

Contents

Before you begin	vii
Topic 1 Participate in profiling people's specific needs	1
1A Determine people's specific issues, characteristics and symptoms	2
1B Identify the impact of issues, characteristics and symptoms on participation	12
1C Determine strategies and modifications that will maximise participation in programs	19
Summary	29
Learning checkpoint 1: Participate in profiling people's specific needs	30
Topic 2 Promote inclusion and empowerment	33
2A Follow principles of integration in recreational and leisure activities	34
2B Identify advantages of integration in activities	40
2C Identify disadvantages of segregation in activities	44
2D Identify ways to empower people with complex needs through activities	49
Summary	63
Learning checkpoint 2: Promote inclusion and empowerment	64
Topic 3 Contribute to the plan for addressing the impact of people's issues, characteristics and symptoms	67
3A Determine recreational and leisure needs of people with complex needs	68
3B Identify benefits of participating in activities to meet identified needs	80
3C Identify barriers to participating in recreational and leisure activities	82
3D Develop strategies for overcoming identified barriers	86
3E Involve stakeholders and relevant others to manage barriers according to a person's needs	96
Summary	102
Learning checkpoint 3: Contribute to the plan for addressing the impact of people's issues, characteristics and symptoms	103
Topic 4 Participate in the development of effective strategies for working with people with complex needs	105
4A Examine issues and their impact on participation in leisure and recreational activities	107
4B Demonstrate the use of appropriate language	111
4C Design strategies relevant to cultural and social community contexts	117
4D Adapt activities, programs, environment and equipment to optimise involvement in programs	141
4E Document strategies within an individual program plan and activity plan	149
Summary	155
Learning checkpoint 4: Participate in the development of effective strategies for working with people with complex needs	156

Sensory disability

Explanation

Sensory disability is related to hearing or visual impairments. An individual may have some hearing or vision and still be classified as having a sensory impairment. Some people have both hearing and vision impairment and may be referred to as having deafblindness.

Causes of deafness

- ▶ Central Auditory processing disorder – a breakdown in the hearing and listening processes
- ▶ Conductive hearing loss – problems in the middle or outer ear
- ▶ Mixed Hearing loss – a combination of conductive and sensorineural hearing loss
- ▶ Sensorineural Hearing loss – problems in the inner ear leading to inability to hear

Causes of blindness

- ▶ Maternal infections experienced during pregnancy
- ▶ Consequences of disease (for example, diabetes, glaucoma, trachoma)
- ▶ Complications associated with extreme prematurity
- ▶ Birth complications and genetic conditions
- ▶ Trauma, poisoning and tumours
- ▶ Ageing and age-related conditions such as macular degeneration, cataracts and optic nerve atrophy

Symptoms

- ▶ Decline in sharpness or clarity of vision (visual acuity)
- ▶ Decline in the normal range of what you can see (visual fields)

Example

An older person who has deafblindness lives in a specialist group home and attends recreational activities designed specifically with his sensory and age-related needs in mind.

A young child who is blind requires recreational activities.

Disadvantaged groups

Explanation

People who experience disadvantage through being homeless, socially isolated, unemployed or housebound are often limited in their ability to interact and participate in the activities of mainstream society.

Example

A middle-aged man who is homeless visits a breakfast club at his local church to eat nutritious food and interact with others in his community.

An eight-year-old boy who wants to participate in sporting activities comes from a homeless family.

A refugee would like to participate in social activities.

1B Identify the impact of issues, characteristics and symptoms on participation

As a care worker in the leisure and health sector, it is important that you have an awareness of the complexity of individual needs. Once you have an understanding of the specific issues, characteristics and symptoms related to a person's care needs, you will be able to determine their impact on a person's participation in services and activities.

Issues that people with disability may face

Some disabilities are known to occur more frequently with other conditions. This is known as a comorbid or coexisting condition. For example, a person may have attention deficit hyperactivity disorder (ADHD), which is known to often exist alongside a learning disability such as dyslexia or dyspraxia.

As the diagnosis of one condition sometimes increases the likelihood of another condition existing alongside it, it is important to consider the implications of each condition and remain aware of the possibility of future diagnoses.

