

# Working with Students

A student  
supervisor guide to  
obtaining consent





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## Welcome to this guide

This resource has been developed to support student supervisors who supervise students on placement. It focuses on obtaining consent for students to work with people with disability. This may be in government, non-government or private practice settings.

Practitioners wanting general information on how to set up or manage a student placement should refer to the Student Supervisor Practice Package.

Student placements provide opportunities for students to combine theoretical learning and practical experience in a supervised environment. This allows the student to learn about the roles and responsibilities of a chosen profession, as well as a range of clinical and administrative skills. This can include, but is not limited to, roles such as nursing, social work, psychology, physiotherapy, dietetics, speech pathology and occupational therapy.

The student supervisor is ethically required to gain informed consent from the person they offer services to. This includes the involvement of a student in the service. When a student is going to be on placement at an organisation, it is essential that the person with disability is offered the information and support they need to decide whether they want to receive services through a student.

Implementing practices to ensure people with disability are making informed choices around the services they receive reflects the social model of disability that underpins contemporary practice (Armstrong 2007; Bundy 2008). It also reflects the ethos underpinning the National Disability Insurance Scheme (NDIS) that looks to provide people with disability with more choice and control over the supports they receive and what those supports involve.



## Useful resources

Student supervisors should be familiar with their own organisation's policies and procedures for obtaining consent.

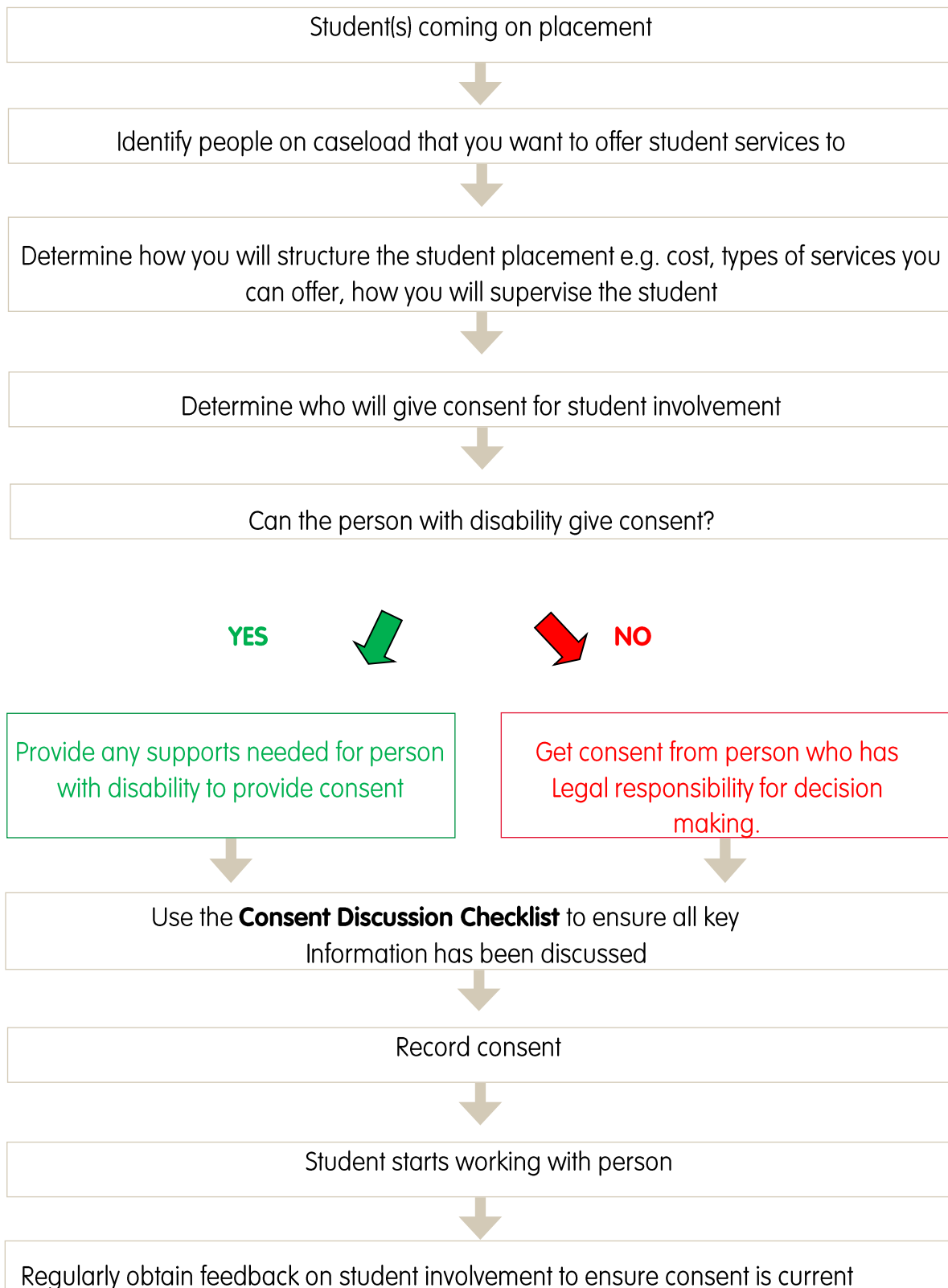
Documents to refer to around consent:

