Practitioners' guide to the *Disability Act 2006*

**Accessibility**

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Introduction

Welcome to the *Disability Act 2006* (the Act) guide for practitioners. This guide has been developed by the Department of Human Services (the department) to provide advice and direction **for people (practitioners) working within the disability support sector** to ensure that services are aligned with the Act.

About this guide

This guide is designed to assist you, the practitioner, to meet the requirements of the Act.

It will function as a valuable reference tool to assist your understanding of this important legislation and how it applies to the provision of services to people with a disability.

Obtaining skills in the delivery of services or information on policies and procedures of any specific Disability Service Provider (DSP) will need to be sourced elsewhere. Policies that are referred to in this guide are the policies of the department.

Structure and purpose

There currently exist a number of technical guides and references to the Act, which can be accessed via the department’s website at www.dhs.vic.gov.au/ds/disabilityact This guide is structured to provide an overview of various sections of the Act and provide practical examples of how they may be applied in support provision.

Just as each person with a disability is unique, so are their life experiences. The examples in this guide are not designed to cover every possible scenario experienced by people with a disability. Rather, they are aimed at reinforcing the intent of the Act through practical examples of common situations.

As a practitioner, it is important to be aware of the circumstances of each person you interact with and familiarise yourself with their unique situation and relevant factors. If you are in doubt about your responsibilities, always check with a supervisor.

The *Disability Act 2006*

The *Disability Act 2006* commenced on 1 July 2007. The Act provides the framework to enable people with a disability to more actively participate in the community. The Act is guided by the principles of human rights and citizenship.

The Act also provides the framework to deliver more flexible support based on maximum choice and a person’s individual requirements.

This guide includes the following topics:

* intent and guiding principles of the Act
* being included in the community
* access to disability services
* planning for people
* strengthening rights in residential services
* providing better complaint and review systems
* providing high quality services
* protecting the rights of people subject to restrictive interventions and compulsory treatment.

How to use this guide

The guide consists of 8 topics, which are arranged to cover the key areas of the Act.   
A glossary of terms is also included.

The package will take approximately one hour to read through and is designed to be self paced. It provides practitioners with an overview of each topic, with a brief assessment task   
at the end of each one. Links are also provided to enable self assessment and more in-depth exploration of each topic.

The topics are organised into the following sections:

* Key information about the Act, which includes the references for the relevant sections of the Act.
* What does this mean for your work? Including key messages and case studies.
* A brief assessment task, to allow you to assess your own learning.
* Links to further information, including policies, guidelines and web addresses.

Topic 1 Intent and guiding principles of the Act

Topic 1 Intent and guiding principles of the Act

Key information about the Act

*The purpose of the Act is to provide a new legislative scheme for persons with a disability which reaffirms and strengthens their rights and responsibilities and which is based on the recognition that this requires support across the government sector and within the community.*

Disability Act 2006, Section 1.

The Act outlines two sets of principles that, wherever possible, should be used when providing disability services. The first set of principles include that people with a disability should have the same rights and responsibilities as other members of the community. The second set of principles highlight disability service providers’ responsibilities in the provision of supports and services. The full description of the principles can be referenced within the Act at Section 5 (1), (2), (3), and (4).

Broadly these principles relate to:

* people with a disability being afforded the same rights and responsibilities as other members of the community
* disability services being designed and provided in a way that reflects each person’s individual needs (such as considerations for accessibility of information, community inclusion, cultural background and advocacy).

The Act specifies that if there is a restriction on a person’s rights or opportunities, the option chosen must be the least restrictive possible in the circumstances.

The Act also sets out the requirements for providing information to ensure that people with a disability are fully informed of their rights and responsibilities. This information must, where possible, be explained to the person and provided in a format that the person is most likely to understand.

Relevant sections of the Act

1-5, 7, 89

What does this mean for your work?

As a practitioner, it is important to remain aware of the principles of the Act when supporting people with a disability.

* Provide information that is easily understood by the person with a disability

Consider that there will be a range of factors that influence how each person communicates and takes in the information presented to them. By knowing about each person and knowing effective communication techniques, it will be possible to ensure successful communication. Think outside the square and remember that collaboration often yields the best results. If a person with a disability wishes, practitioners should work in partnership with family, carers, friends or community organisations. This can promote the process of establishing trust while quickly overcoming many communication hurdles.

* Access information in a manner appropriate to the communication and cultural needs of the person with a disability

This is a critical point, and reflects the need for practitioners to be aware of the specific communication needs and cultural considerations of people they are supporting.

Halaia lived with her parents before she moved to a group home. Halaia's parents were born in Greece and Greek culture remains an important part of their lives. Halaia speaks some English but she and her parents speak mainly Greek at home. Halaia can recognise many symbols and a few words.

Before Halaia moved into the group home the practitioners worked with Halaia’s extended family to learn how to communicate with Halaia about day -to-day activities.

A communication book, posters and cards were made, containing pictures of items and activities. Each picture was labelled with the English and Greek name (with phonetic pronunciation for non-Greek-speaking people) to assist the practitioners to communicate with Halaia.

Halaia's mother was able to teach the staff and Halaia how to make some of Halaia’s favourite meals. These meals were photographed and labelled to assist Halaia to choose meals.

* Be sure to fully inform people with a disability about services

Remember that services provided for people with a disability have an impact on their standard of living. People with a disability have a right to be fully informed about what supports they will receive from a disability service provider. Consider creative and interesting ways to keep people with a disability in the information loop. Practitioners may also need to provide a family member or carer, friend, guardian or advocate with written information about these supports.

Josie was excited about moving to a residential service that was closer to her friends and family. However, she was a little hesitant about meeting new people.

As part of the transition process, a meeting was arranged for Josie and her family to get together with practitioners and residents from her current and new DSP so everyone could get to know one another and establish rapport.

This relaxed introduction was a great experience for Josie and was also a good way for the new practitioners and residents to get to know her and find out her likes and dislikes in preparation for her move.

* Respect for human worth and dignity as individuals

People with a disability have the right to make their own choices like all other members of the community. This may include how and where they live, food, entertainment, leisure and friends.

Margie has an intellectual disability and limited mobility. She lives in a house with four other people. She also enjoys drinking beer and wine and likes a drink with most evening meals. Margie is able to choose her own drinks and can decide how much she can drink by herself.

Margie has the right to choose to drink and it is important that practitioners working in the residential service find ways to support that choice, regardless of their personal preferences.

In line with Section 5.1.5 of the Residential services practice manual, the DSP created an individualised process to enable a staff member to assist Margie to buy alcohol.

By working with Margie, practitioners have been able to sensitively promote responsible drinking while supporting her to make her own decisions.

* Actively participate in decisions

People should be supported in the decisions that they make through encouragement and appropriate advice or support where needed.

* Be supported in individual choices

Our ability to make personal choices is part of our unique identity, however many people with a disability are provided with less choice than members of the wider community. For this reason, it is important to be aware of the choices available to a person and respect and promote their right to make these choices.

* Live free from abuse, neglect and exploitation

Every person with a disability should be able to live a comfortable life in their own home in their own community free from abuse, neglect or exploitation.

Links to further information

Provision of information policy – policy and information manual  
[www.dhs.vic.gov.au/disability/publications-library/policy\_and\_information\_manual](http://www.dhs.vic.gov.au/disability/publications-library/policy_and_information_manual)

Quality framework for disability services  
[www.dhs.vic.gov.au/disability/improving\_supports/quality\_framework\_for\_disability\_services](http://www.dhs.vic.gov.au/disability/improving_supports/quality_framework_for_disability_services)

Cultural & linguistic diversity strategy  
[www.dhs.vic.gov.au/disability/improving\_supports/cultural\_and\_linguistic\_diversity](http://www.dhs.vic.gov.au/disability/improving_supports/cultural_and_linguistic_diversity)

Quiz 1 Intent and guiding principles of the Act

1. **What are some of the ways you can effectively communicate with a person with a disability?**

a. verbally

b. with pictures and images

c. through writing

d. in the language of the person’s choice

e. any or all of the above.

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| Information provided to a person with a disability should be provided in a way the person is most likely to understand. |  |
| People with a disability should be supported in their individual choices. |  |
| The communication and cultural needs of a person with a disability should be taken into account when information is provided. |  |
| It is the responsibility of the person with a disability (and/or their family and carers) to find out about the services available from their DSP. |  |
| People with a disability should actively participate in decisions that affect their lives. |  |

1. **For each statement below, indicate whether it aligns with the guiding principles of the Act.**

|  |  |
| --- | --- |
| Statement | T or F |
| Any restriction to the rights or opportunities of a person with a disability must be used only as a last resort, and the least restrictive option must be used. |  |
| Services for a person with a disability should be designed and provided to meet the person’s individual needs. |  |
| People with a disability have the same rights and responsibilities as other members of the community. |  |

Topic 2 Being included in the community

Topic 2 Being included in the community

Key information about the Act

One of the objectives of the Act is to advance the inclusion and participation in the community of people with a disability. Through the development of a stronger whole-of-government and whole-of-community response, opportunities to strengthen collaboration between disability services and the wider community can be created.

The Act provides for the functions of the Victorian Disability Advisory Council, and requires the development of a Disability Action Plan.

