- charities
- social groups
- sporting and recreational groups
- transport services
- housing providers
- friendly shops, restaurants and cafes.

WORKPLACE SCENARIO

Conflicting loyalties

A person who disability support worker Jess has known and supported for some years asks Jess to drive them to an important family event as a special favour. Jess knows that this person has no other way to get to the event and is aware that they will be very disappointed if they cannot attend. She wants to help as much as she can, but she also knows that her job role doesn't include providing transport. Jess's employer has a very clear policy that forbids the use of private vehicles for support work.

CHECK YOUR UNDERSTANDING

1. What documents should you read when starting a new job as a disability support worker?
2. Why is it important to check with your supervisor if you are unsure about how best to support someone?
3. Why is it important to have a list of people and services to refer people to?

1.2 WORKING WITHIN ORGANISATIONAL REQUIREMENTS

1.2.1 Codes of conduct

Disability workers also have a responsibility to conduct themselves in ways that align with the expectations of their community. While codes of conduct are not really laws, they are very important guidelines for workers to follow. See Chapter 2 for more information on codes of conduct that apply to disability support work.

1.2.2 Human rights and disability support work

The rights of people with disability in Australia have not always been recognised, either by governments or by community members. Disability rights advocates across the world have struggled to raise political and community support for reforms to the way people with disability are recognised and supported. Figure 1.2 outlines some of the major international developments that have changed the political and civil rights of people with disability.

Australia became a signatory to the UN Convention on the Rights of Persons with Disabilities (the Convention) in 2008. The Convention bound signatory countries to make many bold and far-sighted changes to the way people with disability are treated. It included the following general principles.

1. *Respect for inherent dignity, individual autonomy (including the freedom to make one's own choices) and independence of persons.* This is an inspiring principle that recognises that all people are of equal value. It also recognises that all people deserve respect because of their humanity. The principle claims full citizenship and equality for all people with disability regardless of the nature or extent of their condition, their social position or wealth, or their ability to contribute. This is the foundation of “self-determination”, which was mentioned in Section 1.1, as well as the idea behind the models of individual planning and person-centred support that have been adopted in the NDIS.
2. *Non-discrimination.* **Discrimination** against people with disability is the act of treating someone differently to other people on the basis of disability. This discrimination is extremely common and it has major impacts on the prosperity of people with disability across the world. Discrimination exists at the level of governments and institutions and also in the attitudes, values and daily decisions of individuals. Discrimination may involve decisions regarding important opportunities such as employment, education, housing, and access to community benefits and facilities. Discrimination occurs when a person is excluded from an opportunity because someone else believes they will not be able to participate on the same basis as a person without disability. Chapter 2 covers discrimination in more detail.
3. *Full and effective participation and inclusion in society.* People with disability have historically faced exclusion from society in many different ways. People have been cast out of families and communities, segregated in institutions, neglected, refused income, sterilised, denied the right to have relationships, and denied citizenship and democratic rights in accordance with government policy. The UN Convention aims to directly address this exclusion by calling on member states to work towards full and equal participation in the benefits of society by all people. This part of the Convention requires member states to enact laws and to provide structures which ensure that people with disability can participate as fully as possible in all of the activities, benefits, risks, opportunities and disappointments that exist for people without disability.



Communication skills are essential for participation in society

FIGURE 1.2 Timeline of major international developments in disability rights**Modern history pre-1900s**

- Policies and legislation which favoured lifelong institutionalisation, incarceration and segregation of people with disabilities, particularly children, were the norm.
- People institutionalised or incarcerated have no legal right to challenge their detention.
- Multiple international examples of systematic and sanctioned murder of people with disabilities, especially women and children.

Early 1900s

- People with learning difficulties are categorised within international legislations as “idiots”, “imbeciles”, “feeble-minded” or “morally defective”.
- The British Eugenics Society leads a movement which purports that offering medical and social services to people with disabilities would “lead to the degeneration of the human race”.
- International policies which favour the confinement, segregation, sterilisation and lobotomisation of people with disabilities are the norm.
- Commencement of international legislation in favour of the compulsory forced sterilisation of people with disabilities. Many such pieces of legislation were not repealed until the 1970s.

1939

- Commencement of systematic murder of people with disabilities in Nazi Germany via involuntary euthanasia, leading to an estimated 275,000 deaths.