It can be challenging for individuals with complex needs to participate in activities of daily living.

Some of the issues that may affect a person with complex needs include:

- ▶ accessible and affordable transport
- ▶ accessible and affordable medical and personal care support
- ▶ physical and practical access to venues, buildings and public spaces
- ▶ engagement in appropriate education or work
- ▶ social interactions and acceptance by the wider community
- ▶ the ability to function safely and independently in the community
- ▶ communication skills and access to communication technology where needed
- ▶ social isolation or difficulty in developing friendships and relationships.

Social isolation and difficulties forming relationships

Some people with complex needs can become socially isolated, both in terms of the number of interactions they have with other people and in how they feel about their social interactions; for example, they may feel dissatisfied and lonely as a result of limited social interactions. Some groups of people can be particularly at risk of social isolation; for example, older people without partners or children.

Social isolation greatly affects older people. For some of these people, living alone is combined with deteriorating emotional and physical health and decreasing levels of independence and mobility. These factors can all contribute to a decreasing ability to participate in recreation and leisure activities, which can then lead to further social isolation and loneliness.



Care or program plans may include information about the person's:

- ▶ living situation
- ▶ communication needs
- ▶ personal care needs
- ▶ specific task requirements, such as dressing support, shopping or attending to household chores
- ▶ medical information
- ▶ points of contact for emergencies
- ▶ manual-handling or transfer procedures
- ▶ use of equipment such as hoists
- ▶ supervision and support information.

Concerns or issues for follow-up or referral

As a leisure and health worker, you should record activities that have been completed with the person and any concerns or issues requiring follow-up or referral. Sometimes people with complex needs may use supports from several different services. For example, they may receive services at home, access a respite program, and attend an out-of-school-hours care program and a weekend family care placement.

Using multiple services can mean that similar information is recorded in several places or in several different plans. It is useful if workers from different services collaborate to ensure the person and their family or caregivers do not need to repeat information and discuss issues multiple times with different people.

If workers are able to liaise with each other and ensure a consistent and appropriate approach is used to record the person's care plans and other details, then the person is likely to feel more positive about the management of the care they receive. This is one useful strategy for helping a person with complex needs to participate more easily in leisure activities.

Example

Determine people's specific issues, characteristics and symptoms



Janet is a full-time carer for her son, who has multiple disabilities. She meets with her case worker, Brian, who comments that she looks tired.

Janet says, 'I am so exhausted! Yesterday I filled out a form for respite and next week I am meeting with someone about a weekend family exchange. Soon, I will need to update our details with the council for their in-home support. But it's all the same information! It's taking me forever. I seem to spend more time meeting with people than actually taking a break from caring.'

Brian suggests that he can organise a meeting between the three organisations to try to work out a combined care plan. Once they feel they can meet everyone's needs, he will show it to Janet to check that everything is covered. Then, the same plan can be used for each service.

Janet is relieved. She says, 'That would be great. I feel like I'm constantly juggling everything here, and I don't actually get any time to myself. There is just so much paperwork to do, I can't keep up.'

Brian asks for her permission to contact the three agencies on her behalf. He says, 'Hopefully this will help take the load off you a bit – then you can all feel a bit more positive about using some support to have some leisure time for your family.'



Physical access

- ▶ Check existing guidelines for physical access, and current legislation and building codes.
- ▶ Promote accessibility considerations with local recreation providers.
- ▶ Suggest current alternatives such as portable ramps where access is problematic.

Transport provision

- ▶ Check local transport providers for your region and develop an in-depth knowledge of availability for routes, times and locations for accessible transport options such as low-floor buses, accessible taxis and volunteer transport services.

Funding support

- ▶ Become knowledgeable about funding options to support participation in recreation, including one-off grants and subsidies such as the Companion Card.

Interaction with other organisations and agencies

- ▶ Join networks of other service providers.
- ▶ Be proactive in interacting with stakeholders such as GPs, health providers, nursing staff, friends and relatives.
- ▶ Work together to lobby for increased funding in specific recreation areas.
- ▶ Promote community recreation activities to known support recipient groups.
- ▶ Write letters and other supporting documents to assist recreation providers to gain funding.