* The Victorian Disability Advisory Council (VDAC)

*The VDAC provides advice to the Minister for Community Services on issues that affect people with a disability. The VDAC is a way for people with a disability to have a say in decision making on whole-of-government policy issues. Most council members have a disability and they come from a range of different backgrounds.*

* The State Disability Plan

*The current Victorian State Disability Plan (2002-12) sets the policy framework to drive positive changes in the provision of support and services for people with a disability. It is not limited to those organizations directly involved in the provision of disability services but includes broader community goals and expectations.*

The Victorian State Disability Plan’s vision for the future is that:

By 2012, Victoria will be a stronger and more inclusive community — a place where diversity is embraced and celebrated, and where everyone has the same opportunities to participate in the life of the community, and the same responsibilities towards society as all other citizens of Victoria.

A new plan will be required in January 2013.

* Disability Action Plans

*A Disability Action Plan is a plan designed to reduce barriers for people with a disability being able to participate as active community members, and make it easier for people with a disability to use services that are available to all Victorians.*

Government departments and statutory bodies must have a Disability Action Plan and report annually on their progress.

Relevant sections of the Act

4, 5, 7, 11-13, 37, 38

What does this mean for your work?

As a practitioner, it is important to promote inclusiveness through your role of providing support for people with a disability.

People with a disability have the same rights and responsibilities as other members of the community. Working towards the acknowledgement of these rights requires that you work with the community and other organisations to improve opportunities for people with a disability to be actively involved.

* Equal rights as those afforded all members of the community

Ensure that the basis of any support is to encourage and empower people with a disability to have equal opportunities to participate in their community.

A DSP that provides both residential and in-home services has introduced a community access program and has appointed a coordinator to develop programs and activities for people with a disability.

A number of activities will be available for people to participate in. The activities will be decided by participants and may include sports such football and swimming, or leisure activities such as shopping, movies, libraries, museums, the zoo and the science centre.

A community volunteering program was developed to source local volunteers who could assist individuals and small groups to engage with their community in specific ways.

The coordinator also joined a network of local organisations providing social and special interest activities for anyone within the community. Information on these groups is sent to everyone across the DSP.

Further information in regard to human rights can be found through the *Victorian Charter of Human Rights and Responsibilities Act 2006* and the *United Nations Convention on the Rights of Persons with Disabilities*.

* Focus on the individual interests of people with a disability

For community inclusion to be effective, the types of activities being participated in should be something a person with a disability wants to do.

* Work collaboratively

Working in collaboration generally brings rewards for everyone involved. Collaboration could include friends, family and carers, other service organisations, community organisations and social groups or clubs.

Jenny is an enthusiastic rugby league fan but her interest is not shared by any of the people she works or lives with. In recent seasons, she has been disappointed by her lack of success in finding someone to go to matches with her.

Jenny’s DSP offered to explore some options with her to increase her involvement in the sport, including an active membership with her club.

With Jenny’s permission and involvement, calls were made to the club (of which she is now a proud member) and the local volunteer centre, and an email was sent to staff of the DSP and other nearby DSPs to find other league fans who would be interested in going to matches with Jenny.

Over the following season, Jenny attended nearly all her team’s matches as well as a number of the club’s community events, supporting fundraising efforts by donating some scarves she had knitted in the team colours.

* Think outside the square

Pre-conceived ideas of what may be appropriate or achievable often create barriers that prevent people with a disability from participating in the community. Focus on where people can be involved and look for ways to make it happen through creative and innovative thinking.

Harry loves getting out of the house to visit parks, museums, lakes, beaches and rainforests.

As a result of these interests he is a member of many local and statewide groups, ranging from discussion forums to activity clubs. Through his membership he visits and learns about many of the different landmarks and locations across his city and state.

Because of this active involvement, Harry has also been asked to participate on local committees for event planning or cultural festivals.

Links to further information

Disability Advisory Council  
<http://www.officefordisability.vic.gov.au/disability_advisory_council.htm>

Victorian Charter of human rights and responsibilities  
[www.equalopportunitycommission.vic.gov.au/human%20rights/the%20victorian%20charter%20of%20 human%20rights%20and%20responsibilities/default.asp](http://www.equalopportunitycommission.vic.gov.au/human%20rights/the%20victorian%20charter%20of)

International Convention on human rights and disability  
[www.hreoc.gov.au/disability\_rights/convention.htm](http://www.hreoc.gov.au/disability_rights/convention.htm)

Quiz 2 Being included in the community

1. **What does VDAC stand for?**

a. Victorian Disability Assistance Centre

b. Victorian Drug and Alcohol Centre

c. Victorian Disability Advisory Council

d. none of the above.

1. **What is the primary purpose of the VDAC?**

a. To provide personal support services for people with a disability.

b. To provide advice to the minister about issues that affect people with a disability.

c. To run programs to increase community accessibility for people with a disability.

1. **The State Disability Plan is designed to:**

a. Provide a plan for disability service providers in Victoria.

b. Provide a plan for how people with a disability may access employment.

c. Provide a policy to ensure accessibility to public buildings.

d. Provide a policy framework to drive positive changes in the provision of support and services for people with a disability both by disability services and the broader community.

1. **A Disability Action Plan is put in place to:**

a. Make it easier for people with a disability to action complaints or grievances.

b. Enable better access to services in the community for people with a disability.

c. Ensure people with a disability work collaboratively with others.

Topic 3 Access to disability services

Topic 3 Access to disability services

Key information about the Act

The Act outlines a process for access to disability services. Its aim is to ensure that all people with a disability, regardless of their type of disability, can access disability services through a process that is:

* simple
* consistent across all disability service providers
* transparent and fair
* responsive and efficient.

The *Access Policy and Access Policy implementation guide* provides guidance for disability service providers in following the legislative and policy requirements regarding access.

Making a request for disability services

A request may be made by a person with a disability, or someone on their behalf, to access services from a disability service provider.

The disability service provider may either accept the request, or refuse the request if they believe another service system may provide a more suitable response or that the person does not have a disability.

Who can access disability services?

To access disability services a person must:

have a disability as defined in the Act, *and* be considered a priority for access to services.

Disability is defined in the Act as:

a. A sensory, physical, neurological impairment or acquired brain injury (ABI) or any combination thereof, which:

(i) is, or is likely to be, permanent; and,

(ii) causes a substantially reduced capacity in at least one of the areas of self care, self management, mobility or communication; and,

(iii) requires significant ongoing or long-term episodic support; and,

(iv) is not related to ageing; or

b. an intellectual disability; or

c. a developmental delay.

The process of determining if a person has a disability is called a target group assessment. When doing this assessment, DSPs need to focus on gathering the minimum information and supporting evidence required, rather than doing a formal assessment.

Where a person is not able to access services because they have been determined not to have a disability, they can appeal the decision through the Secretary of the Department of Human Services and the Victorian Civil and Administrative Tribunal (VCAT).

Before a person with a disability can access disability supports, they must also be considered a priority for access to these supports. This is determined by:

* reviewing the suitability of the disability service system to meet the person’s needs
* applying the priority indicators (these are outlined in the Access Policy and are to be used by all DSPs to assist in making decisions about who accesses disability supports)
* applying any program specific criteria, for example a respite service that is funded to provide services to children and young people.

Relevant sections of the Act

3, 49-51

What does this mean for your work?

Some people find accessing services a complicated process. As a practitioner, you can support a simple and responsive process for accessing disability supports.

* Streamlining processes to access services

The Act allows greater choice for people with a disability, their family or carers, as to which disability service provider they can approach to ask for support. The Act and the *Access Policy* also emphasise efficient processes for determining whether a person is able to access disability services.

* Looking at all support options

In deciding if a disability service is the best response to a person’s needs, a DSP should discuss any current supports that may be in place for the person and explore options to develop informal networks and community supports. Disability services would only be considered when the identified support required is beyond what is available and accessible in the wider community.

John lives with his mother, Celia, who has been his carer for most of his life. As Celia is becoming increasingly frail and is no longer able to care for John on a daily basis, she is helping him to start thinking about alternative supports.

When Celia contacted a DSP to request support she was given information over the phone about accessing services and how the service would help her and John through the process. The DSP sent information to Celia and John to assist their decision making.

John and Celia lodged a request for services and the DSP met with them both to gather information for the target group assessment and to identify John’s support needs.

The DSP quickly confirmed that John was in the target group for services and they worked with him and Celia to explore existing support options in the community and through disability services.

Links to further information

*Access policy*<http://www.dhs.vic.gov.au/disability/publications-library/access_policy>

*Access policy implementation guide*  
[www.dhs.vic.gov.au/disability/publications-library/access\_policy\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publications-library/access_policy_implementation_guide)

Quiz 3 Access to disability services

1. **A person with a disability may have:**

a. a sensory, physical, neurological or acquired brain injury

b. an intellectual disability

c. a developmental delay

d. all the above.

1. **Who can make a request for disability services?**

a. a general practitioner

b. the District Nursing Service

c. a person with a disability, or a person acting on their behalf

d. a community health professional.

1. **If a decision has been made that a person does not have a disability, if they do not agree with the decision, what is their next step?**

a. access the DSP’s grievance policy

b. there is no further step

c. try another service provider

d. ask the Secretary Department of Human Services or the Victorian Civil and Administrative Tribunal to review the decision.

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| Disability services should be considered when the support identified is beyond the scope of what is accessible or available in the wider community. |  |
| The only requirement for a person to access disability services is that they have a disability. |  |

Topic 4a Planning for people

Topic 4b Support plans

Topic 4a Planning for people

Key information about the Act

Planning is the key mechanism for people with a disability and their families and carers to identify their goals and aspirations throughout their various life stages from childhood and adolescence to adulthood and ageing, and to work out how these may be achieved.

