Australasian Code of Ethics for Direct Support Professionals



First Edition, November 2007

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You are invited to apply for membership of the *Australasian Society for the Study of Intellectual Disability* (ASSID), as a Full Member, Associate Member, Student Member or Organisational Member.

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The Australasian Society for the Study of Intellectual Disability (ASSID) was founded in 1964. ASSID works as a coalition of seven regional associations; six located in Australia (New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia) and a seventh regional association that is New Zealand. ASSID has international links, as a member organisation of the International Association for the Scientific Study of Intellectual Disability (IASSID).

Members of ASSID include people providing direct support, researchers, managers and policy makers. People with disability and their family members are also involved.

ASSID's Mission is: To enhance the skills, knowledge and commitment of it's members and to facilitate a supportive network in order to enhance the quality of life of people with intellectual or developmental disability.

ASSID's goals are: (1) Promote the research and understanding of intellectual disability; (2) Bring together people with an interest in the field of intellectual disability; and (3) Promote high standards of practice in the field of intellectual disability

ASSIS's objectives are:

- to promote the rights, development and well being of people with intellectual disability
- · to promote the research and understanding of intellectual disability
- to bring together people who have an interest in the field of intellectual disability
- to promote high ethical standards of practice in the field of intellectual disability
- to promote communication via conferences, special interest groups, symposia, workshops and other professional development activities to promote research, scholarship and the dissemination of information about intellectual disability through appropriate publications, and networks.

ASSID publishes an international scientific journal, the *Journal of Intellectual* and *Developmental Disability* (JIDD), and a quarterly magazine, *Intellectual Disability Australasia* (IDA). ASSID conducts workshops and conferences throughout Australia and New Zealand, including the annual Direct Support Workers' Conference.

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First Edition

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Note:

The order of topics is in no way intended to indicate any priority. For the purposes of this Code of Ethics, all topics are of equal merit and importance.

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Forward

On Being Professional

This document discusses in significant detail the important dimensions of a code of ethics associated with being and doing. Yet what do we mean when we speak about being a professional?

Certainly for some the claim to being *professional* is a claim to status, power and prestige. Yet, there is clearly a deeper, richer dimension to professionalism. Being a professional revolves around a series of relationships.

In the first place a right relationship with myself, whereby professionals attend to their own welfare, including appropriate self-care. However, their work is not just about their own ends.

Secondly, professionals exist in relationship with the clients they support and the wider society. This means attending to issues of power, vulnerability and reliability associated with some very disadvantaged client groupings. It is such integrity of relationships with clients that informs the aspirations found in this Australasian Code of Ethics for Direct Support Professionals.

Thirdly, we find being professional involves a relationship with one's peers in the profession. It is in relationship with such peers that we grow, develop knowledge and further our skills.

Being professional involves a degree of predictability. Professionals act in an informed way using evidence-based practice. Their values and behaviours go beyond self-interest. Indeed, professionals have an account of service to others and in a social context which is not just about a fee for service relationship. Their actions are grounded in the respect they have for others.

Whatever your reason for reading this code of ethics, we invite you to interrogate the code of ethics with regard to not just the words (the dos and the don'ts) but how they are lived out by those providing direct support to people with disability, in their *being* professional.

Associate Professor Christopher Newell, AM

University of Tasmania

Preface

Those engaged in providing direct support to people with disability (Direct Support Professionals – DSPs) are called to act in accord with the highest professional standards. The needs of the people they support and the complexity of the tasks they perform require that they possess a broad range of knowledge, skills and competence. Importantly, clients, clients' families and employers expect that those providing direct support will act ethically.

Ethics are about the concepts of right and wrong, justice and injustice, virtue and vice, good and bad. Moreover, ethics are fundamentally about our relationships: how people connect and interact with the various communities of which they are a member; how they relate to and work with clients and colleagues, in day-to-day activities; and how they live with themselves and the decisions they make. "Ethical conduct is more than simply doing the right thing. It involves acting in the right spirit, out of an abiding respect and concern for one's fellow creatures" (NHMRC, 2007; p. 3).

There has been strong support throughout Australia and New Zealand for the development of a code of ethics for direct support professionals. This first edition of the *Australasian Code of Ethics for Direct Support Professionals* has been designed to provide a common framework to assist with both the education and day-to-day work of direct support professionals. It is intended to promote optimal professional behaviour, as well as controversy and debate within the profession, in order to raise standards and ensure quality services for people with disability. The document is intended to complement the existing legislative requirements for service providers. It is also intended to work alongside organisational codes of conduct, present in some organizations, and to inform the development of such documents where they do not already exist.

Owen, Sales, Griffiths, and Richards, 2001 assert that developing a code of ethics is:

"a vital step in the professional evolution of a rapidly changing and highly pressured field in human services. Without it, community professionals, their managers, supervisors and administrators are left to address complex dilemmas on a functionally ad hoc basis. Such circumstances, at best, fuel confusion and, at worst, invite abuse" (p.167).