Individual input in decision-making processes

- ▶ Seek input from a range of individuals in existing programs as well as potential service users.
- ▶ Invite individuals to take on a representative role in your organisation.
- ▶ Conduct surveys to obtain individual input when important decisions are being made.
- ▶ Encourage others in your organisation to be guided by the suggestions of service recipients rather than making decisions on their behalf.

Enhance a person's abilities

Leisure and health programs provide a great opportunity to enhance a person's skills and abilities. Skill building may be targeted or it may be incidental. Incidental skill building occurs if ability enhancement is a side effect of the activity, while some activities may be designed specifically to enhance certain skills. Cooking classes or language classes are good examples. For instance, a person who attends classes and engages in community groups may be learning social skills and broadening their social circle while participating in the activity.



Topic 2

In this topic you will learn how to:

- 2A Follow principles of integration in recreational and leisure activities**

- 2B Identify advantages of integration in activities**

- 2C Identify disadvantages of segregation in activities**

- 2D Identify ways to empower people with complex needs through activities**

Promote inclusion and empowerment

Historically, people with disability or complex needs were not included in mainstream society and its activities. They were often segregated, with activities provided based on their specific needs. This was sometimes referred to as the medical model of care, where disability was seen as an illness or condition requiring therapy and rehabilitation to overcome limitations. Since then, we have moved towards a more accepting and inclusive society, where we now generally adopt a mainstreaming or inclusion model, which focuses on providing support in a mainstream context wherever possible. It can still be challenging for people with complex needs or with some types of disability to feel accepted and included.

Steps to demonstrate the practice of integration

The following table shows an application of the steps that should be taken to support a person's integration in recreational and leisure activities.

Steps to demonstrate the practice of integration	Example
Identify the recreation activity	Sailing
Identify a local provider	Royal Geelong Yacht Club (This is the closest yacht club to the person's home.)
Identify barriers to participation	<p>The person has limited ability to get in and out of a boat, limited ability to twist and turn and keep torso stable, fear of participating and being accepted in a mainstream sailing environment.</p> <p>They require specialist input to decide on the best entry and exit method to get in and out of the boat.</p>
Remove barriers or provide modifications	<p>An access dinghy that provides a joystick control will be used so the person can steer in front of their body (no twisting needed). It is very stable with specialised seating available to provide increased support in the boat. Access dinghies are used in open competitions for people with and without disability to sail together. A well-established worganisation exists to support and encourage full and open integration and sailing without restriction. A physiotherapist can provide advice on access in and out of the boat, and positioning and stability concerns.</p>
Support participation	<p>Help the person decide on the appropriate access dinghy to use and set up initial contact with the local provider. Provide encouragement and support during initial process of learning to use the boat and getting to know other sailors.</p>

Avoid dependence

If an individual becomes dependent on you or another member of their support team (such as a friend or therapist) to provide constant support for the activity over an extended period, it is not considered full integration.

With full integration, you can slowly withdraw your support over time so the person retains control and independence in their recreation activity choices. Of course, this does not include support services that are incidental to the activity such as personal care. Personal or medical care relates to the person's physical needs and should be seen as separate to integration support for a recreation activity.



It is important to include all people and activities that normally occur in the society and culture that the person belongs to. Segregation is the isolation of the individual or several individuals from the remainder of the community to a particular group.

Concepts that limit people

There are many misconceptions surrounding people with disability and complex needs, and these can limit and restrict the way the person is able to function in mainstream society. Generally, these relate to the perception that the person requires frequent care and support, and suffers from their condition. Often there is a lack of acknowledgment of the independent and achievement capabilities of the person.

Limiting concepts are often those that represent the effects of a disability, where the person is limited not only by the features of the disability itself, but also by the interplay between their disability and the community in which they live, work and play.

Here are some examples of limiting attitudes.