Section 52 of the Act states that planning should:

* be individualised
* be directed by the person with a disability
* where relevant, consider and respect family members and other people who are important in the life of the person with a disability
* where possible, strengthen and build capacity within families to support children with a disability
* consider the availability to the person with a disability of informal support and other support services generally available to anyone in the community
* support communities to respond to the individual goals and needs of people with a disability
* be underpinned by the right of the person with a disability to have control over their own life
* advance the inclusion and participation in the community of the person with a disability with the aim of achieving their individual aspirations
* maximise the choice and independence of the person with a disability
* facilitate tailored and flexible responses to the individual goals and needs of the person with a disability
* provide the context for the provision of disability services to the person with a disability and, where appropriate, coordinate the delivery of disability services where there exists more than one DSP.

The Act also notes that planning ‘encompasses a range of responses from a brief discussion and agreement about actions required through to an extensive process and the development of a plan across a whole range of life areas documented in a format that is meaningful to the person and their network’.

Under the Act, DSPs are required to provide assistance with planning when asked to do so by a person with a disability or their family or carers, and are required to offer assistance with planning to any person with an intellectual disability who has requested a service.

All DSPs have discussions with the people they are supporting about their needs and help them to understand the available options. This may include the DSP providing information and advice and, where necessary, making referrals to more appropriate support options.

Assisting a person with planning explores the person’s goals and vision of the kind of life they would like to lead and then considers the kind of support they may need to achieve this. It looks at:

* What *informal* supports the person may have and how they could be strengthened or developed further.
* What *community-based* supports are available and how the person with a disability could be linked in to them.
* What *disability-funded* supports are needed, if any, to meet any remaining needs.

The outcomes of the planning process may be recorded in a plan. This plan belongs to the person with a disability and is recorded in a format that is meaningful to them, for example, written down, put together as a photo album or scrap book, or recorded as short films or presentations on a DVD.

Further information regarding *support plans* is provided in Topic 4b.

Relevant sections of the Act

52-55, 223

What does this mean for your work?

Planning is an activity that a person with a disability will undertake at different points in their life and, depending on the person’s needs or situation, will vary in complexity and length or intended outcomes.

Planning is usually undertaken at three key points:

* When a person first makes contact with the disability service system to determine what they need, or when a person already receiving a disability service needs to make a substantial change to their supports.
* When a person receives a disability support and needs to develop a plan. Where this is an ongoing support, this plan is a support plan (see Topic 4b).
* When reviewing a person’s supports at either their request or as mandated by the Act (see Topic 4b).

Regardless of when planning occurs or its intended outcome, any DSP providing planning at any point must ensure that it follows the guiding principles set out above.

Good planning is directed by the person and their support network as much as possible and responds to the particular situation of the person. Many people with a disability and their families and carers are able to undertake some or all of their own planning, and should be supported to do so wherever possible.

Some points to remain aware of when planning with people:

* Consider who should be involved

The person with a disability is at the centre of the planning process and must be supported to be as actively involved as possible. Ask the person with a disability who they want to be involved in the planning process; there may be a particular family member or carer who is important to the person and can make a valuable contribution.

* Focus on the person

It is important to ask questions that help establish what the person needs. Every person’s situation will be different and it is important not to assume either too much or too little about what the person may need.

* Disability supports are only one of the support options that are available

Planning must explore all the support options available to a person, including both informal and community supports. Disability supports complement the services and supports already available to anyone in the community and should not replace or duplicate other services.

* Think outside everyone’s square

It’s important to be aware of and manage any pre-conceived ideas that you, the person with a disability or a family member or carer may have about what is considered appropriate or achievable, or what supports are available. Exploring a person’s goals and needs without reference to the service system will help create ideas and opportunities that may not happen otherwise.

Look at how a person’s informal support networks can be strengthened and be aware of different options and supports available in the person's area beyond the disability service system. It is the planner’s role to think creatively and innovatively about how a person’s needs can be met.

Mark is 16 years old. Mark’s parents want some regular time out and want Mark linked into respite services. Mark loves playing his guitar and talking to other young people who love music. Mark dreams of being a pastry chef one day and playing in a band.

Mark and his mum and dad met with Mark’s worker to talk about their goals and plan how they could achieve what they wanted.

As a result, Mark’s worker has linked Mark into two groups that he really enjoys. Mark has met several new friends through the group he has joined for young people with a disability. This group meets every Tuesday afternoon.

Mark is also attending Club Wild every Friday afternoon. Here Mark meets with other young people who also love music, video and performance. Mark plays his guitar at the club. Mark and three other boys are talking about starting up a band.

Mark also enrolled in a part-time vocational cooking course at TAFE next semester.

Mark now has an outlet for his passions, has made new friends and is moving closer towards his long-term dream of becoming a pastry chef and may even play in a band.

Mark’s parents have watched their son’s confidence grow, along with his independence. They’re enjoying the regular time out, while Mark is out enjoying his new activities.

* Consider communication needs

Some people with a disability may have particular communication needs that are required to be taken into account by the planner. As planning is a person-centred process, it is critical that the person is supported to participate and articulate their needs and goals as much as possible. This may involve the use of particular communication aids or may mean ensuring that a family member or carer who is familiar with the person’s personality and communication style can support them in the planning process.

* Contribute positively to the planning process

As a professional, you have knowledge and experience of the disability and broader service system that a person with a disability may not have.

However, it is vital to remember that the expert on a person’s needs is the person themselves, along with their family and carers. A planner must know how to listen carefully and apply their skills and knowledge to establishing the needs of the person and working out how these can best be met.

* Strengthen and build capacity around the person with a disability

Family, carers and other significant people in the life of the person with a disability provide them with crucial support. Planning should consider the needs of the broader family unit when appropriate, for example, when planning for a child or young person with a disability, and incorporate strategies to strengthen their capacity and build resilience.

Links to further information

*Planning policy*<http://www.dhs.vic.gov.au/disability/publications-library/planning_policy>

Planning resource kit and implementation guide  
[www.dhs.vic.gov.au/disability/publicationslibrary/planning\_resource\_kit\_and\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publicationslibrary/planning_resource_kit_and_implementation_guide)

Quiz 4a Planning for people

1. **What is the primary function of the planning process?**

a. to provide the DSP with a plan outlining support services to be provided to a person with a disability

b. to help the department measure costs and budgets associated with disability support services

c. so the person with a disability can identify their aspirations and goals and develop strategies so these may be achieved

d. to provide a way to measure the success of DSPs.

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| Planning must follow a prescribed process as outlined in the Act. |  |
| Family and carers of a person with a disability shouldn’t be involved in the planning process as it is the person’s plan. |  |
| A DSP should provide advice and information to the person with a disability to help inform the planning process. |  |
| The plan should reflect the goals and aspirations of the person with a disability. |  |

1. **When should planning be undertaken?**

a. When a person with a disability first makes contact with the disability service system.

b. In cases where new or additional disability support services are required.

c. As a result of reviewing a person’s existing support plan (due to request, timing or other requirement).

d. All of the above.

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| A DSP is required to provide assistance with planning when requested by a person with a disability. |  |
| Planning assistance will be provided depending on the needs of the person. |  |
| If a person with an intellectual disability has requested a service from a DSP, assistance with planning must be offered. |  |

1. **What areas should be explored or considered in relation to planning?**

a. the goals and aspirations of the person with a disability over the short, medium or long term

b. support available to the person through informal support networks

c. community supports and organisations that could assist with the achievement of goals and strategies

d. directly-funded disability support services

e. all of the above.

Topic 4b Support plans

Key information about the Act

The Act requires that a support plan be developed for people who use ongoing disability services. Ongoing disability services are:

* individual support packages
* flexible support packages
* shared supported accommodation
* residential institutions.

The last of the planning principles set out in the Act states that planning should ‘provide the context for the provision of disability services to the person with a disability and where appropriate coordinate the delivery of disability services where there are more than one disability service provider’.

In practice, this means that while the development of a support plan is a planning process like any other and must focus on the needs and goals of the person with a disability and their family and carers, the particular purpose is to set out how a person’s supports are provided and to ensure that everyone involved has a clear understanding of their role.

While goals and strategies related to ongoing disability services are the minimum requirements for inclusion in a support plan, a support plan should also include goals and strategies relating to other disability supports, community supports and informal supports, unless the person with a disability chooses otherwise. Where a person receives more than one ongoing disability support, they must always be offered the opportunity to have a single support plan. If the person chooses to develop separate support plans they should be supported to do so.

Support plans must be reviewed at least every three years, or at the request of the person. A person with an intellectual disability living in a residential institution must have their support plan reviewed at least annually.

A support plan should not include specific information about personal care, health care or other personal or private information for daily living.

Relevant sections of the Act

54, 55

What does this mean for your work?

A DSP may be involved in the development of a person’s support plan in two different ways: helping coordinate the development of a person’s support plan; or, participating in the planning process.

Any DSP providing an ongoing support is responsible for ensuring that a support plan is in place. This does not necessarily mean that they are responsible for its development.

The development of a support plan should be directed by the person and their family and carers as much as possible. The person may choose to develop the support plan themselves or have a family member, carer or friend do so, or they may ask a DSP to develop the support plan under their direction.