Figure 1 (adapted from McVilly, Martin-Nixon, and Neville, 2003) proposes that to achieve quality outcomes for clients we need to identify the range of values influencing direct support professionals, from which we can then develop a code of ethics. A code of ethics can then be used to inform organisational practices, which in turn influence day-to-day decisions and, together with the practical experience, knowledge and formal education of direct support professionals,

shape actions that contribute to quality outcomes for clients.

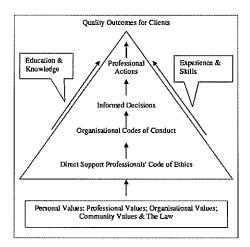


Figure 1. The contribution of values, ethics, education and experience to quality outcomes for clients.

The contents of this first edition of the *Australasian Code* of *Ethics for Direct Support Professionals* is based on information gathered during a series of workshops conducted between November 2002 and November 2006, and a further Australasian-wide consultation during 2007. The workshops were conducted at Hobart, Brisbane, Townsville, Coffs Harbour, Sydney, Adelaide, Perth, Wellington, Hamilton, Auckland, Christchurch, and Melbourne. Over 300 people participated in the workshops and contributed to the consultation. Contributors were predominantly staff engaged in the provision of direct support of people with disability, living in the community. They came from government and non-government sectors, and were working in the areas of accommodation, day support, education, employment and advocacy. Reference was also made to a range of codes of ethics from other human service professions.

The workshops and consultation process were sponsored by ASSID. Time and resources for the project were also contributed by The University of Sydney's Centre for Developmental Disability Studies, RMIT University's Division of Disability Studies, the University of Tasmania's Faculty of Medicine and the University of Minnesota's Institute on Community Integration. The workshops were facilitated by: Dr Keith McVilly, Ms Tracy Martin-Nixon, Ms Carolyn Neville, Mr Christopher Montgomery, Ms Donna Ven, Assoc. Prof. Christopher Newell and Dr Amy Hewitt. Thanks also to David Treanor for asking the question, 'so what are we going to DO, rather than just talk about, fostering professional standards?'

Summary of the Ethics of a Direct Support Professional

Professional Competence

DSPs are committed to attaining and maintaining contemporary knowledge, skills and competence relevant to the needs of the clients they support.

Evidence-based Practice

DSPs undertake their work on the basis of sound evidence, integrating scientific research and practitioner experience, together with the values and priorities of clients.

Professional Conduct

DSPs acknowledge that the way they behave directly influences the quality of life of the clients they support and the reputation of the services in which they work. They are committed to conducting themselves in ways that demonstrate respect for clients and those with whom they work.

Self-care and the Care of Colleagues

DSPs take responsibility for looking after their own wellbeing and for looking out for the health and safety of their colleagues.

Collaboration

DSPs support a team approach to the provision of services; they work with members of their own team and with others from outside of their organisation to achieve the best possible outcomes for clients.

Accountability

DSPs act in ways that demonstrate accountability to clients and client advocates, their employers and the community

Consent

DSPs value and respect the right of individuals to make informed choices about issues that affect their life and the life of the group or community of which they are a member and, where necessary, to have support when such decisions need to be made.

Confidentiality

DSPs acknowledge and respect the trust that has been placed in them by clients, families, other professionals and organizations.

Relationships

DSPs value, respect and foster supportive relationships for and among those with whom they work.

Client Rights

DSPs recognise that people with disability have both rights and responsibilities. DSPs work in a way that upholds people's rights and supports them in the exercise of their responsibilities.

Advocacy

DSPs recognise that it is important for people to express their feelings and have a say about issues that affect their life.

Skills Development & Life-long Learning

DSPs recognise that for many people with disability, in order to become engaged in activities, achieve their full potential and experience a high quality of life, they require systematic support and regular opportunities to learn and use skills.

DSPs are committed to attaining and maintaining contemporary knowledge, skills and competence relevant to the needs of the clients they support.