Examples of limiting attitudes

- ▶ A well-meaning adult who speaks on behalf of a child with an expressive speech impairment, without first asking if the child wants them to
- ▶ A teacher who expects a young person with an intellectual disability cannot complete a test, rather than asking them to try a modified version
- ▶ A daughter who suggests her mother move into a retirement home after the death of her partner, as she believes her mother cannot care for herself
- ▶ A store owner who speaks loudly to an adult in a wheelchair, because they assume they are also hearing impaired
- ▶ A flight attendant who pats an adult who uses a wheelchair on the leg, and reassures them that the plane will be taking off soon
- ▶ A passer-by in the street who begins to push a woman in a wheelchair across the pedestrian crossing, without asking if she needs help

Disadvantages of segregation

There are several disadvantages of conducting segregated recreation activities. Below is an explanation of some of these disadvantages, with examples provided.

Social

Reason

People do not interact with other people, which limits their ability to establish new friendships, meet new people or engage in incidental communication with others.

Example

A person is part of a group established for adults with intellectual disability who have ageing parents. The person attends recreation activities with a social club set up by their adult day centre, and only ever interacts with other people in the social club.

In situations where your requirements are not clear, it is useful to discuss the problem with your supervisor or manager. In most organisations, there will be protocols established to guide you through challenging or complex situations, and tell you what you should do as well as how you should document your actions.

Legal responsibilities

Legal responsibilities underpin most work in community services. Some legislation is relevant to all services and other legislation may be specific to particular settings; for example, the disability or home and community care sectors, and may vary between states and territories.

Community services workers must understand the legislation that relates to their work, including which legislation supports particular areas of their practice, and where to obtain further information about personal and organisational responsibilities under such legislation. Community services workers, supervisors and organisations have a legal and ethical obligation to provide services according to legislation and regulations, and to ensure staff abide by these regulations. These obligations exist to protect the rights of people accessing services and are a minimum standard of operating.

It is the responsibility of the organisation to ensure that its policies and procedures uphold the organisation's legal obligations. These policies determine the way in which daily activities within an organisation are delivered. A coordinator or supervisor must ensure that staff have appropriate induction to the workplace policies and procedures, and that they are accessible to all staff and service recipients, usually in the form of a manual.



Statutory and legislative provisions

Community services workers must understand the statutory and legislative provisions that are relevant to their workplace. These are requirements that relate to particular laws at the local, state, territory or federal government level.

When laws (Acts) are created by parliament, there may also be various bodies that are developed to regulate and manage the implementation of the Acts. These bodies are responsible for administering the Acts and making decisions based on their expertise in a particular area.

There are also local laws, which you may also need to learn about, that relate only to the area within the boundary of a local government region, but that can have a significant impact on your daily workplace tasks. For example, you may be affected by parking regulations when you visit the home of a person or by-laws for walking a dog on a beach with a person during particular times of the year.

You don't need to understand every statutory and legal provision that exists across the leisure and health sector; however, you should know how to locate this information if you need to. Often it can be found in the following sources.

3A Determine recreational and leisure needs of people with complex needs

In the past, service providers followed a medical model of care. They developed leisure and health programs that met the needs of the organisation rather than the needs of individuals. People accessing services were defined by their impairment, illness or disability, and plans were developed to minimise the impact of the impairment. This approach is no longer acceptable, and industry best-practice standards reflect the focus on person-centred, holistic care and support.



This focus means you should adopt the principles of person-centred planning and support in all your interactions with and on behalf of the person you are supporting. The principles are:

- ▶ unconditional positive regard, which means the person is valued and not judged
- ▶ empathy, which means you try to see things from the person's perspective and understand their feelings
- ▶ congruence, which means your words and behaviour show a genuine commitment to helping the person achieve their goals.

There are both formal and informal methods you can use to determine the recreational and leisure needs of people with complex needs. You should consider both approaches, as well as the recreation and leisure model used within the workplace, when identifying the needs of particular people.

Both formal and informal approaches require you to consult carefully and appropriately with the persons you are supporting, and ensure you show respect and place value on what the person communicates.

Formal methods for determining recreation and leisure needs

Formal methods for determining recreation and leisure needs include standardised screening tools and formal assessments. These can take several forms, such as structured interviews where notes are taken under various headings prepared before the interview, screening tests filled out by the person, observational records of the person, and case management meetings involving key stakeholders.