1950

- First international movements from institutionalisation to community care.
- Widespread systematic forced sterilisation of people with disabilities.
- Expansion of laws governing the compulsory sterilisation of people with disabilities to include women “at risk” of giving birth to a child with disabilities.

1960

- The first official Paralympic Games held.

1970

- England passes the *Chronically Sick and Disabled Persons Act*, which is the first in the world to recognise the rights of people with disabilities, and includes the provision of welfare assistance, housing and equal rights to recreational and educational facilities.

1971

- United Nations (UN) Convention on the Rights of Mentally Retarded Persons.

1975

- UN Convention on the Rights of Disabled Persons.

1981

- International Year of Disabled Persons.

1982

- UN World Programme of Action Concerning Disabled Persons.

1983–92

- UN International Decade of Disabled Persons.

FIGURE 1.2 Timeline of major international developments in disability rights (continued)**1980s–90s**

- Many countries adopt provisions within anti-discrimination legislation to include people with disabilities.
- Significant increase in numbers of disability advocacy and rights organisations globally.

1991

- UN adoption of the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.

1992

- UN Proclamation of International Day of People with Disabilities (3 December).

1993

- UN adoption of the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.

1995

- The World Summit for Social Development's Programme of Action recognised the pressing need for the full participation and equality of people living with disabilities.
- The World Conference for Women recognised the additional discrimination faced by women with disabilities.

2000s

- Significant case law (internationally) reflecting the empowerment of people with disabilities. Such case law includes access to employment, education, facilities and transport, electoral processes and health care.
- Shift of public policy towards self-directed models of support for people with disabilities (Personalization in the UK [2003], the National Disability Insurance Scheme in Australia [2013]). Continued implementation of policy, legislative and social change agendas.
- Enhanced sophistication of advocacy bodies coupled with well-aligned social policy platforms.

2001

- The International Classification of Functioning, Disability and Health (ICF) endorsed by the World Health Organization.

2008

- Adoption of UN Convention on the Rights of Persons with Disabilities (UNCRPD).
- Ratification of the CRPD by 163 countries, and the commencement of the development of legislation to guarantee the human rights of people with disabilities in most countries.
- Launch of the UN Global Initiative for Inclusive Information and Communication Technologies.

2013

- National Disability Insurance Scheme in Australia.
- UN and World Health Organization release joint international statement “eliminating forced, coercive and otherwise involuntary sterilization”.

Source: *History of Disability Rights and Movement*, <https://idpwd.org/disability-timeline>. © Copyright 2022–3 International Day of People with a Disability. All rights reserved.

4. *Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.* Contrary to historical views, people with disability are usually not sick or dangerous or frail or weird. The genetic patterns, injuries, organisms and traumas that have led to disability are not predictable but are randomly distributed throughout the human population. Anyone can have disability and just about everyone will develop disability if they live a long life. Disability may be thought of as adaptation to change or difference, rather than as malfunction. It isn't a malfunction that a person who has been involved in a motor vehicle accident experiences anxiety when travelling on the road where the accident happened. It isn't a malfunction that a shattered bone heals in such a way that a limb is slightly shortened. Disability often reveals more about the amazing ability of humans to heal and to recover than it does about the damage that was experienced. This view of people as unique, adaptable and resilient underlies this part of the UN Convention and represents a major shift away from medical models of disability.
5. *Equality of opportunity.* Allied to the idea of inclusion is the idea of access. It isn't enough to say that all people have a right to participate in society if there are barriers that prevent some people from participating. Access is about removing the barriers that prevent some people from participating fully in society. Equality of opportunity is different from making allowance or concessions for some people. It is about ensuring that the opportunities and benefits of society can be taken up by people with disability on the same basis as people without disability.



Information technology has led to greatly improved accessibility at work

6. *Accessibility.* Accessibility is different from access. **Accessibility** is about universal usability. Accessibility is about designing things in such a way that everyone can use them. In the physical environment, that might mean making sure that books can be heard as well as seen, or it might mean ensuring that machinery is built at a height that everyone can use. Rules can also be discriminatory. For many years in Australia, emergency services jobs were advertised with minimum height and strength restrictions. These restrictions effectively excluded most women and many people with disability from applying. Accessibility might mean using words that everyone can understand or providing information in other languages to your own. It may mean arranging for examinations to

be conducted verbally rather than in print form, or having technology installed that allows people with hearing devices to participate. Accessibility isn't about making adjustments just for some people; it is about designing things universally so that everyone benefits.