- assert that developing professional competence in the area of direct support is an important way of reflecting the worth and dignity of people with disability.
- recognise that the role they are asked to perform is complex and challenging, and requires on-going professional development and formal qualifications (e.g., certificate and degree-level) to complement practical experience.
- recognise that on-going training and education are necessary to ensure that knowledge and skills are current and relevant to the needs and priorities of clients and services.
- undertake to develop and maintain a range of general and specialised competencies necessary for work in human services (e.g., Community Services and Health Industry Skills Council Training Package), and, in particular, support of people with disability (e.g., use of individualised communication strategies, and positive behaviour support techniques).
- acknowledge the importance of understanding and respecting the ethnic, cultural and religious values, beliefs and practices of clients and those of clients' families.
- take full advantage of training opportunities offered by their employer and initiate their own professional development as appropriate to their current work or future career objectives.
- only undertake tasks for which they have sufficient training and experience. When they doubt their own level of competency they ask for assistance and seek additional training.
- reflect on their own strengths and training needs. To assist with this
 process, they regularly seek support from a supervisor or more
 experienced colleague.
- only request colleagues to undertake tasks for which they believe them
 to have sufficient training and experience, and where they have doubts
 about the competence of a colleague, they discuss this with their
 colleague and/or bring their concerns to the attention of a supervisor.
- offer support and mentorship, within the boundaries of their own experience and competence, to less experienced colleagues and especially to those who are new to their organisation. Where appropriate, they contribute from their knowledge and experience to the training of others.

DSPs undertake their work on the basis of sound evidence, integrating scientific research and practitioner experience, together with the values and priorities of clients.

- are committed to ensuring that people receive the very best support services available; support services which are known to be effective and safe, and free from strategies that could harm people or detract from their rights, dignity and quality of life.
- provide services based on people's assessed needs and aspirations, and which are consistent with the principles of evidence-based practice.
- will ask questions about strategies and treatments they are to implement; where the evidence is that they work effectively and safely; how they work; why they work, for how long do they need to be implemented and under what circumstances should they be modified or ceased?
- will seek out the latest information and, in collaboration with clients, client's families and their employer, consult with experts in order to ensure that clients are receiving the very best, evidence-based services, supports and treatments available.
- will initiate and / or take advantage of opportunities to contribute to the
 development of evidence-based practice through appropriately formulated
 research activities, such as action-based research conducted in the
 workplace. This is with the understanding that such projects contribute
 directly or indirectly to the quality of life of people with disability and that
 informed consent has been obtained either directly from, or where
 appropriate on behalf of, all participants.

DSPs acknowledge that the way they behave directly influences the quality of life of clients they support and the reputation of the services in which they work. They are committed to conducting themselves in ways that demonstrate respect for clients and those with whom they work.

- assert that the quality of life experienced by people with disability is influenced by the quality and standard of support that DSPs provide and the way in which DSPs conduct themselves. This extends to how they dress, speak, behave and interact in the company of others.
- are people whose behaviour reflects the high degree of respect they hold for all those with whom they work. They are honest and act justly, both legally and ethically, in the treatment of all those with whom they work. They acknowledge the privileged position of trust they hold, both in relation to clients and colleagues, and work in a way that will not intentionally or knowingly abuse or betray that trust. Their professional respect for clients extends to the way in which they safeguard client possessions, resources or utilities to which DSPs have access and / or over which they exercise control.
- work within the law; that is according to what both legislation and the common law (e.g., duty of care) prescribes. They work according to organisational policies and procedures. They follow all lawful directions. Where they identify the need for change in the law or policies and procedures, to address the needs and priorities of clients or to make the work place safer or more efficient, they advocate for such change through appropriate channels of communication and by using appropriate forums.
- actively promote the integration and inclusion of people with disability in the community, irrespective of the person's support needs. To this end, they promote socially valued roles for people with disability consistent with clients' individual abilities and aspirations.
- utilise least restrictive alternatives when implementing support strategies and secure for clients the dignity associated with taking reasonable risks in supportive environments while exercising their duty of care to all.
- promote culturally and age appropriate activities for clients. However, DSPs acknowledge that for some people with disability, their interests may differ from their chronologically aged peers, and these must be respected and responded to in a meaningful and dignified fashion.
- recognise that disability is not simply a quality or attribute inherent in an
 individual person that requires treatment or cure. Rather disability comes
 about as a consequence of the complex interaction between biological,

psychological and social factors, including physical, economic and attitudinal barriers to participation at home, in education, at work, or in the community generally. For these reasons, DSPs work not only to provide direct and practical support (including education and therapy programmes) to clients, but also to challenge and redress misunderstandings, prejudices, discrimination and injustice in the wider community. They do this by themselves providing positive examples of appropriate attitudes and behaviours towards the people they support. DSPs also challenge, in a socially acceptable way, the misunderstandings, prejudices, and discrimination of others in the community.