Some of these methods may be used in combination to establish the recreational and leisure needs of people. For example, a person may complete a formal interview with a recreation worker, answering questions about their previous participation in recreation and any particular areas of need. Following this, they may also fill out a survey such as the Adolescent Leisure Interest Profile (ALIP) or the Leisure Ethic Scale. Both of these provide standardised data that can be used to assess needs.

Involve the person in the process

Involving the person in the assessment process is an important part of planning leisure and health activities. It gives the person the opportunity to provide input regarding their individual program. As with the initial assessment, progress assessments need to be regular and follow standard procedures. Your organisation will specify when these assessments should occur; for example, monthly, bimonthly or every three months. The assessment forms will be provided by your organisation.



Value of the individual in society

When people feel devalued, it impacts their quality of life. People need to be treated as a valued member of society. This means recognising that each individual is unique with individual strengths and needs. Here are some strategies you can use to show you value the person.

Valuing others

- ▶ Use valuing language. Don't refer to the person as their condition or illness. Address them in the way they want to be addressed.
- ▶ Always recognise the person is the best expert on themselves. If they say they don't feel up to something, don't try and coerce them to be involved.
- ▶ Acknowledge that people have their own views and values and so long as no harm occurs, it is their right to continue to have those views and values.
- ▶ Animated bullet rowa Ask them what they want. Ensure the person is making their own choices and decisions and not just doing what they think others want them to do.
- ▶ Don't refer to a person's needs as 'problems'. This is negative language. Talk about 'issues' rather than 'problems', and ask them what it is they 'need'.
- ▶ Ensure your approach is not patronising. For example, remember that older people have had more life experiences than you and are probably far more knowledgeable than you are.
- ▶ Make sure every interaction is dignified and respectful. You may not agree with the person, but you have a professional obligation to treat them well.

3C Identify barriers to participating in recreational and leisure activities

As someone who works with people who have complex needs, it is important to further develop your knowledge and understanding of issues that may affect a person's ability to participate in recreation and leisure activities. It is important that you can identify barriers to participation, as this will enable you to take steps to modify the task or the environment, or provide additional supports or services to help a person participate in their chosen activities.

Barriers to participation are those factors that may prevent a person from being able to take part in an activity. Barriers may be tangible barriers or perceived, and can make it difficult or even impossible for a person to join in with a group, access an area or building, or simply feel welcome and included. Detailed below is a description of tangible and perceived barriers.

Tangible barriers

Tangible barriers to participation are those barriers you can readily identify. They are often physical factors that can be seen and touched, or factors that relate to real objects or events, such as:

- ▶ a lack of available and accessible transport
- ▶ insufficient finances to pay for services
- ▶ a lack of adaptive equipment
- ▶ inaccessible buildings or areas
- ▶ a lack of accessible toilet facilities.

In these examples it is possible to identify the barrier easily and see the direct relationship between the presence of the barrier and the inability of a person to participate in the activity.

Perceived barriers

Perceived barriers to participation are often far more difficult to identify. They include the actions or inactions of people or groups, perceived attitudes and approaches, and social expectations about behaviour and inclusion, such as:

- ▶ signage that not all individuals can understand
- ▶ websites that are not fully accessible to people who needs to use screen-reading software or require larger fonts to read text
- ▶ attitudes of reception staff to not make a person feel welcome and included
- ▶ attitudes of face-to-face staff to make a person feel disempowered and not part of a group
- ▶ activities that are needlessly high in cost.

Expected progression of a person with cognitive impairment

It is important to consider the expected progression of people who have cognitive impairment due to an acquired or degenerative condition.

People who have an acquired brain injury (ABI) due to head trauma or who have experienced a stroke are likely to show an increase in their skills and abilities over time, and a corresponding decrease in their need for care and support. By contrast, a person who has a degenerative condition, such as a form of dementia, will show decreasing skills over time and an increase in their need for care and support.

Family members may ask you about the expected progression of a person. This can be a challenging question. It is vital to stay within the bounds of your own knowledge as a worker, and that you do not attempt to provide medical advice or opinions.