7. *Equality between men and women.* Equality for people with disability with all others in all areas of life has been identified as the core aim of the UN Convention. Its authors also recognised that disability discrimination didn't impact in the same ways, or to the same extent, for men and women and that the following additional inequalities were experienced by women with disability:
 - *Gender inequality:* Women with disability were recognised as more likely to be impacted much more harshly by social exclusion in many countries and in many circumstances due to the combined impacts of disability discrimination and gender discrimination.
 - *Right to education:* The Convention recognised that girls with disability have the lowest level of access to education of any group and that women with disability have the least access to training and further education.

- *Right to employment:* The Convention also found that women with disability are the least employed group in adult society and are often relied on for free labour. When employed, it is frequently under the worst working conditions and for less pay.
- *Right to protection against all forms of violence:* The Convention recognised that women and girls with disability experience much more violence than other people. This includes physical violence, sexual assault, sterilisation and forced drugging. Across the world, women are institutionalised at twice the rates of men and are more frequently subjected to forced treatment and other violations of their autonomy.



atitaph/123RF

Changing teaching methods to suit children's needs is called reasonable adjustment



andreybopov/123RF

Accessible workplaces allow everyone to participate safely

- *Right to protection against eugenic health programs and practices:* The Convention recognised that women with disability were frequently subjected to forced abortion and sterilisation, thus denying them the opportunity to experience motherhood and family life.
 - *Right to access health services and family life:* The Convention recognised that in many cultures and countries disabled girls and women have the least access to health services, and that disabled mothers are often neglected and discriminated against by health and family planning programs.
8. *Respect for the evolving capacities of children with disabilities and for the right of children with disabilities to preserve their identities.* As all children grow, they acquire different levels of ability and can participate in society in different ways. This is true for all children regardless of disability. Children will differ in their abilities to participate, but the Convention states that children with disability have the right to express their views freely on matters that affect them and to be assisted in exercising that right. This part of the Convention also states that governments should preserve every child's identity and prevent it from being changed unlawfully.

In response to the agreements made by Australia as a signatory to the Convention, the Commonwealth government established the National Standards for Disability Services (the Standards) in 2013. The Standards apply throughout Australia and guide the actions of all disability service providers, including state and territory government services. All disability services operating within Australia and receiving public funding are obliged to adhere to them. The Standards are covered in detail in Chapter 2.

A more recent Commonwealth government response to the UN Convention arose from the introduction of the National Disability Insurance Scheme. Similar, but updated, service standards were introduced and applied to all service providers who received funding through the NDIS from 2018. The most recent edition of these practice standards was delivered in 2021. The NDIS practice standards apply to all providers in relation to the following:

- the rights and responsibilities of participants
- governance and operational management
- the provision of supports
- the support provision environment.

In addition, a set of standards applies only to services that provide specialised services, including:

- high-intensity daily personal activities
- specialist behaviour support
- behaviour support plans
- early childhood supports
- specialised support coordination
- specialist disability accommodation. (© 2018 Commonwealth of Australia. CC BY 3.0 AU <https://creativecommons.org/licenses/by/3.0/au>)

PRACTICE POINT

Many support workers are self-employed and engaged to work directly by the people they support. Self-employed support workers can apply to become registered NDIS providers. Registration is intended to assure NDIS participants that the person they are employing can meet the NDIS quality and safety standards.

1.2.3 Communicating and cooperating with interdisciplinary team members

The idea of cooperating and coordinating the efforts of people with different skills and training, all for the benefit of a person seeking support, is the basic idea behind multidisciplinary service provision. Carefully coordinated and well-delivered services that combine to meet the holistic needs of people have been shown to deliver much better outcomes than services that operate in isolation from each other. Nancarrow et al. (2013) researched the features of effective multidisciplinary teams and found that the behaviours shown in Figure 1.3 were typical of teams that delivered successful and holistic outcomes.

Although good, coordinated support using multidisciplinary teams is emerging as a very positive approach to support work (Marel et al. 2022), professional boundaries still need to be observed. Most importantly, it is unethical to provide advice or to promise services that are beyond your qualification and skill level. Multidisciplinary teams understand each other's areas of expertise and respect the limitations of their practice. It is this communication and respect that allows for support to be organised and practised in the best interests of the person receiving support.