- **Disability Inclusion Act 2014 (NSW)**
- **NDIS Provider Toolkit FAQ**
- Codes of Ethics/Conduct from individual professional associations.

If further explanation or support is required on gaining consent, supervisors are encouraged to discuss this with their manager, clinical supervisor or contact the **SPAR Unit** at [spar@benevolent.org.au](mailto:spar@benevolent.org.au).



## The consent process at a glance





## Benefits of students

Having students on placement, and being able to offer services through a student, can have many benefits (FACS ADHC, 2016). Positive experiences and benefits could include:

### **For people with disability**

- The student could deliver additional services that the supervisor alone could not normally provide e.g. additional therapy sessions at home.
- More choice and control over the services that suit their individual situation and budget.
- The person with disability might prefer to work with a student because of their age, shared interests or personality traits.

### **For the services offered**

- Reduced wait times for the organisation to provide service.
- The student may be able to assist in the completion of project work, and development of resources.
- Increase the range of services and pricing options available for service users. This will depend on the way the student is working with the person with disability, the way the service is being funded and on the policies of the organisation.

### **For the organisation**

- Students often bring knowledge of the most recent research, new ideas, resources, and experiences to their work on placements.
- Development of networks between organisations and universities. This may result in increased collaboration, consultation, and support for workplace practices and mentoring.
- Attracting prospective employees from students on placement who have the appropriate skills and knowledge for key roles within the organisation.
- Promotion of the workplace to the community and networks.
- Positive and enthusiastic energy to the workplace.



### **For the student supervisor**

- The professional development for the student supervisor, particularly in the areas of advanced clinical skills, management skills, mentoring and reflective practice.
- The experience can be very rewarding, leading to increased job satisfaction.
- Personal satisfaction that you are contributing to the development and shaping the future and of their own profession.

### **For the wider disability sector**

- Contribution to the disability sector through fostering the development of allied health workers with the skills necessary to provide high quality services to people with disability.
- Allied health workers with experience in working with people with different support needs will help create communities that are more inclusive. Through having a student on placement within the organisation, the student supervisor might feel a sense of satisfaction at supporting the development of better resourced communities.
- Student supervisors wanting to offer a student placement are encouraged to discuss with their manager or senior supervisor about the potential ways students could add value to their organisation.
- Many organisations have successfully integrated students into their workplace. Contact universities, local organisations and professional networks to learn about their experiences and seek ideas and advice on how to incorporate students into the organisation and service.



## How students can work with people with disability

A number of different and innovative structures are emerging for incorporating students into service delivery. Each organisation can structure the way students contribute to services differently. Factors that may determine a student's involvement include the university requirements, the student's previous learning experiences and skills and the resources of the organisation.

Some examples of how a student might be involved in the services provided to a person with disability include:

- The student observing the student supervisor working with the person with disability. The student might be in the room, watching through a two-way mirror or watching a video of the appointment.
- The student supervisor working directly with the person with disability for part of the session, and then the student working directly with the person with disability for the remainder of the session with the student supervisor observing.
- The student working directly with the person with disability for the entire session, with the student supervisor observing. In this scenario the student supervisor might be in the room, watching through a two-way mirror or via live video feed.
- The student working directly with the person with disability without the student supervisor being present. The student supervisor might be monitoring the student's work through the use of video, talking with other people in the appointment (e.g. a classroom teacher) and talking with the student themselves.
- The student might be working jointly with the student supervisor in a group environment.
- The person with disability may receive their usual service/session from the student supervisor at the clinic, and then receive an additional session in a different environment (i.e. home, school, day program) from the student.
- Fee-for-service organisations should consider how they will bill for services provided by a student. There are a range of billing options including no fee, reduced fee, or full fee depending on the organisations policies and the structure of the service.