Where possible, it is always preferable to refer family members to nursing or medical staff for medical opinions related to progress. You can then spend your time talking to family members about the specifics of your own leisure program and how it is designed to support the individual.



Effective use of volunteers to assist in leisure and health activities

As a leisure worker, it is important to understand your own role in working effectively with volunteers. Working effectively with volunteers requires patience, commitment, time and a good sense of humour.

There will be times when volunteers do things differently. Before stepping in to correct something, think carefully about how important the difference really is. If it is a significant issue, you should intervene and show them a more appropriate way of doing things. However, if it is just a minor issue, it may be better to just let it go.

Volunteers are a critical part of many community-based leisure activities. Many services and activities simply could not take place without them.

Volunteer tasks and duties include:

- ▶ offering friendship and conversation
- ▶ showing encouragement and support
- ▶ providing practical help during activities
- ▶ setting up and packing up equipment
- ▶ preparing snacks and meals
- ▶ selling foods and drinks
- ▶ driving participants from one location to another
- ▶ helping with personal care tasks.

3E Involve stakeholders and relevant others to manage barriers according to a person's needs

Stakeholders can play a critical role in planning to manage barriers to recreational and leisure activities.

Before planning can commence, it is important to carefully identify the key stakeholders who may need to be involved. This can vary from one person to another, depending on their individual needs, their age and the likely outcomes of their recreational choices. Below are some examples of key stakeholders and the types of involvement they may have.

Caregivers

These people may be paid or unpaid, can provide practical information and can support the person in making choices and planning how to manage barriers in a day-to-day context.

Family and friends

These people will have different roles in supporting decision-making and general planning, depending on the person's age and cognitive abilities.

Medical personnel

These people can provide important advice about safety, manual handling, medication, changes to health status over time and the likely progress of any disabilities or health conditions that may present as barriers to participation.

Health practitioners

These people can provide important information about health, medication, changes to health status and disability over time, and can also support applications for funding or requests for services.

Support networks

Networks offer disability, cultural or language-specific support, or support within a particular segment of the recreation and leisure industry.

Multidisciplinary team

These people may represent a wide range of professional backgrounds, including therapists and nursing personnel.

Management

Members of the management team can offer advice about policies, procedures, operational matters, strategic planning and future directions.

Example

Involve stakeholders and significant others to manage barriers according to person's needs

These meeting minutes highlight how team members can work together to identify and manage barriers to participation. Note that in the minutes, each task has been assigned to a person for completion and each task has a deadline.

Individual planning meeting – minutes

2 December 2015

10.15–10.45 am

Meeting Room A

Meeting called by

Bec Somers (individual's mother)

Type of meeting

Individual planning meeting

Facilitator

Bridie Forster (case manager)

Note taker

Jill Van Seel (administration clerk)

Timekeeper

Jill Van Seel

Attendees

Max Somers (individual), Bec Somers, Bridie Forster, Jill Van Seel, Gajanan Malik (recreation worker)

Discussion

Max indicated in the last meeting that he wants to start learning to play sports after school. Max and Bec have discussed possible sports that interest him, in conjunction with Gajanan, during a home visit. They have also identified some potential barriers including physical access for Max's wheelchair and the need for personal care support and possible medical support.

People involved: Gajanan, Bec, Max

Conclusions

Max is most interested in outdoor sports, and would like to do something that involves being part of a team. He is happy to try a few sports, and wants to experiment and explore options rather than committing to a single sport straight off. Developing new friendships is something Max has identified as important. Max realises it is important to find sporting activities that can be done from a wheelchair and that he will need some support from others for personal care, medical care and medication management.

Action items

Gajanan to investigate the upcoming June Junior Wheelies Camp, which could provide a chance to try out a range of sports as well as offer trained volunteer support for personal care and medical needs. Gajanan to report directly to Bec. Application to be put in for camp if it is appropriate after discussion with Max.

People responsible: Gajanan, Bec

Deadline

18 December 2015



The Industrial Revolution

Some legislation related to disability was passed during the Industrial Revolution (1750–1850), but the focus was on prevention of injury rather than a society-wide acceptance of people with disability.