- adopt a person-centered approach to their work. That is, the needs, opinions, values, and beliefs of clients (including ethnic, cultural and religious practices) direct the way in which support is provided. In some instances this requires DSPs to suspend their own needs, opinions, values and beliefs. Where DSPs honestly believe that their personal beliefs and values are being seriously compromised they will seek resolution through discussion with their supervisor and, where appropriate, the client involved.
- work to ensure that communities, organisations, services, systems and strategies are informed and shaped by clients' needs, opinions, values, and beliefs. Where they encounter barriers, they will question these barriers and strive to bring about change in a professional and socially appropriate way.
- avoid conflicts of interest in their work; such as dual relationships, dual
 commitments or multiple loyalties and situations where they could be asked
 to use 'privileged information' or information given to them on trust in one
 situation to inform decisions in another situation. Where conflicts of interest
 arise they declare them to their supervisor or other appropriate authorities.
 Practically speaking, it might be appropriate for them not to take part in a
 particular programme or decision, or to seek a reassignment of their work.
- when working in small or isolated communities, are particularly aware of the
 potential for conflicts of interest and / or the dangers of the inappropriate
 circulation of information that should be kept private and confidential. To
 safeguard the professional trust that has been placed in them, DSPs
 carefully monitor and reflect on both their conversations and activities in and
 out of their workplace.
- are aware that physical interaction with clients can be an important medium
 of communication and, especially for people with profound intellectual and
 multiple disabilities, a means by which relationships of trust and support can
 be developed. However, they are also aware that physical touch might give
 rise to misunderstandings and place both clients and DSPs in potentially
 compromising, if not legally contentious situations. Therefore, DSPs reflect
 on their own use of physical touch and, in consultation with others, plan for
 when and how physical touch is to be used, taking into account the client's
 needs, personal preferences and vulnerabilities.

DSPs take responsibility for looking after their own wellbeing and for looking out for the health and safety of their colleagues.

- are aware that they need to look after their own mental and physical health, to provide effective services and respond appropriately to clients' needs. They seek education, training and professional support to equip themselves to achieve these ends.
- seek to create a balance between their work and commitments in their personal life. They avoid over committing themselves in terms of the hours they work and the type of duties they commit to undertaking.
- acknowledge that fatigue and burnout can result in increased accidents and injuries, and place themselves, their colleagues, and clients in danger.
- are aware that lifestyle issues and their behaviour outside of the workplace can affect their work performance. Therefore, DSPs moderate their lifestyle and behaviour outside of the workplace to be at their best for clients, when they go to work.
- work without being under the influence of alcohol or other drugs that might affect their work performance. Where prescription medication could affect their work, they discuss this with their supervisor or other responsible person within their organisation.
- will seek advice and help where they are concerned about their own mental or physical health, lifestyle issues or behaviours that might affect their ability to provide a safe and effective service for clients.
- take an interest in the health and wellbeing of their colleagues. They
 provide advice and information where they consider their colleagues might
 benefit from support. Where appropriate, they bring these concerns to the
 attention of their supervisor or other appropriate authority.
- monitor and evaluate the environment in which they work and their own practices to ensure a safe working environment and that safe systems of work are being used. They bring any concerns to the attention of their supervisor or other appropriate authority. They request that programmes, strategies or other systems of work about which they have concerns be reviewed, to ensure the safety of clients, staff and others. They are familiar with and uphold workplace health and safety policies as prescribed in law. And use appropriate reporting mechanisms, as required by policy or the law, such as hazard or incident reports.

DSPs support a team approach to the provision of services; they work with members of their own team and with others from outside of their organisation to achieve the best possible outcomes for clients.

- work collaboratively with all members of their team, with team members from other organisations and other professionals. Collaboration also extends to working closely with clients and their significant others in the development, implementation and evaluation of support strategies (i.e., DSPs adopt a person-centred approach to the way they organise their work practices and provide services). This collaboration is characterised by open communication, respect for each others' expertise and differences (e.g., cultural, ethnic, religious, educational), and a commitment to working in a consistent manner in the best interests of the client.
- respect and seek to understand the different experiences, values, opinions, priorities, skills and expertise that others have. They recognise that when seeking to address the needs of clients, especially those with complex disability and challenging support needs, listening to others, and combining diverse experiences and expertise is much more effective than relying on the skills and expertise of one person or one group of people in isolation.
- build productive collaborations by listening to what others have to say, sharing information, providing constructive contributions to decision making processes and working towards mutually agreed actions that benefit clients. Once a plan or course of action has been authorised, DSPs will consistently implement the plan and contribute to its evaluation and revision in the agreed way. Where disagreements arise, DSPs seek to understand the differing points of view held by others and, where necessary, use agreed review, grievance or mediation mechanisms to resolve disputes.
- support those with whom they work. They offer advice and assistance to others, and are welcoming of advice and assistance that is offered to them.
- work to uphold the dignity, integrity or professional reputation of others, including colleagues on their own team and those working for other organisations.