Only providers who are part of the development of a support plan can be allocated roles and tasks as part of that support plan. If a person with a disability chooses not to have a particular provider involved in the development of a support plan, then no responsibilities can be attributed to that provider. In such a circumstance, the person with a disability and the disability service provider must determine an alternative process for planning in relation to that service.

* Tap into the support plan as the valuable resource it is

While the goals of a support plan belong to the person with a disability, it is essential that DSPs are active contributors to the strategies required to achieve these goals. Both the person with a disability and DSPs have a role in the development and monitoring of the support plan and a joint commitment to the strategies included in it.

Jamie had been attending a day service for 12 years when his support plan was developed. During the planning process, Jamie identified that he wanted to be involved in a range of activities in the local community. Jamie’s mother was concerned about his safety.

With the goal of gaining greater independence and decreasing staff support, Jamie wanted to learn to use public transport so he could undertake activities in his community.

To achieve Jamie’s goals, local services were identified and put in place to ensure his safety. Staff interested in working with Jamie to achieve his goals were identified. They met with Jamie and his mother to discuss his support plan and the potential benefits for Jamie.

Jamie was given training on how to use public transport and a mobile phone. Jamie was shown around his community and tried several activities to help him make a decision about what he wanted to do.

Jamie now uses public transport and his mobile phone independently. Jamie is taking part in activities that he has not done before, has met new friends and does not spend as much time with support staff as he used to. Jamie and his mother are proud of what he has achieved.

* One support plan

Where a person with a disability is receiving more than one ongoing service, a single support plan should be developed unless the person with a disability requests otherwise. A person with a disability should be supported to make decisions about what, and how, information is shared between providers.

Links to further information

Planning policy  
[www.dhs.vic.gov.au/disability/publications-library/planning\_policy](http://www.dhs.vic.gov.au/disability/publications-library/planning_policy)

Planning resource kit and implementation guide  
[www.dhs.vic.gov.au/disability/publicationslibrary/planning\_resource\_kit\_and\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publicationslibrary/planning_resource_kit_and_implementation_guide)

Quiz 4b Support plans

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| A support plan is required to be developed for any person using ongoing disability services. |  |
| A person with a disability should have one support plan incorporating details of all services they access, unless they request otherwise. |  |
| A person with a disability directs the development of their support plan. |  |
| There are no required timeframes to review support plans. |  |

1. **Which of the following does not belong in a support plan?**

a. details of community supports or services that will be accessed by a person with a disability

b. details of all services and service providers who will be providing a service for a person with a disability

c. details of any personal care or health care provided to a person with a disability.

Topic 5a Strengthening rights in residential services

Topic 5b Community residential units

Topic 5a Strengthening rights in residential services

Key information about the Act

A residential service is the broad term used for a variety of arrangements where a DSP provides both accommodation and support where people with a disability live. There are many terms used to describe residential services including community residential units (or group homes), shared supported accommodation, residential houses and residential units.

*Section 3, Part 1* of the Act defines a residential service as:

*Residential accommodation with rostered staff provided by, or on behalf of, a DSP for the purpose of providing disability services to:*

*a. one or more residents in a community residential unit; or*

*b. one or more residents in a residential service other than a community residential unit.*

This topic talks about some of the broad rules for residential services. Additional provisions for community residential units (also known as group homes) are mentioned in Topic 5b of this guide.

People with a disability who live in a residential service are referred to as residents within the Act, and this term is also commonly used within the sector.

DSPs need to provide a residential statement to any person who starts living at a residential service. This statement needs to be explained and provided in a format and language that will be most easily understood by the person with a disability. It needs to include:

* the type of residential services to be provided
* the length of time that the residential statement covers
* the amount to be paid as the residential charge and what the residential charge covers
* any conditions that apply to the provision of the residential services
* a statement of resident’s rights and duties. this includes information such as:
  + the right of the person to see a community visitor
  + the right of the person to make a complaint
  + how to make a complaint.

Section 58 details the rights and responsibilities of the DSP, including:

* ensuring residents are treated with dignity and respect
* ensuring good and timely repair and maintenance of the premises and minimising disruption to residents during any maintenance
* not interfering with a resident’s right to privacy or proper use and enjoyment of the premises
* ensuring the security of a resident’s property
* ensuring a resident is not unreasonably limited in their access to the premises.

Section 59 details the rights and responsibilities of residents, including:

* the premises need to be used for residential purposes only (unless consent is given by the DSP)
* paying any specified charges
* maintaining and contributing to a safe and hazard-free environment
* not intentionally interfering with the rights of other residents
* not using the room for illegal purposes
* not intentionally causing damage to the premises.

Section 60 sets out rules regarding entry to a residents’ room. These rules draw a balance between the residents’ right to privacy and the need to ensure the safety of everyone who lives and works in the residence. Some of the relevant points regarding room entry include:

* Practitioners may enter a resident’s room to carry out support or services as outlined in the resident’s support plan or behaviour support plan.
* Residents may give their consent to a practitioner entering their room at any time.
* The DSP may give 24-hours notice in writing of an intention to enter a room for such activities as refurbishment, repairs, maintenance or displaying the room to a prospective resident or buyer/lender.
* Certain provisions allow for entry without notice, such as urgent repairs, a health or safety risk, an emergency.

Section 90 sets out that a DSP or anyone employed by a DSP must not act as a financial administrator for a person being provided with disability services by that organisation.

Relevant sections of the Act

56-88, 90

What does this mean for your work?

Practitioners who work in a residential service need to remember that the workplace is primarily a home. A balance should be found between the need for a professional workplace and the need for a homely environment.

* Remember that the house is firstly a home

The residential service is a home to each person and, as such, it is important to respect the home and its occupants as you would like to be respected in your own home.

John has been living in a group home for over six years and has never really shown much interest in keeping his room neat. Sally has recently started working in the group home and has been trying to get John to keep his room clean and regularly brings the issue up with him.

Sally should not expect John to maintain a standard of tidiness that she might have in her own home, although it is fair to expect that he keeps his room free of fire or safety hazards. Sally could discuss the safety aspect with John and try to agree on ways for them both to keep certain areas clear.

* Contribute to open and accessible information for residents

Be aware of and understand the residential statement provided by your DSP as you may be called on to help a resident to understand or remember a part of it.

Jenny was supported to become familiar with the terms of her residential statement when it was put in place.

Unfortunately, Jenny has started to have memory lapses, which can make her distressed and anxious. On one occasion, Jenny seemed very frustrated that a residential charge was being levied repeatedly.

After talking with Jenny to understand her concern you realised that she had lost her residential statement. You provided Jenny with a new copy to read through and you both agreed to put the statement in a prominent position in her room so she could refer to it whenever she liked.

* Respect the rights of residents when seeking to enter a room

In providing support to a person you may need to enter their room. If the person is present, you should first make sure it is OK with them and let them know what it is you need to do. You should not enter a person’s room when they are not present unless it is an emergency or you have permission. It is also important to remember that there may be times when you need to enter a person’s room to provide support in an emergency.

Josh (a practitioner in a group home) has been asked to organise the vacuuming of the house, each of the rooms may need to be cleaned. As Josh makes his way to each room, he knocks on the door and asks if it is alright to come in and either vacuum the room or assist the resident to do this.

Sonya has gone to see a movie with another staff member and her sister and probably won’t be back for quite a while.

Josh leaves Sonya’s room and continues with the other residents. When Sonya returns later she agrees to help him with the task and they vacuum her room together.

* Actively support people with a disability to direct their own lives

Like everyone, people living in a residential service, have individual needs and wants and communicate these in a variety of ways. As a practitioner you are required to provide people with opportunities to make their own choices and decisions.

Bill lives in a group home and likes to have vegemite on toast for breakfast and has done so every day for as long as anyone can remember. A worker in the house decides to give Bill a change one morning and give him strawberry jam on his toast instead.

Bill is upset by the change and adamantly requests a piece of toast with vegemite on it. It is only for Bill to decide if, and when, he may be bored with vegemite on his toast. He knows his likes and dislikes best. Bill should let you know what he wants, and should be encouraged to do so.

* Take care in relation to handling money for people with a disability

Residential services may hold a limited amount of money on behalf of people with a disability as there may not be a safe or secure storage place available. Also, there will be occasions when you may be asked to spend money that belongs to a person with a disability. Keep all records of transactions when dealing with another person’s money and ensure you follow your organisations’ policies and procedures.

Sonya’s mother left her $200 for some new clothes during her last visit and Sonya has asked one of the practitioners, Kate, to help her with the shopping.

Kate accompanies Sonya shopping. At Sonya’s request Kate offers advice around how to handle money safely.

This also ensures that Kate does not control Sonya’s money, in line with the organisation’s procedures.

Link to further information

*Strengthening rights in residential services policy*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/disability\_service\_providers/strengthening\_rights\_in\_residential\_services\_policy](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/disability_service_providers/strengthening_rights_in_residential_services_policy)

*Residential statement*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/residential\_services/residential-statement](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/residential_services/)

*Rights & accountabilities: Management of money policy*  
[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

*Guidelines for setting and collection of residential charges – community service organizations*[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/residential\_services#units](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/residential_services#units)

*Department-managed residential services, residential charges policy – Longer term accommodation and facility based respite*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/disability\_service\_providers](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/disability_service_providers)

*Residential Services Practice Manual*  
[www.dhs.vic.gov.au/disability/publications-library/residential\_services\_practice\_manual](http://www.dhs.vic.gov.au/disability/publications-library/residential_services_practice_manual)

Topic 5b Community residential units

Key information about the Act

The Act also allows for residential services to be declared community residential units (CRUs). In order for a residential service to be a CRU this must be formally declared by the Minister.