The medical model of care

Disability after the world wars was viewed as a medical condition that required treatment and repair. The focus was on restoring an individual to a fully functioning member of society. Later, however, when applied to different situations and groups, it was not as appropriate. Disability was still seen as something the person could be cured of. In more recent times, a more inclusive attitude has taken hold.

Language and perceptions in the media

All forms of media influence the perceptions we have of people with disability. The language used by the media often colours our perception of the person and their abilities. People often focus on the disability first, and emphasise and highlight the adversity or the difficulties faced by the person rather than focusing on their positive attributes.

This portrays the person with disability as a victim, which can negatively influence societal perceptions of them and does little to reinforce their position as equals in mainstream society.

Examples of conveying an unintended message:

- ▶ Describing a child with disability as ‘struggling’ or ‘suffering’
- ▶ Describing a person who has won or achieved something as ‘overcoming their disability’
- ▶ Selecting images that ensure the reader is aware of the physical nature of a disability and how it negatively impacts on a person
- ▶ Using tags or search terms in an online environment that focus first on the disability rather than the person
- ▶ Continually associating people with disability with charitable causes or highlighting the need for financial giving

Marketing and branding

In a communication-rich environment, marketing and branding become important features of program development. Although these areas may seem a little removed from the day-to-day activities of a recreation worker, they are important in the context of program development and the empowerment of individuals. Imagery, language and the ability to engage the person accessing the service and community groups are powerful tools and should be used to positive effect wherever possible. If used poorly, marketing and branding can make your program appear out of touch or based on old stereotypes and concepts, which can be very harmful to a program’s ongoing success.

Motivation

Motivation enables us to act. If the need and ability is there and our choices are supported by our values, we need motivation to achieve a goal, whether it is to lose weight or attend to a medical issue that has been bothering us.

Transcultural differences

Although you can use knowledge of cultural traits to guide your understanding of a response to illness, it is important to remember that you work with individuals, not cultural groups.

Learning about culture and traditions that are important for the groups you support is beneficial, but be aware that there are often wide variations in how individuals apply cultural ideas.

This can reflect individual differences, family differences and regional differences. It can also reflect how long a person has lived in a Western society and to what extent they have integrated their traditional and Western ways of thinking and living.



Diversity of individuals

It is important to remember that people from diverse cultural backgrounds have different attitudes, values, customs, beliefs or language. These considerations are outlined below.

Attitudes

Attitudes can be shaped by cultural backgrounds; for example, a Japanese individual may find eating raw fish pleasant, whereas people from a different cultural background may find it unpleasant. A person's attitude to their health and wellbeing may also be influenced by cultural background, as different cultures have different attitudes regarding what you should eat and drink to be healthy, whether a condition is a disease, and whether a disease is biological. Communicating effectively with the individual and their family about attitudes and demonstrating understanding and respect for the person and their background is vital.

Values and beliefs

Values are the importance a person gives to an object, person, idea or event. A person may have ethical, customary, moral and personal values, which have inherent cultural influences. For example, in some cultures, marriage has a different value than it does in the Anglo-Australian culture. Communicate clearly and openly with the individual and respect and understand their value system.

Beliefs are a person's opinions and truths and may relate to religious beliefs, general world views, political views and views about identity. Beliefs should be respected as they are important to an individual and their identity.

Improved health services for rural and remote Australia

The Australian Government has long acknowledged the issues that affect rural Australia and the limited access people living in these areas have to health and support services. Serious attempts have been made in recent years to address issues and improve accessibility for people with disability in rural and remote Australia.

Strategies have included:

- ▶ increasing funding
- ▶ supporting education and training
- ▶ providing incentives for health workers to locate to rural areas
- ▶ maintaining interest and research into the quality of available health services.

Understand the underpinning values and philosophies of the leisure and health sector

One of the key philosophies in leisure and health provision is the person-centred approach. In this approach, the service user is the centre of service planning and implementation, and they are involved in goal setting, planning, considering and discussing their needs and making choices about activities.