DSPs act in ways that demonstrate accountability to clients and client advocates, their employers and the community

- take responsibility for their own actions; for what they say, for what they
 do and for what they write. They are aware that what they say, do or
 document can be questioned by a variety of stakeholders.
- are accountable for their work practices to clients, to guardians and advocates, to colleagues, to their employer, and to the community. They are prepared to explain what they have done and why they have acted in the way they have. They discuss their work practices to assist others understand how they work and to promote dialogue that could improve their work practices in the future.
- maintain accurate documentation, according to local policies and what the law requires.
- undertake duties or tasks for which they have been given authority and for which they have the training and skills to do so safely and effectively.
- take responsibility for ensuring any mandatory training (e.g., first aid) required by their organisation is up-to-date, and will draw such needs to the attention of their supervisor or other appropriate authority.
- are prepared to answer questions about their work and work practices which are asked by clients, advocates, colleagues, their employer and persons legally entitled to ask. They are prepared to explain documentation they have maintained.
- ask questions and report to a supervisor or other appropriate higher authority where they have concerns about the actions of others, including the actions of clients, advocates, colleagues, their employer, and persons in the community whose conduct or actions might affect the clients they support.

DSPs value and respect the right of individuals to make informed choices about issues that affect their life and the life of the group or community of which they are a member and, where necessary, to have support when such decisions need to be made.

- seek permission from clients (or from clients' advocates or Guardians) before making decisions or acting on the client's behalf.
- acknowledge that people vary in their capacity to make independent choices. Where it is unclear if a person can make independent choices, where people cannot make choices for themselves or might benefit from assistance, DSPs will either assist people in choice making or seek out an appropriate person to do so (i.e., supported decision making). In many situations, it is best that more than one person is involved in making decisions on behalf of another.
- when concerned about the choices that an individual is making, make every effort to discuss their concerns with the person, as well as discussing these concerns with their supervisor or another appropriate authority. DSPs refrain from overriding people's choices unless there is a predetermined or justifiable reason to do so, and where consultation with others is not possible. As an alternative, it might be more appropriate to seek the appointment of a legal Guardian to make decisions on behalf of the person.
- will bear in mind that the ethical and legal requirements of consent have two aspects: (1) the provision of information, at the person's level of comprehension; and (2) the capacity of the person to make a voluntary choice. Where a DSP suspects that a person lacks competence to consent, a DSP will seek out a responsible person with lawful authority to make this determination and / or to decide on behalf of the client. DSPs will ensure that the person responsible for making the decision has available all relevant information to assist with the decision.
- acknowledge that in some ethnic communities (e.g., Maori, Aboriginal and Torres Strait Islanders), in addition to consulting with the person with disability, it is important to also involve significant family members and / or community elders in decision making and formal consent processes.
 Where such decisions are to be made, DSPs will ordinarily seek advice and support from a person with appropriate cultural and legal knowledge.

DSPs acknowledge and respect the trust that has been placed in them by clients, families, other professionals and organizations.

- recognise that the information with which they have been entrusted and to which they have access is only to be used for the benefit of clients, and can only be disclosed where the client (or a legal Guardian) gives permission, the law requires or organisational policy permits.
- make every effort to protect the privacy and confidentiality of information that clients, family members and others might disclose to them. However, DSPs do not have legal privilege and make it clear to clients and others providing them with confidential information that they might need to document / write down that information or report it on an as-required basis to others providing direct support, senior staff, or those with a legal necessity to know.
- when aware of, or suspect situations involving the neglect or abuse (e.g., physical, emotional, sexual or financial) of a client, must report this to the appropriate authority.
- recognise that it is important to share information with people providing support and other professional services to the clients they support. This could include both medical and social information. DSPs are familiar with their organisation's policies on information sharing and if in doubt seek advice. Before disclosing confidential information (verbally or in writing), DSPs make it clear the circumstances under which it can be used and the degree to which any information they disclose can be further circulated.
- before disclosing information, will usually discuss the information with the client they support or the client's next-of-kin or legal Guardian.
- recognise that failing to disclose some information could compromise the
 quality of services received by the client, or even place the client or others
 at risk of harm. DSPs also recognise that in some situations their
 common law duty of care and / or the statutory law requires them to
 disclose information (e.g., where they are aware of, or suspect that a
 client might be subject to abuse or neglect; or any other criminal activity
 has taken place, either by the client, a family member, another other
 professional or member of the general public). Where doubts arise, these
 issues are discussed with a supervisor.

recognise that the inappropriate, informal exchange of information (e.g., gossip) concerning clients, family members or other professionals can adversely effect the provision of services, cause harm to people's reputations and be a source of serious psychological distress.
 Consequently, DSPs avoid any inappropriate, informal exchange of information, inside or outside of the organisation. DSPs are particularly conscious of the need to moderate work-related discussion with their family and when socialising with colleagues.

DSPs value, respect and foster supportive relationships for and among those with whom they work.