CRUs have all the rights and responsibilities as outlined in Topic 5a as well as some additional provisions, including:

* a set residential charge by the DSP, which incorporates all costs associated with the services outlined in the residential statement
* issuing of notices for certain events, such as ending the residency of a person with a disability and temporary relocation of a person with a disability
* rights of appeal to VCAT regarding certain situations, including the residential charge and notices to vacate.

Group homes

In practice, long term residential services are known as group homes and, as appropriate, are formally declared Community Residential Units under the provisions of the Act.

Relevant sections of the Act

63-85

What does this mean for your work?

If you are a practitioner working within a CRU it is important to familiarise yourself with the various notices that may be issued and understand the impact these may have on residents.

You should also actively participate in meetings where these notices are being discussed, either with staff prior to distribution, or with residents and their family after a notice has been issued.

Link to further information

*Strengthening rights in residential services policy*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/disability\_service\_providers/strengthening\_rights\_in\_residential\_services\_policy](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/disability_service_providers/strengthening_rights_in_residential_services_policy)

*Residential statement*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/residential\_services/residential-statement](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/residential_services/residential-statement)

*Rights & accountabilities: Management of money policy*  
[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

*Guidelines for setting and collection of residential charges – community service organizations*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/residential\_services#units](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/residential_services#units)

*Department-managed residential services, residential charges policy – Longer term accommodation and facility based respite*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/disability\_service\_providers](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/disability_service_providers)

*Residential Services Practice Manual*  
[www.dhs.vic.gov.au/disability/publications-library/residential\_services\_practice\_manual](http://www.dhs.vic.gov.au/disability/publications-library/residential_services_practice_manual)

Quiz 5 Strengthening rights in residential services and community residential units

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| Practitioners may enter a resident’s room without notice if there is an emergency. |  |
| Practitioners should respect a person’s privacy and ask before entering their room. |  |
| Practitioners are there to tell residents what they can and can’t do. |  |
| All areas of the house should be maintained to ensure the health and safety of residents and practitioners. |  |
| Practitioners must assist a person to understand their residential statement by explaining and providing it in a format easily understood by the person with a disability. |  |

1. **In what circumstance may a practitioner enter the room of a person living in a residential service?**

a. in an emergency

b. when requested, or invited, by the person with a disability

c. to carry out support or services as outlined in their plan

d. all the above.

1. **Can a resident have friends over in their room?**

a. if the DSP agrees

b. if the family of the person with a disability agrees

c. if the person lets other residents and staff know and respects other peoples rights

d. if all of the above conditions are met.

1. **Please indicate for each statement whether it is true or false.**Tor F

|  |  |
| --- | --- |
| Statement | T or F |
| There is no difference between a community residential unit and a residential service. |  |
| Community residential units must fulfil all the obligations of a residential service. |  |

Topic 6 Providing better complaint and review systems

Topic 6 Providing better complaint and review systems

Key information about the Act

Receiving and responding to feedback to inform change and promote best practice are critical in the provision of quality and responsive services.

The Act seeks to ensure that people with a disability, as well as their friends, family, carers and advocates, are able to easily provide feedback about supports and services.

Information about how to make a complaint or provide feedback must be provided to people with a disability when they start using a service. The information must be explained to a person with a disability and must be available in accessible formats.

If a person with a disability is not able to understand information about the complaints and feedback process, this information should be given to a family member, carer, friend, guardian or advocate or other person chosen by the person with a disability.

The Act outlines a series of responsibilities to ensure that complaints are received, acknowledged and acted upon appropriately, namely it:

* Creates a clear obligation on each DSP to create a complaints management process.
* Requires that all people using services are given information regarding how to make a complaint both to the DSP and the Disability Services Commissioner.
* Requires each DSP to have an internal process to receive and act on complaints that is timely and transparent.
* Requires each DSP to ensure that any person making a complaint is not adversely affected as a result of the complaint being made.
* Establishes an independent Disability Services Commissioner (the commissioner) with the power to conciliate and investigate complaints about the provision of services by DSPs.
* Requires that each DSP report annually to the commissioner on complaints received and how they were resolved, and that the commissioner reports annually to parliament.

Relevant sections of the Act

7, 89, 104, 105, 106

What does this mean for your work?

As a practitioner, it is important to encourage feedback and to make yourself aware of the variable factors relating to complaints and feedback. Complaints are always best managed locally and provide an opportunity for DSPs to improve the services and supports that they provide.

In addition to knowing about the role of the Disability Services Commissioner, you should familiarize yourself with your organisation’s policies and procedures. There are other avenues that may be utilised for complaints by people with a disability, such as Ombudsman Victoria and the National Disability Abuse and Neglect Hotline (funded by the Commonwealth Government).

You may need to facilitate the complaints process by being able to assist a person with a disability or the significant people in their life to make a complaint or provide feedback.

* Be aware of the feedback process for your organisation

People who use the services of your DSP may not be aware of how they can provide feedback. Some people may also be worried that if they speak up about something their services may be reduced or stopped.

The Act specifies that people with a disability must be informed about how to make a complaint and must not be adversely affected if they complain or a complaint is made on their behalf.

Having recently started working in a new residential service, Gary was told by many of the other practitioners that Mary, one of the residents, often verbally complained about aspects of the service. As Mary had not made a written complaint, the staff incorrectly assumed that her complaints were not legitimate.

During his second week, Mary mentioned to Gary that she felt that another staff member spoke down to her and treated her unkindly. Gary let Mary talk about her concern and asked her why she hadn’t brought it up with someone else. Mary replied that she felt like she was not taken seriously as there had never been any action from her verbal feedback.

Realising that Mary might need assistance in using the complaints process, Gary asked her permission to follow up her concerns. He gave Mary an indication of when she should expect some response and explained if there were any problems during, or as a result of, the complaints management process, she could go to the Disability Services Commissioner.

Mary’s concerns were followed up through the complaints process. Mary was supported to understand the outcome and actions of the process.

Links to further information

*Disability Services Commissioner*  
[www.odsc.vic.gov.au](http://www.odsc.vic.gov.au)

*Policy and information manual*  
[www.dhs.vic.gov.au/disability/publications-library/policy\_and\_information\_manual](http://www.dhs.vic.gov.au/disability/publications-library/policy_and_information_manual)

Quiz 6 Providing better complaint and review systems

1. **Please indicate for each statement whether it is true or false.**

| Statement | T or F |
| --- | --- |
| The Act requires a DSP to have a complaint management process. |  |
| It is the responsibility of a person with a disability to research information about how their DSP handles complaints. |  |
| The DSP is responsible for ensuring that information about how to make a complaint is given to service users. |  |
| Practitioners should encourage people using their service to provide feedback. |  |

1. **What is the responsibility of the Disability Services Commissioner?**

a. To review the services provided by each DSP and lodge complaints on behalf of people with a disability where services can be improved.

b. To tell each DSP how it must deal with and process complaints.

c. To conciliate and investigate complaints about the provision of services by DSPs.

1. **When is a DSP required to inform a person with a disability about the role of the Disability Services Commissioner and how to make contact with the commissioner?**

a. never

b. when a complaint is lodged by a person with a disability

c. when a person with a disability starts using disability services

d. when directed by the department.

Topic 7 Providing high-quality services

Topic 7 Providing high-quality services

Key information about the Act

The provision of a quality service is crucial to ensuring that people with a disability are receiving the best range of supports to assist the achievement of their personal goals and aspirations.

Some of the key measures within the Act relating to quality services include:

* An organisation must show they can provide a disability service within the requirements of the Act to be registered as a DSP. Details from the register of DSPs are publicly available on the department’s website.
* The Minister for Community Services (the minister) determines the standards to be met by DSPs.
* The secretary of the department determines the performance measures for DSPs to meet the standards.
* Requirements relating to monitoring of performance, including review by independent assessors.
* Provision for community visitors to monitor the quality of residential services and report on their findings.

The minister has approved the following as the Standards for Disability Services in Victoria that are to be met by DSPs:

* **Outcome standards**  
  *individuality; capacity; participation; citizenship; and, leadership.*
* **Industry standards**  
  *service access; individual needs; decision-making and choice; privacy, dignity and confidentiality; participation and integration; valued status; complaints and disputes; service management; and, freedom from abuse and neglect.*

The department has also established a Quality Framework for Disability Services in Victoria (further information about the Quality Framework is available from the department or your organisation). The framework is a continuous quality improvement resource. The standards are integral to the Quality Framework. Disability service providers are subject to independent monitoring of compliance with the standards. All DSPs are required to achieve certification by 2012. There will be periodic surveillance audits to ensure quality is maintained and continuously improved.

Disability services provided by the department are covered by the same Quality Framework and independent monitoring regime as all other service providers.

Relevant sections of the Act

28-36, 40-48, 97-103, 129-132

What does this mean for your work?

As a practitioner, you are critical to the provision of high-quality services and the achievement of outcomes for people with a disability.

It is important to know and practice your organisations’ policies and procedures and be familiar with the quality framework.

Actively contribute to services that are of the highest quality

The quality framework defines organisational practice areas. These practice areas cover the things that are important for practitioners to be aware of in their organisation’s day-to-day operations.

The organisational practice areas are:

* organisational culture and governance
* policies and practice
* support options
* working with the individual
* working with personal networks
* working collaboratively.