Regardless of how the student works with a person with disability, the student does not replace the role of the student supervisor. The student supervisor must monitor and guide the work provided by the student. It is important that the person with disability receiving the service is provided with the information and support they require to consent to working with the student.

The following organisations and resources may be useful when determining how to involve a student into service delivery for your organisation:

- **Allied Health Professionals Association** – FAQ on private practice and student placements (available to members only)
- **Speech Pathology Australia** – FAQ on private practice and student placements (available to members only)
- OT Practice Education Collaborative - Queensland – **clinical education website**
- **National Disability Insurance Scheme – FAQ: Allied Health Practitioner Students and Provisional Psychologists**



## What is consent?

Consent is giving permission for something to happen. In this guide, consent refers to a person with disability or their person responsible, granting permission for the allied health organisation to provide services through a student on placement.

For consent to be valid, it must be (FACS ADHC, 2016):

- *Voluntary* – the person is free to make the decision for themselves without pressure, coercion or undue influence.
- *Informed* – all the information and choices available must be provided in a format that the person understands. The person must also be able to communicate their consent in a way that others can understand their preferences and decisions.
- *Specific* – consent must be sought for each occasion that is relevant. For example, although the person may have previously consented to receiving services from your organisation, new consent is required when a student is going to be involved in the service.
- *Current* – consent is applicable to the situation at the time and cannot be assumed to remain the same indefinitely, or as circumstances change. The person is also entitled to change their mind and revoke consent at any time.



## Do I need to get consent?

It is considered best practice to obtain consent from people with disability for the services allied health professionals offer. It is often a policy requirement for many organisations. At times separate consent may be necessary for different activities. This includes collection of an individual's personal or health information, using video or photos. This guide provides a process for obtaining informed consent that aligns with the philosophy of the **United Nations Convention on the Rights of Persons with Disabilities**. It also upholds the standards of behaviour set out in the code of conducts' for allied health professionals by their associations or boards (e.g. APHRA).

## When to get consent for student services

The student supervisor should ensure that consent is received for a student to be involved in services, prior to the student working with the person with disability.

Consent for the student being involved should then be an ongoing process, and will need to be reviewed if any changes are made to service delivery. This ensures that the person with disability, or their person responsible, continues to have their preferences respected and understood, and that consent is current.

Some examples of when consent would need to be reviewed include:

- changes to where the service will be delivered e.g. school versus clinic;
- change in student on placement;
- changes to the way a student will work with the person with disability;
- change in family circumstance or preferences;
- the person with disability changes their mind and withdraws consent.



## Who can give consent?

The person who provides consent for a student working with a person with disability will depend on the decision making capacity of the person with disability.

A person has capacity to make a particular decision when they can (State of New South Wales Department of Justice, 2009):

- understand the facts and choices involved,
- weigh up the consequences, and
- communicate the decision.

Every person, regardless of ability, can participate in decision making in some way. People with disability have the right to make decisions, and to receive the support they need to make decisions (Australian Law Reform Commission, 2013; FACS ADHC, 2016).

## Person with disability has capacity to give informed consent

When the person with disability has capacity to give informed consent, they make the decision about whether or not they want to have a student involved in their service. For the person with disability to give informed consent, the student supervisor must ensure the person with disability understands the service being offered, the benefits and risks, and the consequences of receiving and not receiving the service, and their option to withdraw consent (Australian Psychological Society, 2007).

The person with disability may require additional supports to understand the information, make the decision and/or communicate their decision. Supported decision making is a process of assisting a person with disability to make their own decisions (Australian Law Reform Commission, 2013). This can involve providing information in different formats (e.g. pictures), assisting in communication (e.g. using an augmentative device) or having a support person, usually a friend or family member, assist the person with disability to make the decision (Carney, 2013; Devi, 2013). Further information about strategies for supported decision making is outlined on page 15.



## Person with disability has impaired or limited capacity to give informed consent

Supported decision making should always be tried first. If the person with disability has received the information over an appropriate time and in a relevant format and they still do not have the ability to make a decision, then the student supervisor should seek consent from an officially appointed guardian or person responsible.