- work for and with clients in a professional way, characterised by the
 respect they have for clients and the trust clients place in them. A DSPs'
 first allegiance is to the client and the client's best interest. Where these
 are in conflict with the allegiance they owe to their employer, they seek
 advice from a third party with appropriate knowledge and experience.
- work in partnership with clients' families and friends. This partnership is characterised by welcoming and encouraging their involvement in the development, delivery and evaluation of services, to the extent approved by the client or appropriate to the clients' needs.
- are open and honest about the boundaries and limitations of their professional relationships. They recognise that some people with whom they work can come to be overly reliant on them. DSPs work to avoid, or at least minimise, dependent relationships. They do this by supporting clients to have a diverse network, in both their social and professional relationships.
- make it clear what others can expect of them. They make every effort to keep promises and commitments that have been made. They do not make promises that they knowingly cannot keep. When ending a professional relationship they do so bearing in mind the practical and emotional needs of others, and advocating for appropriate support to be available for when they have gone.
- recognise that a sexual or other intimate relationship with a person who is a client is not ethical. However, there are people providing support to a spouse or partner, for whom a proportion of their time is paid, either by an employer or through an individual funding arrangement. DSPs in these situations need to acknowledge that, in addition to privileges and obligations associated with their personal relationship, they have obligations to those providing funding and to their profession. They work with others in their personal and professional networks to anticipate, avoid and / or address conflicts of interest and situations that could compromise the support of the person with disability or their own reputation.
- avoid blurring the boundaries between professional and personal relationships, which could compromise the services they provide. Where personal relationships emerge, DSPs will discuss these with their supervisor and the person(s) concerned in order to develop an appropriate strategy. Central to this discussion will be the power imbalance inherent in any 'professional – client' relationship.

Strategies might require the DSP and the person concerned to either forgo the emerging personal relationship in order to maintain the professional relationship. Alternatively, the DSP might choose to cease the professional relationship in order to allow the personal relationship (e.g., a friendship) to develop. Practically speaking, they might need to work elsewhere so as to allow the personal relationship to develop naturally and in an environment without the potential for conflict of interest.

- acknowledge and respect that people have a need for and a right to seek and develop friendships and other intimate relationships, which could include sexual relationships. Relationships can include friendships between people with and without disability, and between people who share a common life experience of being persons with disability. Consequently, DSPs will work to support people's relationships. The role of the DSP could include supporting people to re-connect with old acquaintances, sustain existing relationships and develop new relationships. The DSPs role could also include supporting the person to learn and use the skills necessary to develop and sustain relationships.
- acknowledge and respect that people have different ways of expressing their feelings and emotions, and that relationships can take many different forms. How people construct and enact relationships is often influenced by their culture and family. DSPs strive to be free of judgement toward people's relationships, based on their own values and beliefs. They make every effort to be supportive of relationships which have been freely chosen by the client and / or which have the potential to contribute to the client's quality of life.
- Where a DSP feels morally compromised in the support of a particular relationship, or practices associated with that relationship, they will discuss these with their supervisor. The DSP will need to consider what is in the best interests of the client and what are the alternatives for their working relationship with the client.
- Where a DSP believes that a client is in danger as a result of their relationship with another person, they will make every effort to discuss their concerns with the client, as well as discussing these concerns with their supervisor or another appropriate authority.

DSPs recognise that people with disability have both rights and responsibilities. DSPs work in a way that upholds people's rights and supports them in the exercise of their responsibilities.

- understand that the rights of people with disability include all those rights that are available to people in the community generally and that they, themselves would expect to exercise as human persons and as citizens (including in New Zealand, the rights and privileges extended to Maori in The Treaty of Waitangi, 1840). DSPs are also aware that, in order to safeguard the best interests of people with disability, certain rights and standards of service have been documented in international conventions (e.g., UN Convention on the Rights of Persons with Disabilities, 2006), national laws (e.g. Australian Disability Discrimination Act, 1992; Australian [Commonwealth] Disability Services Act, 1986, revised 2002; the New Zealand Health and Disability Commission Code of Health and Disability Services Consumers' Rights Regulation 1996; the New Zealand Human Rights Act 1993, amended 2001) and state legislation.
- consider their role to include (within the bounds of their expertise)
 educating clients and family members about rights and responsibilities.
 Alternatively, DSPs will support clients and family members to contact
 those who have the necessary expertise to provide accurate and
 independent advice.
- will support informed decisions made by clients, which are within the law, even where they personally disagree with those decisions or there is an element of risk involved. Where there is risk, DSPs will acknowledge the dignity associated with taking such risks and the developmental opportunities such risks present. They will work with the client and organisation to develop management plans to minimise risk, while still supporting the client's decision and enabling such opportunities. In some situations this might include seeking the appointment of a legal Guardian to support the client in making and implementing decisions.
- with concerns about people's capacity to responsibly and safely exercise their rights as human persons and citizens will, where possible, discuss their concerns with the person they are supporting. They will seek advice from more experienced colleagues and other professionals. Where appropriate, they might consult with a family member or other significant person in the client's life. In some instances, seeking the appointment of a legal Guardian or other person legally empowered to make decisions might be the most appropriate action.
- consider their role to include helping people in the community understand the rights and responsibilities of people with disability. They do this in everyday situations, at work and away from work.