The person-centred approach is also reflected in the service standards and regulations that guide the various segments of the leisure and health sector. Through this approach, capacity building can occur so that an individual, as well as the wider community becomes stronger and more able to take on leadership and directive roles into the future. Over time, many individuals are able to cease being 'service users', and instead become 'service directors' in charge of their own activities and future directions.

The underpinning values and philosophy of the leisure and health sector include:

- ▶ holistic and person-centred approach
- ▶ commitment to empowering the individual
- ▶ commitment to meeting the needs and upholding the rights of individuals
- ▶ community education
- ▶ delivering appropriate services
- ▶ encouraging personal growth and wellness.

Holistic and person-centred approach

It is important to consider the individual as the main focus of your work in the leisure and health sector, as this ensures your decisions and actions are relevant and appropriate to peoples' needs, abilities and interests. Over time, services and organisations have moved from a service-driven to a person-centred approach to service provision. This means that the individual needs to be the prime driver of decisions about their specific services and care, the development over time of the service as a whole, and the way their service is planned, implemented and reviewed.



Individual interests

No two people are completely alike. Opportunities to pursue areas of individual talent or interest are known to increase a person's self-esteem and broad skills.

Even within a particular activity, the person may show stronger abilities in one area of the task than in others. For example, some individuals may enjoy playing a game of basketball. Others may be less interested in playing sport, but can enjoy taking part in another capacity; for example, a person who is interested in numbers may like being the scorekeeper.



Cultural support

Consulting with people from different cultures, their families and your supervisor is a good start when considering culturally diverse activities for your programs. Talk to the person about their cultures and beliefs so you do not guess or make assumptions that could be incorrect or even offensive. Here is some guidance on ensuring inclusiveness, and on assisting a person for whom English is not their first language.

Inclusive activities

Your program planning should ensure activities do not exclude any one person or group of people because of their beliefs or religious restrictions, such as holding a sausage sizzle that excludes individuals who cannot eat meat. Where activities may be seen to be exclusive, include opportunities that do not highlight differences between people; for example, you may offer vegetarian food options to all people, not just those who cannot eat meat.

Language support

People who do not speak English as their first language may require additional assistance to understand English. You may find it useful to speak to them one-on-one and incorporate plenty of gestures and pictures, rather than relying on instructions that you have given to the whole group. A simple board with pictures of common objects or places can be helpful while an individual is learning to use English to help them participate in activities.

Match needs to existing programs and activities

Most individual needs can be met by encouraging the person to take part in a range of existing programs and everyday experiences. Here are some examples of matching an activity or experience with individuals' needs.

Communication skills

To encourage communication

Need: To enable the person to overcome shyness

Activity: Group games that encourage the person to talk in a non-threatening environment, such as simple card games

Summary

1. The culture of a workplace affects workers and how individuals receive health care.
2. The definition of health varies from culture to culture, but it is generally understood in Australia that an individual's health is dependent on biological factors as well as social and psychological context.
3. Leisure is context dependent and means something different to each person depending on their cultural background, age and experiences. For example, leisure from a contemporary Indigenous Australian perspective is a time for enjoyment, bonding with family, and spiritual and personal refreshment.
4. The need for leisure activities and the style of chosen leisure activities changes throughout the lifespan. Leisure activities for younger people focus on finding personal identity; leisure activities in middle adulthood focus on satisfaction; leisure activities in older age promote meaning and physical, emotional, cognitive and spiritual wellbeing. No matter what age, it is important to consider individual needs, capabilities and skills when planning leisure activities.
5. Many people with disability experience social exclusion, isolation, discrimination, negative stereotyping and stigmatisation, poverty and abuse.
6. Older people, children, Indigenous Australian people and people in remote communities have varying experiences of living with disability.
7. Disability can impact the choice and structure of leisure activities, but there are many accommodations that can be made to ensure a person has the right to access leisure and recreation activities.
8. Language is important to the perception of the person, and should be used appropriately to encourage participation in leisure and health programs.
9. Following legislative guidelines and organisational policies and procedures is important, as is the ongoing documentation during leisure and health programs.