FIGURE 1.3 Characteristics of successful multidisciplinary teams

- Open communication between team members.
- Respect for and understanding of each other's roles and expertise.
- Appropriate skill mix, including staff who bring a wide range of skills and knowledge to the team.
- A focus on quality service provision and successful outcomes for people.
- Appropriate team processes and resources so that people have the things they need when they need them.
- A shared vision and purpose.
- Flexibility to respond to the diverse needs of people.
- Good leadership and management.
- A team culture that maintains trust, mutual respect, reliability, commitment and support.
- Training and development—opportunities for gaining new knowledge, sharing knowledge, and continuing professional development and education.
- Positive reputation of the service—pride in working for the service.
- Personal attributes of team members, including: approachability; appropriate delegation; being able to compromise; confidentiality; decisiveness; empathy; good organisational skills; initiative; knowledge of one's strengths and weaknesses; openness to learning, acquiring, demonstrating and sharing new skills and knowledge; patience; personal responsibility; protective, reflective practice; and tolerance.
- Financial rewards and opportunities to advance one's career.

Source: Adapted from S.A. Nancarrow, A. Booth, S. Ariss et al., "Ten principles of good interdisciplinary team work", *Human Resources for Health*, 11, 2013, p. 19, <https://www.thecentrehki.com.au/wp-content/uploads/2020/09/Nancarrow-et-al-1.pdf>.

1.2.4 Using digital technology to access and share workplace information

Most disability organisations use digital technology to collect and store information about their activities. Digital technology allows for better security of information than was ever achieved with paper-based records. Digital record keeping is much more portable and accessible than paper records, and mobile technology such as smartphones and tablets has allowed people to maintain records while travelling.

The following digital technologies are most frequently employed in disability support work organisations:

- email
- word processing
- accounting programs
- internet searching
- internet-based purchasing
- interactive websites of other services (e.g. NDIS website: <https://www.ndis.gov.au>)
- accessibility technology and software
- secure data on persons requiring support and systems for recording progress notes
- videoconferencing and "voice over internet" applications.

There are many more emerging digital technologies that also may provide benefits to support organisations. O'Regan (2021) identified the following advantages of such technologies:

- They give the service users more control over their own health, safety and wellbeing.
- They help communication with families, professionals and staff.

- They capture data and enable it to be compared.
- They enable good practice to be shared with peers.
- They offer the potential to have more immediate access to specialist consultations via telehealth, etc.
- They provide easier-to-read records, as there is no need to decipher handwriting.
- They make information more easily accessible between locations, teams and workers.

WORKPLACE SCENARIO

Flexible work arrangements

Ellie has worked as a part-time administrative officer for the Art Hub for about two years. The Art Hub is located in the central business district of Ellie's small home town. It is a place where people with disability can get involved with art and craft activities and chat and socialise with others. Ellie lives about a few kilometres out of town on a small farm. Usually, she travels to and from her job on the only school bus that passes near her place. Unfortunately, the bus arrives at the Art Hub about two hours before her paid hours start and returns about an hour after she finishes. Ellie likes her work, but this transport issue means that her four-hour working day takes her away from home for over seven hours. This is difficult for Ellie, as she has chronic pain from a back injury. She finds that travelling on the bus hurts her back and she feels quite tired when she arrives home.

During the COVID lockdowns, the Art Hub closed for most activities but Ellie continued to manage the administrative tasks from her home computer. The Art Hub's management committee was impressed that Ellie could continue to do her work from home and found that she was able to get through much more work when she wasn't tired from travelling. When the lockdowns were lifted, Ellie requested that she continue to work from home and negotiated a flexible work arrangement with her committee. Now she communicates with other people at the Art Hub using MS Teams and Zoom meetings and is finding that her chronic pain has eased since she is no longer travelling by bus. These adjustments have made Ellie's work much more sustainable.

CHECK YOUR UNDERSTANDING

1. What is "inclusion"? Why is it important to a person's wellbeing?
2. What is "accessibility"? Why is it different from making allowances for people with disability?
3. What are some of the advantages of working in a well-coordinated, multidisciplinary team?

1.3 WORKING WITHIN A DISABILITY SUPPORT CONTEXT

1.3.1 Understanding individual plans

Everyone who participates in the NDIS must have an individual plan. This plan spells out in detail information about the person, their goals and wishes, the supports they may need in order to achieve their goals, and how those supports will be paid for. Some services don't share the details of the individual plans with every one of

the support workers they employ. Frequently, support workers may be allocated tasks that apply to only one or two of the goals that have been identified in an NDIS plan.