In working with people with a disability, Samantha, a house supervisor, recognised that clear and open communication between the residents and practitioners was critical to providing high quality services and achieving outcomes.

Samantha noticed that both the residents and practitioners were sometimes frustrated because of difficulties understanding each other’s communication methods. In particular, it seemed that residents had very little input into decisions made about their day-to-day activities.

As a quality improvement activity, Samantha arranged for the practitioners to attend a course on communication techniques to improve their skills and to assist residents to develop ways to communicate effectively.

Samantha noticed that as the practitioners began to use their new skills, both the residents and staff were less frustrated and more involved in choosing, planning and taking responsibility for the day-to-day decisions in the group home. There was a better understanding of resident’s needs, which helped everyone plan and work towards outcomes.

* The role of community visitors in residential services

Community visitors make unannounced visits to residential services to inquire into the services provided and the standard of the facility to identify any issues. People with a disability may also request a visit by community visitors; the residential service must forward this request to the Community Visitors Board within 72 hours. A DSP must provide assistance to a community visitor where requested and allow access to documents (excluding medical records, unless with the consent of the person with a disability).

Community visitors may drop in unannounced to a residential service to inquire into the quality of the service. They can inspect any part of the premises and talk with residents and staff.

Community visitors will be interested in things such as opportunities people in the house have for community inclusion and participation and whether information required to be provided to people in the house has been provided.

They may be following up on a specific issue raised by a resident or member of the community, but this is not always the case.

Links to further information

*Quality framework for disability services*  
[www.dhs.vic.gov.au/disability/improving\_supports/quality\_framework\_for\_disability\_services](http://www.dhs.vic.gov.au/disability/improving_supports/quality_framework_for_disability_services)

*Community visitor’s protocol*  
[www.dhs.vic.gov.au/disability/improving\_supports/community\_visitors\_program/community\_visitors\_protocol](http://www.dhs.vic.gov.au/disability/improving_supports/community_visitors_program/community_visitors_protocol)

Quiz 7 Providing high-quality services

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| The standards to be met by DSPs are determined by the department. |  |
| Practitioners have a responsibility to look for ways to improve services. |  |
| A person with a disability may request a visit from a community visitor. |  |

1. **What is the primary responsibility of community visitors?**

a. to accompany people with a disability on community outings

b. to visit local businesses in the community to monitor their disability accessibility provisions

c. to monitor the quality of residential services

d. to provide training to practitioners on quality services.

1. **Please indicate for each statement whether it is true or false in relation to the Quality Framework for Disability Services?**

|  |  |
| --- | --- |
| Statement | T or F |
| The Quality Framework is a quality improvement resource. |  |
| DSPs are subject to independent monitoring of compliance with the standards. |  |

Topic 8a Protecting the rights of people subject to restrictive interventions

Topic 8b Behaviour support plans

Topic 8c Protecting the rights of people subject to

compulsory treatment

Topic 8a Protecting the rights of people subject to restrictive interventions

Key information about the Act

The Act establishes strict rules to be followed where people with a disability are subject to restrictive interventions. These sections of the Act are aligned with universally acknowledged human rights.

Restrictive intervention means any intervention including a restraint (for example chemical or mechanical) or seclusion that is used to restrict the rights or freedom of movement of a person with a disability.

The Act establishes a number of accountability measures in relation to the provision of services to people with a disability who are subject to restrictive interventions. These include:

* Establishment of a senior practitioner to ensure that the rights of all people subject to restrictive interventions and compulsory treatment are protected and to ensure compliance with obligations.
* Requirements that DSPs must have specific approval to be able to use restrictive interventions or compulsory treatment.

The Act has specific requirements in relation to the use of restraint and seclusion. These include:

* development of a behaviour support plan (refer to Topic 8b for further information about behaviour support plans)
* requirements that these behaviour support plans are lodged with the senior practitioner
* strict rules controlling the allowable use of chemical or mechanical restraint or seclusion.

Further information regarding compulsory treatment orders (*Supervised treatment orders* and *Residential treatment orders*) is provided in Topic 8c.

Relevant sections of the Act

23-27, 133-150

What does this mean for your work?

Most people with a disability are not subject to restrictive interventions, and therefore not all practitioners will perform related duties.

For those practitioners involved in the provision of services to people subject to restrictive interventions, it is important that the behaviour support plan is understood and followed.

It is also important to understand the reasons for any interventions and to monitor and report on the impacts being experienced by the person with a disability.

* The least restrictive option should always be taken

If intervention is necessary, explore all available options and take the least restrictive approach.

It is important that a thorough assessment, considering all settings and referring to all existing current reports or assessments (including specialist medical or psychiatric reports), is undertaken in consultation with all key people in the person’s life.

John has an intellectual disability and does not communicate with speech. He also has asthma and epilepsy. Many years ago, John was prescribed antidepressant medication. The reason recorded in his behaviour support plan was ‘to prevent self harm’, but no recent assessments had been undertaken.

As part of an annual health review, the practitioner supporting John requested a review of his antidepressant medication and health plan.

John’s general practitioner (GP) decided to reduce his medication dose and monitor his behaviour for improvements or side effects.

Staff noted an improvement in John’s condition and, with the supervision of the GP, the medication was further reduced and then ceased.

This positive impact on John’s life was achieved as a result of a desire to reduce the level of restriction on John and the impact on his life.

* Focus on the positive

A restrictive intervention only comprises one element of the service and support being provided to a person with a disability. Focus on positive experiences for the person that fit within their plan.

The aim with any intervention should be to improve the quality of life of the person.

* Use targeted interventions

Positive behaviour support is one of the most effective ways to reduce behaviours of concern, if the support is targeted to the underlying functions of the behaviours. Interventions that do not address the reason for the behaviour of concern are unlikely to have any impact. Proactive interventions directly linked to the underlying function are likely to be successful. For example teaching a person replacement communication techniques.

It is also important to note that some people with an intellectual disability who show behaviours of concern may have underlying mental health issues and may require an assessment by a psychiatrist.

* Work in collaboration

Through collaboration with other services and significant people a consistent approach can be provided to achieve better outcomes for people with a disability. When a person with a disability and their support networks work in collaboration to develop a plan, the plan is more likely to be implemented consistently.

* Training

Explore ways in which practitioners can receive training to better understand and support the behaviours and contributing factors for people demonstrating behaviours of concern. The Office of the Senior Practitioner offers workshops and seminars and Disability Professionals Victoria has an online learning package on how to develop behaviour support plans.

Links to further information

*Implementation guide: Restrictive interventions*  
[www.dhs.vic.gov.au/disability/publicationslibrary/restrictive\_interventions\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publicationslibrary/restrictive_interventions_implementation_guide)

*Office of the Senior Practitioner*  
[www.dhs.vic.gov.au/disability/about\_the\_division/office\_of\_the\_senior\_practitioner](http://www.dhs.vic.gov.au/disability/about_the_division/office_of_the_senior_practitioner)

*Disability Professionals Victoria*  
[www.dpv.org.au/html/s01\_home/home.asp](http://www.dpv.org.au/html/s01_home/home.asp)

Topic 8b Behaviour support plans

Key information about the Act

The Act sets out clear rules regarding development and practice in relation to behaviour support plans (referred to as behaviour management plans in the Act).

The following applies to the development of a behaviour support plan, which:

* must be developed in response to behaviours that could result in harm to the person with a disability or others
* must be developed in consultation with the person with a disability, their guardian and other involved disability service providers
* demonstrate that if the use of restraint or seclusion is required it must be the least restrictive option possible in the circumstances
* must be authorised by the authorised program officer if it includes the use of restraint or seclusion
* must be lodged with the senior practitioner
* must adopt a positive support approach, such as focusing on behaviours that can be modelled and encouraged by staff
* needs to be reviewed after no more than 12 months
* can be reviewed if requested by the person with a disability or the organisation’s authorised program officer, or directed by the senior practitioner.

Once developed and approved, only those actions specified in the behaviour support plan may be put into practice and only for the person to whom the plan relates.

Relevant sections of the Act

140-150

What does this mean for your work?

Because it is important that everyone who provides support knows exactly what to do, a behaviour support plan should draw on the involvement of everyone who supports the person as well as the person with a disability and key practitioners across the service system.

A behaviour support plan should only be developed after a thorough Functional Behaviour Assessment (FBA) has occurred on all behaviours of concern. Actions and strategies may then be prioritised in a behaviour support plan with positive interventions that directly target the functions of the behaviour.

It will also be important to understand any events or experiences that can trigger the behaviours identified in the behaviour support plan. It may be less restrictive for the person to avoid these triggers or learn ways to manage these triggers (e.g., grief counselling) rather than being subject to restraint or seclusion.

Anna has to travel by bus to her day service and after about 10 minutes of travel, she screams and hits the person next to her. As a result, she is placed in splints when travelling on the bus and she is often told to get off and walk. An FBA was done to systematically assess the function of her behaviour of concern by asking:

1. What behaviour of concern occurs? (Anna screams and hits the person next to her on the bus after 10 minutes of travel).
2. When does the behaviour of concern occur? And when doesn’t it occur? (It occurs when travelling on the bus when seated towards the back of the bus, it doesn’t occur when travelling on the bus when seated at the front).
3. What function does the behaviour serve for the person? (To let others know she feels sick and needs to get off the bus).
4. What could be done differently to reduce the likelihood the behaviour will continue? (Making sure Anna always sits at the front of the bus and teaching Anna a way to communicate she feels ill).