DSPs recognise that it is important for people to express their feelings and have a say about issues that affect their life.

- will support people to speak up for themselves, or express their feelings, preferences, likes and dislikes in a meaningful way. This could include providing informal encouragement or education in the skills necessary to be an effective self-advocate. Sometimes it will be necessary to seek assistance from a person with particular skills in developing communication strategies (e.g., use of electronic or non-electronic communication systems or strategies to aid making real choices).
- while ensuring that the client remains at the centre of the issues under consideration (i.e., adopting a person-cantered approach), DSPs will seek the assistance of people who can either help the client to speak for themselves or someone who can speak on the client's behalf. These might include family members, friends, a legal Guardian or professional advocate.
- recognise that in some situations they might be an appropriate person to advocate for the client or their family. When doing so, they will closely consult with the person on whose behalf they are advocating, to ensure the view being expressed accurately reflects the view or interests of the person on whose behalf they are advocating.
- recognise that there are times when it is not appropriate for them to
 directly advocate on behalf of a client or family member, especially in
 situations where there could be an actual or perceived conflict of interest,
 relating to them personally or with their employer. In these situations,
 DSPs will support the client or the family member to access an advocacy
 service.
- recognise and respect the role that advocates have to play in representing the views and interests of clients, even when advocates directly challenge the quality or standard of service provided to the client. At all times, DSPs treat advocates with professional courtesy and respect.
- are committed to entering into discussion with advocates, with the intention of resolving differences and developing strategies to address the best interests of the client.
- have a particularly important role in advocating for positive perceptions and valued social roles in the community for people with disability. This could take the form of educating individuals or groups about the qualities and capabilities of specific clients, or people with disability generally. To this end, inside and outside of work, DSPs take every opportunity to promote a positive social image for people with disability and to actively challenge negative social stereotypes

DSPs recognise that for many people with disability, in order to become engaged in activities, achieve their full potential and experience a high quality of life, they require systematic support and regular opportunities to learn and use skills.

- support people to develop a range of skills for everyday life including: communication and social relationships, self-care, domestic chores, community living, vocational and recreational activities.
- recognize and value the important contribution of actively participating in formalised, individual planning processes and ensuring that people's needs are known and met. They use clients' individual plans to inform their daily support activities.
- are committed to spending time with individuals to assist them to learn, practice and use a range of skills, including social communication skills.
 They advocate for the time and other resources necessary to enable individuals achieve their goals.
- recognise that some people have had only limited opportunities to learn or might be resistant to new or challenging situations. Consequently, DSPs individualise learning activities, and go at a pace that best suits the person.
- strive to maximize the client's independence, and at times, interdependence. They recognise that sometimes it's not the best time for the person to learn or practice a skill and that providing a higher level of support on behalf of the person is the best thing to do.
- support clients to, wherever possible, develop skills that will enable them
 to participate in work that is dignified and valued by the community.
 However, DSPs also recognize the value of actively supporting people to
 engage and participate in a range of other, ordinary everyday activities
 appropriate to the person's circumstances, abilities and aspirations.
- recognise that for some people with profound or multiple disability, progress might be slow and achievements will only be recognised at a micro-level. However, such progress and achievement will be valued and celebrated in the same way as the progress of more able individuals.
- take skill development seriously. They will develop support plans in consultation with clients and significant others by conducting informal and formal assessment, observations and with reference to (or by requesting) assessments conducted by other professionals.
- will monitor and evaluate skill development programmes. They will document progress and provide honest and accurate feedback to clients, family members and other professionals involved.