Regardless of your organisation's policies and procedures, it is important to recognise that the person who is requesting support is at the centre of the NDIS individual planning process. Figure 1.4 is an example of a completed NDIS individual plan.

FIGURE 1.4 Sample NDIS plan

SUPPORTING A YOUNGER PERSON WITH COMPLEX SUPPORT NEEDS TO LIVE IN THE COMMUNITY

PART 1: ABOUT ME

Due to my disability, I need significant support with planning, self-care and daily activities.

I live by myself in a two-bedroom apartment. The apartment is registered for specialist disability accommodation (SDA) and high physical support payments. My personal and overnight supports are provided by a Supported Independent Living (SIL) provider, allowing me to share some of the costs with other people with disabilities living in this development and giving me access to on-site back-up and overnight supports.

PART 2: MY GOALS

My first goal: During this plan I want to maintain my current level of functioning, and increase my independence with my personal care and when accessing the community.

My second goal: I want to become involved in a peer support group to learn and share with other people with disability about living well in the community.

My third goal: I want to study photography.

My longer-term goals and aspirations: I want to be more independent and have more control over my life. I want to be an active and valued member of my local community.

PART 3: MY SUPPORTS

These are the supports that will help me work towards my goals.

NDIS REASONABLE AND NECESSARY SUPPORT BUDGETS

You can choose how you spend the amount in each budget listed below by checking the NDIS price list and matching supports on the NDIS website at www.ndis.gov.au/participants. Funds in your core budget are flexible, which means you can choose how to spend this funding to meet your support needs. Please remember that funding received through the NDIS must be used for your disability support needs.

Where a support is listed as "stated", you must purchase this support as it is described in your plan. You cannot swap "stated" supports for any other supports.

CAPACITY BUILDING

Support Area Coordination of Supports Budget: \$9,782

Details: Two hours per week of assistance from a coordinator of supports to help me understand and implement my plan. They will assist me to:

- identify community supports
- resolve issues as they arise
- enrol in a photography course and overcome any barriers to participation
- support me to choose my community access support providers
- prepare me for my plan review.

How will the support be paid: NDIS will pay my plan manager for these supports.

Support Area Increased Social and Community Participation Budget: \$5,078

Details: 36 hours (\$2,077) of individual skills development to assist me to work with my network of support, 1 hour per week (\$3,001) for peer support activities.

How will the support be paid: NDIS will pay my plan manager for these supports.

(Continues)

FIGURE 1.4 Sample NDIS plan (continued)**Support Area Improved Relationships Budget: \$2,695**

Details: Four hours per month of individual social skills development to assist me to manage my behaviour and develop and sustain friendships.

How will the support be paid: NDIS will pay my plan manager for these supports.

Support Area Improved Health and Wellbeing Budget: \$3,487

Details: Two hours (\$358) of consultation with a dietitian to review my meal planning, 2 hours of funding (\$291) for an exercise physiologist to design my personal training plan, 1 hour per week (\$2,838) for personal training.

How will the support be paid: NDIS will pay my plan manager for these supports.

Support Area Improved Life Choices Budget: \$1,395

Details: Financial intermediary/plan management set-up costs (\$218), monthly processing fee for my plan manager to manage my plan (\$1,177).

How will the support be paid: NDIS will pay my support provider for these supports.

Support Area Improved Daily Living Skills Budget: \$14,050

Details: Ten hours (\$1,755) for allied health professionals to review my progress towards maximising my independence, 2 hours per week (\$4,338) for a therapy assistant to implement recommendations from allied health professionals, 2 hours per week (\$4,536) of assistance with decision making, daily planning and budgeting, 24 hours (\$2,298) over this plan for community nursing care, 20 hours (\$1,123) over this plan for training carers.

How will the support be paid: NDIS will pay my plan manager for these supports.

Support Area Home Budget: \$86,185 (with Active Overnight Assistance)

Details: Twelve months specialist disability accommodation (SDA) funding will cover the cost of a new-build, high physical support apartment, one bedroom, one resident with active overnight assistance, no location factor applied

How will the support be paid: NDIS will pay the manager of my SDA tenancy directly for these supports.

Support Area Assistive Technology Budget: \$1,500

Details: Funding for equipment maintenance (\$1,500).

How will the support be paid: NDIS will pay my plan manager for these supports.