* Maintain a positive focus

A behaviour support plan should focus on implementing the least restrictive option and should build on positive strategies that are in place, which are linked directly to the function of the behaviour.

Everyone who supports the person (including casual workers) should understand how to use all strategies in the plan.

* A behaviour support plan should not be viewed as permanent

A successful behaviour support plan could be viewed as one that results in a better understanding of a person’s behaviour and in the development of strategies to help that person avoid or reduce behaviours of concern, which will hopefully remove the need for restraint or seclusion.

Links to further information

*Practice guides: Behaviour support plan, Behaviour support for people using respite services*  
[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

*Practice advice: Authorised program officer*  
[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

Topic 8c Protecting the rights of people subject to compulsory treatment

Key information about the Act

The Act establishes an additional set of rules in relation to people with a disability who are subject to compulsory treatment. As the name suggests, in these rare cases, mandatory services can be provided without the consent of the person with a disability.

The two categories of compulsory treatment are:

Criminal

In this instance, a criminal order allows for admission to a residential treatment facility. The Intensive Residential Treatment Program delivered by the Disability Forensic Assessment and Treatment Service, has been proclaimed as a residential treatment facility.

These orders can include: residential treatment orders; parole orders; custodial supervision orders; orders transferring a person from prison; and, an extended supervision order.

Civil (supervised treatment orders)

This instance relates to a civil matter that would result in a supervised treatment order being made.

Strict rules apply as to when a person may be admitted to a residential treatment facility or have a supervised treatment order developed.

Compulsory treatment is extremely rare and it should be viewed as the least preferred approach to service provision.

Relevant sections of the Act

151-201, 224, 226-230

What does this mean for your work?

Compulsory treatment is extremely rare and practitioners should receive specific training prior to being involved in any such service provision.

As a practitioner you should be aware that these orders exist and broadly understand the situations to which they relate.

Links to further information

*Implementation guide: Supervised treatment orders*  
[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

*Residential treatment facilities implementation guide*  
[www.dhs.vic.gov.au/disability/publicationslibrary/residential\_treatment\_facilities\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publicationslibrary/residential_treatment_facilities_implementation_guide)

*Disability forensic assessment treatment service framework*  
[www.dhs.vic.gov.au/disability/supports\_for\_people/specialist\_disability\_services/criminal\_justice#forensic](http://www.dhs.vic.gov.au/disability/supports_for_people/specialist_disability_services/criminal_justice#forensic)

Quiz 8 Protecting the rights of people subject to restrictive interventions, behaviour support plans and protecting the rights of people subject to compulsory treatment

1. **What is meant by the term restrictive intervention?**

a. an action taken to seclude a person with a disability from an area or people

b. an action taken to restrain a person with a disability

c. an action taken to limit the freedom of movement of a person with a disability

d. all of the above.

1. **When may restraint or seclusion be applied?**

a. when all other options have been exhaustively explored

b. when outlined within a behaviour support plan, which has been lodged with the senior practitioner

c. when the DSP has been approved to use restrictive interventions

d. when all of the above has occurred.

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| It is not necessary for a practitioner to understand the behaviour support plan. |  |
| It is not necessary to discuss the behaviour support plan with a person with a disability if the person would be upset by the plan. |  |
| A behaviour support plan will be more effective if all key people in a person’s life are involved. |  |
| To ensure collaboration a behaviour support plan should involve the person with a disability, their significant others and service providers who support the person. |  |
| A behaviour support plan should focus on implementing the least restrictive options and build on positive strategies linked to behaviours to help the person with a disability avoid or reduce behaviours of concern. |  |
| A behaviour support plan is permanent. |  |
| Compulsory treatment is rare and is the least preferred approach to service provision. |  |

Glossary

**Disability Act 2006 (the Act)**

The principal piece of legislation for the State of Victoria, which governs the requirements for disability service providers.

**State Disability Plan**

The current *Victorian State Disability Plan (2002-12)* sets the practical framework to drive positive changes in the provision of support and services for people with a disability. It is not limited to those organizations directly involved in the provision of services but includes broader community goals and expectations.

**Victorian Disability Advisory Council (VDAC)**

The VDAC provides advice to the Minister for Community Services on issues that affect people with a disability. The VDAC is a way for people with a disability to have a say in decision making on whole-ofgovernment policy issues. Most council members are people with a disability and they come from a range of different backgrounds.

**Disability Action Plans (DAP)**

A Disability action plan is designed to reduce barriers for people with a disability to participate as community members, and make it easier for people with a disability to use services available to all Victorians.

**The Minister for Community Services (the minister)**

The Minister for Community Services is the elected member of the Victorian Government with direct responsibility for the systems, policies and funding relating to people with a disability.

**Disability Services Commissioner (the commissioner)**

The Disability Services Commissioner provides a central point for people with a disability, friends, family and carers and organisations involved in the provision of services for people with a disability to lodge and resolve complaints.

**Department of Human Services (the department)**

The department is the legislated body with broad responsibility for the monitoring of disability services across Victoria. It funds service delivery through DSPs and also acts as a provider of disability services.

**Practitioner**

A person employed to provide personal, direct or other support to a person with a disability.

**Carer**

A friend, relative or loved one (for example a spouse or partner) of a person with a disability who provides personal, direct or other support to the person.

**Disability service provider (DSP)**

A registered organisation involved in the provision of personal, direct or other support to people with a disability, the term also includes the Department of Human Services.

**Group home**

A residential facility where shared supported accommodation is provided to one or more people with a disability on a long-term basis with support provided by staff employed by the disability service provider.

**Community residential unit (CRU)**

A residential service that has been declared to be a community residential unit under Section 64 of the Act.

**Support plan**

A document detailing the various supports provided to a person with a disability. The plans are personalised, complex and updated regularly to reflect the current needs and future aspirations of the person. They can incorporate areas such as community participation and the interaction of other organisations and agencies.

**Behaviour support plan (referred to in the Act as a Behaviour management plan)**

A plan developed for a person with a disability that specifies a range of strategies to be used in managing the person’s behaviour, including proactive strategies to build on the person’s strengths and increase their life skills.

**Community visitor**

Coordinated through the Office of the Public Advocate (OPA), community visitors are trained volunteers who carry out regular visits to residential services to check that services are provided in accordance with the Act.

**Senior practitioner**

The senior practitioner is appointed under Section 23. The role was established to ensure the rights of people with a disability who are subject to restrictive interventions and compulsory treatment are protected and that treatment standards are complied with.

Links to further information

Topic 1 - Intent and guiding principles of the Act

*Provision of information policy – policy and information manual*  
[www.dhs.vic.gov.au/disability/publications-library/policy\_and\_information\_manual](http://www.dhs.vic.gov.au/disability/publications-library/policy_and_information_manual)

*Quality framework for disability services*  
[www.dhs.vic.gov.au/disability/improving\_supports/quality\_framework\_for\_disability\_services](http://www.dhs.vic.gov.au/disability/improving_supports/quality_framework_for_disability_services)

*Cultural & linguistic diversity strategy*  
[www.dhs.vic.gov.au/disability/improving\_supports/cultural\_and\_linguistic\_diversity](http://www.dhs.vic.gov.au/disability/improving_supports/cultural_and_linguistic_diversity)

Topic 2 - Being included in the community

*Disability Advisory Council*  
[www.officefordisability.vic.gov.au/disability\_advisory\_council.htm](http://www.officefordisability.vic.gov.au/disability_advisory_council.htm)

*Victorian Charter of human rights and responsibilities*  
[www.equalopportunitycommission.vic.gov.au/human%20rights/the%20victorian%20charter%20of%20human%20rights%20and%20responsibilities/default.asp](http://www.equalopportunitycommission.vic.gov.au/human%20rights/the%20victorian%20charter%20of%20human%20rights%20and%20responsibilities/default.asp)

*International Convention on human rights and disability*  
[www.hreoc.gov.au/disability\_rights/convention.htm](http://www.hreoc.gov.au/disability_rights/convention.htm)

Topic 3 - Access to disability services

*Access policy*  
[www.dhs.vic.gov.au/disability/publications-library/access\_policy](http://www.dhs.vic.gov.au/disability/publications-library/access_policy)

*Access policy implementation guide*  
[www.dhs.vic.gov.au/disability/publications-library/access\_policy\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publications-library/access_policy_implementation_guide)

Topic 4a, 4b & 4c - Planning for people

*Planning policy*  
[www.dhs.vic.gov.au/disability/publications-library/planning\_policy](http://www.dhs.vic.gov.au/disability/publications-library/planning_policy)

*Planning resource kit and implementation guide*  
[www.dhs.vic.gov.au/disability/publicationslibrary/planning\_resource\_kit\_and\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publicationslibrary/planning_resource_kit_and_implementation_guide)

Topic 5a & 5b - Strengthening rights in residential services

*Strengthening rights in residential services policy*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/disability\_service\_providers/strengthening\_rights\_in\_residential\_services\_policy](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/disability_service_providers/strengthening_rights_in_residential_services_policy)

*Residential statement*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/residential\_services/residential-statement](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/residential_services/residential-statement)

*Rights & accountabilities: Management of money policy*  
[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

*Guidelines for setting and collection of residential charges – community service organizations*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/residential\_services#units](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/residential_services#units)

*Department-managed residential services, residential charges policy – Longer term accommodation and facility based respite*  
[www.dhs.vic.gov.au/disability/improving\_supports/disability\_act\_2006/disability\_service\_providers](http://www.dhs.vic.gov.au/disability/improving_supports/disability_act_2006/disability_service_providers)