References for Further Reading

- Bass, L., DeMers, S., Ogloff, J., Peterson, C., Pettifor, J., Reaves, R., Ritfalvi, Simon, N., Sinclaire, C., & Tipton, R. (1996). Professional conduct and discipline in psychology. Washington, DC: American Psychological Association.
- Cambridge, P. & Carnaby, S. (Eds) (2005). Person centred planning and care management with people with learning disabilities. London, UK: Jessica Kingsley.
- Chenoweth, L. & McAuliffe, D. (2005). The road to social work and human service practice: an introductory text. Southbank, Victoria: Thomson,
- Commonwealth of Australia (2001). Code of Ethics and Guide to Ethical Conduct for Residential Aged Care [Publication No. 2895]. Canberra, ACT: Commonwealth Department of Health & Aged Care.
- Community Services and Health Industry Skills Council (2007). Community services training package. Retrieved October 13, 2007, from http://www.cshisc.com.au
- Corey, G., Corey, G., & Callanan, P. (1998). Issues and ethics in the helping professions (5th ed.). Pacific Grove, CA: Brooks / Cole Publishing Company.
- Dalton, A. & McVilly, K. (2004). Ethics guidelines for international multi-centre research involving people with intellectual disabilities [Guidelines commissioned by the International Association for the Scientific Study of Intellectual Disability (IASSID)]. Journal of Policy & Practice in Intellectual Disability, 1, 57-70.
- Dempsy, I. & Nankervis, K. (Eds.) (2006). Community disability services: an evidencebased approach to practice. Sydney: UNSW Press.
- Department of Education, Science and Training (2005). Community Services Training Package - Qualifications Framework, Version 2. Canberra, ACT: Author.
- Disability & Rehabilitation Professionals Association (2005). Code of Ethics and Practice for Disability and Rehabilitation Professionals, Adelaide, SA: Author,
- Disability Discrimination Act (1992/2002). Commonwealth of Australia, Canberra.
- Disability Services Act (1986). Commonwealth of Australia, Canberra, ACT.
- Goggin, G. & Newell, C. (2005). Disability in Australia: Exposing a Social Apartheid. Sydney: UNSW Press.
- Hall, S, P. & Hall, D, N. (2002). Hiring and retaining direct-care staff: fifty years of research, what do we know? Mental Retardation, 40, 201-211.
- Health and Disability Commission Code of Health and Disability Services Consumers' Rights Regulation (1996). Government of New Zealand Government, Wellington.
- Hewitt, A., Larson, S., Lakin, K., Sauer, J., O'Nell, S., & Sedlezky, L. (2004). Role and Essential Competencies of the Frontline Supervisors of Direct Support Professionals in Community Services. Mental Retardation, 42, 122-135.
- Holburn, S. & Vietze, P. (Eds) (2002). Person Centred Planning: research, practice and future directions. Baltimore, MD: Paul H. Brooks.
- Human Rights Act (1993/2001). Government of New Zealand, Wellington.

- Koocher, P., & Keith-Spiegel, G. (1985). Ethics in psychology: professional standards and cases. New York: Random House.
- Larson, S., & Hewitt, A. (2005). Staff recruitment, retention, & training strategies for community human services organizations. Baltimore, MD: Brookes.
- Mayer, E. [Mayer Committee] (1992). Putting general education to work: the key competencies report. Canberra, ACT: Australian Education Council and Ministers for Vocational Education, Employment and Training.
- McVilly, K. (2002). Positive behaviour support for people with intellectual disability: evidence-based practice promoting quality of life. Sydney: Australian Society for the Study of Intellectual Disability (ASSID).
- McVilly, K., Martin-Nixon, T., & Neville, C., (2003). Professionalising support work: towards a code of ethics for Australia. *Intellectual Disability Australasia* 24 (1), 6-9.
- McVilly, K., & Parmenter, T. (2006). Professional ethics and disability services. In I. Dempsy & K. Nankervis (Eds.), *Community disability services: an evidence-based approach to practice* (pp. 241-271). Sydney: UNSW Press.
- National Health & Medical Research Council [NHMRC] (2007). National statement on ethical conduct in human research. Canberra, ACT: Author.
- O'Brien, J. (1989). What's Worth Working For? Leadership for Better Quality Human Services. Lithonia, Georgia: Responsive Systems Associates. Retrieved October 13, 2007, from http://thechp.syr.edu/rsapub.htm
- Owen, F., Sales, C., Griffiths, D., & Richards, D. (2001). Prelude to a code of ethics for caregivers in services for persons with developmental disabilities: a systematic approach to preventing abuse. *Developmental Disabilities Bulletin*, 29, 152-169.
- Pengra, L. (2000). Your values, my values: Multicultural services in developmental disabilities. Baltimore, Maryland: Paul H. Brooks.
- Reinders, J. (2002). The good life for citizens with intellectual disability. *Journal of Intellectual Disability Research*, 46, 1-5.
- Schalock, R., & Luckasson, R. (2005). Clinical judgement. Washington, DC: AAMR.
- Social Trainers Association of Tasmania (n.d.). Code of Ethics. Hobart: Author.
- Test, D., Flowers, C., Hewitt, A., & Solow, J. (2003). State-wide study of the direct support staff workforce. *Mental Retardation*, 41, 276-285.
- UK General Social Care Council (2002). Code of practice for social care workers and code of practice for employers of social care workers. London: Author
- United Nations (2006). Convention on the rights of persons with disabilities. NY: Author. Retrieved October 13, 2007, from http://www.un.org/disabilities
- US National Alliance of Direct Support Professionals (2000). *Code of ethics*. Minnesota: University of Minnesota, Research and Training Centre on Community Living.
- Young, D., & Quibell, R. (2002). Disability support workers and professional traditions. Intellectual Disability Australasia, 23 (4), 5-8.