CORE SUPPORTS**Support Area Core Supports Budget: \$237,502**

Details: Two hours per week (\$4,098) assistance with house cleaning and other household activities, 20 hours per week (\$52,589) assistance to access community for study, social and recreational activities.

Consumables, including funding for my continence products and delivery (\$700).

STATED SUPPORT**Supported Independent Living (SIL) quote:**

Individual supports available for me to maximise my capacity to be as independent as possible with household decision making, personal care and domestic tasks:

44 hours per week (\$123,163) planned individual supports

15 hours per week (\$51,354) shared supports

2 hours (\$5,598) per week irregular supports

Total SIL quote: \$180,115

How will the support be paid: NDIS will pay my plan manager for these supports.

Support Area Transport Budget: \$2,472

Details: Funding is to assist with some transport costs (Level 2).

How will the support be paid: NDIS will pay me directly for these supports.

TOTAL NDIS PLAN AMOUNT: \$365,752

Source: Sample NDIS Plans, <https://www.summerfoundation.org.au/resources/sample-ndis-plans/>
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When working to support a person who has an individual plan, it is recommended that the following steps are followed to ensure that all activities are being conducted in a person-centred manner:

1. Read the person's individual plan, or at least the section that applies to the support that you are providing.
2. Check with the person (and their carers or family as required) about the nature of the activities that you will undertake.
3. Act towards the person in a manner that is safe and develops rapport and trust. Respect the person and support their dignity and privacy.
4. Check the progress of your activities with the person to ensure that you continue to work in line with their individual plan.
5. Record your activities in accordance with your organisation's procedures and report any potential risks or problems to your supervisor. (National Disability Services n.d.)

1.3.2 Person-centred communication

Communication isn't just about the words or messages that are sent to a person, but also about the attitudes, values, and impressions and emotions that underlie those words. The first step in communicating in a person-centred way is to understand the foundations of the relationship a support worker has with a person who is supported. The following description of a person-led approach is taken from NSW Department of Health website (www.health.nsw.gov.au):

A person-led approach:

1. supports the person, at the "centre of the service", to be involved in making decisions about their life
2. takes into account each person's life experience, age, gender, culture, heritage, language, beliefs and identity
3. requires flexible services and support to suit the person's wishes and priorities
4. is strengths based, where people are acknowledged as the experts in their life with a focus on what they can do first, and any help they need second
5. includes the person's support networks as partners.

A person-led approach should support and enable a person to build and keep control over their life.

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Communication that flows from a person-centred approach is usually respectful and appropriate. However, there are some terms and phrases that are in common use that contain unintentional messages which may offend or demean people with disability. Table 1.2 lists commonly used words and sentences that may have demeaning implications and provides alternative words and phrases that are more empowering.



Auslan signing allows people with different types of disability to communicate more effectively

TABLE 1.2 Using person-centred language

When speaking to/of . . .	What not to say	What to say
People with disability	People living with disability, the disabled	People/women/children with disability
	Suffers from, victim of, afflicted by, crippled by, incapacitated by	Zhang has a chronic health condition
	Paraplegic (which describes the person as their impairment)	Vanessa has paraplegia/quadruplegia
	Confined to a wheelchair, wheelchair-bound, wheelchair person	Aya uses a wheelchair or mobility device
People with cognitive or intellectual disability	Intellectually challenged, mentally retarded, mentally disabled, mentally defective, handicapped, simple, special needs	Suresh has a cognitive disability/intellectual disability
	Downy, mongoloid	Sarah has Down syndrome
	Demented	Maria has dementia
	Brain-damaged, brain-impaired	Will has acquired brain injury
Neurodiverse people	Aspy/aspie, profoundly autistic, mild autism	Karim has autism/is on the autism spectrum
	High functioning/low functioning	Sue is autistic/Autistic (if they identify that way)
	Mental	Li is neuroatypical/neurodiverse/neurodivergent
	Hyper/hyperactive, space cadet	Marcia has ADHD
	Slow learner, stupid	Florence has a learning disability
People with psychosocial disability	Crazy, insane, mad, manic, mentally ill, mentally unstable, loony, nuts, psycho(tic), psychopath(ic)	Lowana has psychosocial disability/a mental health condition
	Benjamin is schizophrenic (which describes the person as their illness), schizo	Benjamin has schizophrenia
	Jolene is borderline	Jolene has borderline personality disorder
	Depressive	Van has depression
People with sensory disability	Martin is deaf as a doorpost, Martin is a deafie	Martin is deaf/Deaf, hard of hearing (HOH)
	The blind, person without sight, blind as a bat, blindie	Mina is blind/has a vision impairment/is a person with low vision
	Mute, dumb	Frances is non-verbal
People without disability	Able-bodied, abled, healthy, hearing, normal, sighted, of sound body, well	Person without disability, non-disabled person
Neurotypical people	Normal, of sound mind	Victoria is neurotypical