*Residential Services Practice Manual*  
[www.dhs.vic.gov.au/disability/publications-library/residential\_services\_practice\_manual](http://www.dhs.vic.gov.au/disability/publications-library/residential_services_practice_manual)

Topic 6 - Providing better complaint and review systems

*Disability Services Commissioner*[www.odsc.vic.gov.au](http://www.odsc.vic.gov.au)

*Policy and information manual*[www.dhs.vic.gov.au/disability/publications-library/policy\_and\_information\_manual](http://www.dhs.vic.gov.au/disability/publications-library/policy_and_information_manual)

Topic 7 - Providing high-quality services

*Quality framework for disability services*[www.dhs.vic.gov.au/disability/improving\_supports/quality\_framework\_for\_disability\_services](http://www.dhs.vic.gov.au/disability/improving_supports/quality_framework_for_disability_services)

*Community visitor’s protocol*[www.dhs.vic.gov.au/disability/improving\_supports/community\_visitors\_program/community\_visitors\_protocol](http://www.dhs.vic.gov.au/disability/improving_supports/community_visitors_program/community_visitors_protocol)

Topic 8a - Protecting the rights of people subject to restrictive interventions

*Implementation guide: Restrictive interventions*  
[www.dhs.vic.gov.au/disability/publicationslibrary/restrictive\_interventions\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publicationslibrary/restrictive_interventions_implementation_guide)

*Office of the Senior Practitioner*  
[www.dhs.vic.gov.au/disability/about\_the\_division/office\_of\_the\_senior\_practitioner](http://www.dhs.vic.gov.au/disability/about_the_division/office_of_the_senior_practitioner)

*Disability Professionals Victoria*[www.dpv.org.au/html/s01\_home/home.asp](http://www.dpv.org.au/html/s01_home/home.asp)

Topic 8b - Behaviour support plans

*Practice guides: Behaviour support plan, Behaviour support for people using respite services*[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

*Practice advice: Authorised program officer*  
[www.dhs.vic.gov.au/disability](http://www.dhs.vic.gov.au/disability)

Topic 8c - Protecting the rights of people subject to compulsory treatment

*Residential treatment facilities implementation guide*  
[www.dhs.vic.gov.au/disability/publicationslibrary/residential\_treatment\_facilities\_implementation\_guide](http://www.dhs.vic.gov.au/disability/publicationslibrary/residential_treatment_facilities_implementation_guide)

*Disability forensic assessment treatment service framework*  
[www.dhs.vic.gov.au/disability/supports\_for\_people/specialist\_disability\_services/criminal\_justice#forensic](http://www.dhs.vic.gov.au/disability/supports_for_people/specialist_disability_services/criminal_justice#forensic)

Quiz answers

Quiz 1 Intent and guiding principles of the Act

1. **What are some of the ways you can effectively communicate with a person with a disability?**

e. any or all of the above.

|  |  |
| --- | --- |
| Statement | T or F |
| Information provided to a person with a disability should be provided in a way the person is most likely to understand. | **T** |
| People with a disability should be supported in their individual choices. | **T** |
| The communication and cultural needs of a person with a disability should be taken into account when information is provided. | **T** |
| It is the responsibility of the person with a disability (and/or their family and carers) to find out about the services available from their DSP. | **F** |
| People with a disability should actively participate in decisions that affect their lives. | **T** |

1. **For each statement below, indicate whether it aligns with the guiding principles of the Act.**

|  |  |
| --- | --- |
| Statement | T or F |
| Any restriction to the rights or opportunities of a person with a disability must be used only as a last resort, and the least restrictive option must be used. | **T** |
| Services for a person with a disability should be designed and provided to meet the person’s individual needs. | **T** |
| People with a disability have the same rights and responsibilities as other members of the community. | **T** |

Quiz 2 Being included in the community

1. **What does VDAC stand for?**

c. Victorian Disability Advisory Council

1. **What is the primary purpose of the VDAC?**

b. To provide advice to the minister about issues that affect people with a disability.

1. **The State Disability Plan is designed to:**

d. Provide a policy framework to drive positive changes in the provision of support and services for people with a disability both by disability services and the broader community.

1. **A Disability Action Plan is put in place to:**

b. Enable better access to services in the community for people with a disability.

Quiz 3 Access to disability services

1. **A person with a disability may have:**

d. all the above.

1. **Who can make a request for disability services?**

c. a person with a disability, or a person acting on their behalf

1. **If a decision has been made that a person does not have a disability, if they do not agree with the decision, what is their next step?**

d. ask the Secretary Department of Human Services or the Victorian Civil and Administrative Tribunal to review the decision.

1. **Please indicate for each statement whether it is true or false.**

Statement T or F

|  |  |
| --- | --- |
| Statement | T or F |
| Disability services should be considered when the support identified is beyond the scope of what is accessible or available in the wider community. | **T** |
| The only requirement for a person to access disability services is that they have a disability. | **F** |

Quiz 4a Planning for people

1. **What is the primary function of the planning process?**

c. so the person with a disability can identify their aspirations and goals and develop strategies so these may be achieved

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| Planning must follow a prescribed process as outlined in the Act. | **F** |
| Family and carers of a person with a disability shouldn’t be involved in the planning process as it is the person’s plan. | **F** |
| A DSP should provide advice and information to the person with a disability to help inform the planning process. | **T** |
| The plan should reflect the goals and aspirations of the person with a disability. | **T** |

1. **When should planning be undertaken?**

d. All of the above.

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| A DSP is required to provide assistance with planning when requested by a person with a disability. | **T** |
| Planning assistance will be provided depending on the needs of the person. | **T** |
| If a person with an intellectual disability has requested a service from a DSP, assistance with planning must be offered. | **T** |

1. **What areas should be explored or considered in relation to planning?**

e. all of the above.

Quiz 4b Support plans

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| A support plan is required to be developed for any person using ongoing disability services. | **T** |
| A person with a disability should have one support plan incorporating details of all services they access, unless they request otherwise. | **T** |
| A person with a disability directs the development of their support plan. | **T** |
| There are no required timeframes to review support plans. | **F** |

1. **Which of the following does not belong in a support plan?**

c. details of any personal care or health care provided to a person with a disability.

Quiz 5 Strengthening rights in residential services and community residential units

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| Practitioners may enter a resident’s room without notice if there is an emergency. | **T** |
| Practitioners should respect a person’s privacy and ask before entering their room. | **T** |
| Practitioners are there to tell residents what they can and can’t do. | **F** |
| All areas of the house should be maintained to ensure the health and safety of residents and practitioners. | **T** |
| Practitioners must assist a person to understand their residential statement by explaining and providing it in a format easily understood by the person with a disability. | **T** |

1. **In what circumstance may a practitioner enter the room of a person living in a residential service?**

d. all the above.

1. **Can a resident have friends over in their room?**

c. if the person lets other residents and staff know and respects other peoples rights

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| There is no difference between a community residential unit and a residential service. | **F** |
| Community residential units must fulfil all the obligations of a residential service. | **T** |

Quiz 6 Providing better complaint and review systems

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| The Act requires a DSP to have a complaint management process. | **T** |
| It is the responsibility of a person with a disability to research information about how their DSP handles complaints. | **F** |
| The DSP is responsible for ensuring that information about how to make a complaint is given to service users. | **T** |
| Practitioners should encourage people using their service to provide feedback. | **T** |

1. **What is the responsibility of the Disability Services Commissioner?**

c. To conciliate and investigate complaints about the provision of services by DSPs.

1. **When is a DSP required to inform a person with a disability about the role of the Disability Services Commissioner and how to make contact with the commissioner?**

c. when a person with a disability starts using disability services

Quiz 7 Providing high-quality services

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| The standards to be met by DSPs are determined by the department. | **F** |
| Practitioners have a responsibility to look for ways to improve services. | **T** |
| A person with a disability may request a visit from a community visitor. | **T** |

1. **What is the primary responsibility of community visitors?**

c. to monitor the quality of residential services

1. **Please indicate for each statement whether it is true or false in relation to the Quality Framework for Disability Services?**

|  |  |
| --- | --- |
| Statement | T or F |
| The Quality Framework is a quality improvement resource. | **T** |
| DSPs are subject to independent monitoring of compliance with the standards. | **T** |

Quiz 8 Protecting the rights of people subject to restrictive interventions, behaviour support plans and protecting the rights of people subject to compulsory treatment

1. **What is meant by the term restrictive intervention?**

d. all of the above.

1. **When may restraint or seclusion be applied?**

d. when all of the above has occured.

1. **Please indicate for each statement whether it is true or false.**

|  |  |
| --- | --- |
| Statement | T or F |
| It is not necessary for a practitioner to understand the behaviour support plan. | **F** |
| It is not necessary to discuss the behaviour support plan with a person with a disability if the person would be upset by the plan. | **F** |
| A behaviour support plan will be more effective if all key people in a person’s life are involved. | **T** |
| To ensure collaboration a behaviour support plan should involve the person with a disability, their significant others and service providers who support the person. | **T** |
| A behaviour support plan should focus on implementing the least restrictive options and build on positive strategies linked to behaviours to help the person with a disability avoid or reduce behaviours of concern. | **T** |
| A behaviour support plan is permanent. | **F** |
| Compulsory treatment is rare and is the least preferred approach to service provision. | **T** |