Source: People with Disability Australia, *Language Guide: A Guide to Language about Disability*, August 2021, <https://pwd.org.au/wp-content/uploads/2021/12/PWDA-Language-Guide-v2-2021.pdf>. © People with Disability Australia.

1.3.3 Seeking informed consent for support activities

The importance of providing information in a manner that is acceptable and fully understood by a person who is receiving support is central to the idea of person-led support. (The subject of informed consent is covered more comprehensively in Chapter 2.) Although communication and learning barriers may complicate the process of informing and of consenting, these processes remain an essential part of your role as a support worker.

1.3.4 Recognising signs of abuse and reporting according to organisational policies and procedures

All disability support workers are required by law to report if they believe a person with disability is being abused, neglected or harmed in some other way. Reporting is not optional. Mandatory reporting applies to children, people with disability, people with an age-related condition or people with mental illness. Reports should be made in accordance with your workplace policies and procedures, or they can be made directly to police or to the Department of Community Services in your state or territory (Australian Institute of Family Studies 2020). (Chapter 2 addresses the legal obligations of disability support workers in detail.)

1.3.5 Keeping workplace records according to organisational record-keeping procedures

Different organisations have different policies and procedures regarding documentation and retention of information about support work interactions. Most organisations that provide individual support work use a system of progress notes that has been adapted to meet the needs of the organisation and the nature of the work being performed. Some funding bodies require that information is recorded relating to specific types of support and for the purposes of statistical analysis.

Documentation of support activities should generally serve the following purposes:

- to provide a record of where, when and by whom support was conducted
- to provide a permanent legal record that can be used as evidence in the event that complaints or incidents require investigation
- to provide a means to track a person's progress towards meeting their personal goals and aspirations
- to provide a means of communicating between support workers and others who may be providing support to a person
- to provide proof of service delivery to enable financial claims to be made
- to comply with the record-keeping requirements of funding bodies and regulators.

Documentation should always be factual and should never include speculation or personal opinions. Documentation should be compiled either by hand or using a computer as soon as possible after a service has been provided. Documentation of events should record the time when the event occurred. Progress notes should be written using language that any adult could understand and should always be free of jargon.

1.3.6 Implementing self-care strategies

RECOGNISING YOUR OWN SIGNS OF STRESS AND BURNOUT

All human services work is emotionally demanding. You only have one emotional system, and you have to use it with your family, your work colleagues, your friends and all of the people you support. Human interactions require a lot of concentration and energy, and that can be emotionally exhausting. If you are a

generally kind person, you may also find that working with people can be a bit disappointing at times. Not everyone will meet their goals, not everyone will overcome illness, not everyone will learn new skills—and you may feel at times that you aren't making much of a difference in the lives of the people you support. You may encounter angry, threatening and violent situations in your work, you may be assaulted or verbally abused, and this is likely to be a very traumatic experience. Working with humans can place workers in risky situations, and our emotional system usually responds by readying us to run or fight. This is how anxiety, or “stress”, is meant to work. It isn't a malfunction, but anxiety can build up to the point where you may feel very run-down, tense and jumpy. In the longer term, anxiety can take a toll on your body and your health and you may feel like changing jobs. This longer-term anxiety that is often experienced by support workers is sometimes called burnout.

It is important to know the signs and symptoms of burnout so that you can learn to manage it before it becomes too difficult to control. The following signs and symptoms have been associated with burnout:

Physical symptoms:

- headaches
- stomach-aches/intestinal issues
- fatigue
- frequent illness
- changes in appetite/sleep.

Emotional symptoms:

- helplessness
- cynicism
- sense of failure or self-doubt
- decreased satisfaction
- feeling of detachment or of being alone in the world
- loss of motivation.

Behavioural signs:

- reduced performance in everyday tasks
- withdrawal or isolation
- procrastination
- outbursts
- use of substances to cope. (Queensland Department of Health 2021)

Although most people experience these symptoms sometimes, burnout is a much more serious and enduring form of anxiety that is very exhausting and lasts for at least a few weeks.

WHAT TO DO TO AVOID BURNOUT

A number of ideas have proven to be very useful in managing the type of anxiety that often troubles human services workers.

1. *Physical exercise.* Moving your body in mild but energetic ways tends to loosen up the muscles that have become tense as a result of anxiety. Movement also stimulates the production of hormones that can help you to relax a bit.
2. *Slowing your breathing and slowing your mind.* Slowing your breathing alone will reduce anxiety, but if you combine this with a calming practice such as meditation the effect is even more beneficial.

3. *Work/life balance.* Human services work demands a lot of energy, thought and attention. It can be very exhausting if you find yourself thinking about work when you are at home or doing other things that shouldn't be work related. Finding a set of activities and distractions that help you to switch off from work can be very helpful. Sport is a great distraction for many people, but any hobbies that require you to use your hands and to concentrate will help you to switch off thoughts and feelings that are associated with work.
4. *Healthy lifestyle.* The human brain is an organ just like the heart and the liver. It relies on food for energy and on a lot of vitamins and minerals to operate well. A healthy diet is good for your brain and also reduces stress. Eating meals at regular intervals, going to bed at around the same time each night, and avoiding caffeine and alcohol in the hours after dinner have been reported to reduce anxiety.
5. *Supervision.* Some people who work in human services find it helpful to talk to a trusted counsellor or supervisor so that they can discuss issues or anxieties that arise through their support work. This professional supervision not only reduces uncertainty and anxiety about your work but is also a form of professional development and learning.



Regular exercise reduces work-related stress



Crafts and hobbies help people to switch off from work

Preventing burnout among people who provide support is of increasing interest to employees and employers. The Australian Industry Group is a major peak employer group that represents some of Australia's largest corporations. It has identified the very important role that workplace leaders can play in preventing burnout and promoting good mental health among employees. The following are suggested strategies:

- Show employees their value.
- Lead by example with reasonable working hours.
- Set clear goals that are well communicated.
- Develop employees and set them up for success.
- Adopt psychologically safe leadership. (Australian Industry Group 2022)

The Australian Industry Group's emphasis on the role of leaders in shaping psychologically safe workplace experiences seems to locate the cause of burnout not within the individual worker but within the expectations, practices and relationships that exist within work environments. This shift in thinking may have very positive psychological implications for the wellbeing of Australian employees in the future.

WORKPLACE SCENARIO

Psychologically safe workplaces

Jack is a youth mental health counsellor with a national youth health network. He feels very privileged to have worked for the past two years as part of a team of dedicated counsellors and youth workers in this innovative and professional organisation. Jack's team has won awards within the organisation for their academic publications and for being the service that generated the largest number of referrals last year.

Lately, Jack has been taking occasional days off work due to a series of minor illnesses. He has also backed out of some social activities and is worried that he isn't doing a good enough job with the young people he supports. He is cranky with himself for not achieving as much as his colleagues.

Jack's boss, Mark, has noticed some changes in Jack's mood and decides to talk to him. He tells Jack that he admires his work and his dedication, and assures him that he is a very valued part of the team. Furthermore, he tells him that he is making a huge difference in the lives of the young people he supports. When Jack tells Mark that he feels he isn't keeping up with his colleagues, Mark replies that helping people isn't a competition and that everyone has a unique way of working. Jack appreciates this chat with his boss and agrees to talk with him again in a few days.

CHECK YOUR UNDERSTANDING

1. Why is it important to regularly check the progress of your work with the people you are supporting?
2. Why is it unhelpful to refer to someone as "wheelchair bound"?

SUMMARY

- Disability support work in Australia covers a broad range of activities.
- Effective support workers put the people they support at the centre of planning and decision making.
- There are many laws, standards and policies that guide how support work is done.
- People with disability can communicate their goals and preferences.
- Australian support services use individual planning and person-led support.
- It is important to understand and to look after your own physical and mental health in disability support work.

REVIEW QUESTIONS

- 1.1 Who should you include in your list of local service providers and professional people that you might want to refer people to?
- 1.2 Why was it necessary for the United Nations Convention on the Rights of People with Disabilities to include special advice for women and girls with disability?
- 1.3 What are some of the advantages of using digital technology in disability support work?
- 1.4 What are some things you can do to avoid burnout?

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