More than one consent type may need to be negotiated. The person responsible may give consent for the provision of the therapy service. The same or another person may provide consent in a different capacity. e.g. an authorised representative may give the consent for the collection and use of health information.

If the person with disability is a young person, and unable to give informed consent, obtain consent from the parent who has legal responsibility for the young person. According to the Children and Young Persons (Care and Protection) Act 1998 (NSW), a 'young person' means a child or adolescent under the age of 18 years.

If the person with disability is an adult (i.e. person 18 years or older), and is unable to give informed consent, seek consent from the person responsible.

According to the law, the hierarchy to follow to identify the person responsible is (State of New South Wales Department of Justice, 2015):

1. Guardian – an enduring or appointed guardian who has the function to consent to the service.
2. A spouse or partner – where there is a close and continuing relationship.
3. Carer – unpaid who provides or helps with domestic support on a regular basis.
4. Relative or friend – who has a close and personal relationship with the person.

The person with disability should still be included in the decision making process as much as practically possible. When consent is being obtained from someone other than the person with disability, every attempt should be made to seek agreement and understand the preferences and opinions of the person with disability. For example, this could include making all efforts to interpret the person with disability's body language and vocalisations to decide if they are in agreement with a decision about working with a student.



## Conflict and consent

Situations may arise where there is a difference in opinion between the person with disability and the person responsible regarding student involvement. For example, a parent may consent to a student working with their 15 year old son at school. However, he is declining to participate in the sessions, and does not want to receive a school-based service.

Every attempt should be made to try and resolve any conflict. Some strategies and resources that may be helpful in prompting discussions during these situations could include:

- involving an advocate that the person with disability is comfortable with
- looking at alternate options for service delivery that meet the person with disability's preference
- **Working/Not Working Tool**
- **Important to/Important For Tool**
- **4 + 1 Questions**

The student supervisor should also refer to their organisation's policies and procedures regarding consent, resolving conflict and how to proceed with services.



## Providing support for a person with disability to give consent

A person with disability may require supports to make a decision about consenting to a student being involved in their service. Their decision making skills, confidence, and capacity to provide consent can be enhanced by improving communication systems and supporting them to understand the decision making process (Family Planning NSW, 2013; Carney 2013).

The following strategies may be helpful to support the person with disability to make a decision or express an opinion around having a student involved in their service:

- Consider the person's health, mood, time of day and setting. Each of these factors can affect a person's capacity to make a decision. For example, the person with disability may need a quiet environment with little distraction, or be better suited to a meeting in the morning as opposed to the afternoon.
- Find out how the person with disability likes to receive information and how they express themselves. This information may need to be collected from the person themselves, their parent, guardian or carer. Tools such as a receptive communication chart, expressive communication chart, or communication profile can provide specific information about how the person with disability best understands information and communicates.
- Allocate time to prepare information in the format that the person with disability requires. This could include wording information more simply, adding pictures/ videos to present the information, or alternate methods of presenting information e.g. sign language, augmentative and alternative communication device.
- Allow the person to take the time they need to make and express their decision. They may want to think through the information and provide a decision at a later date.
- If required, encourage the use of a support person to help the person with disability discuss their preferences and needs. The support person could be a friend, relative or care worker who the person with disability chooses to provide advice, guidance or explanations. The support person may also interpret any non-verbal signs and preferences that the person with disability uses to communicate (FACS, 2016).



## Additional Resources

The following resources may be useful when planning for supported decision making:

- FACS website - **Supported Decision Making**
- Video from Speak Out Advocacy – **Decisions Decisions Decisions**
- **My life, my decision – A handbook for decision makers**
- **Supported Decision Making – A handbook for supporters**
- **Supported Decision Making – A handbook for facilitators**
- **ASK ME** - a practical model of supported decision making





## Information to include when discussing consent

For the person with disability, or their person responsible, to provide consent to working with a student, they need to clearly understand how the student will be involved in the service, and the choices and options available. It is recommended that the student supervisor documents any agreement made with the person with disability about the inclusion of students in the provided service and the fees that will be charged. A service agreement is one way these details could be documented.

Some of the information to consider discussing with the person with disability includes:

### **Student placement details**

This includes information such as where the student is coming from (i.e. university), how long the student is on placement, the stage and structure of the placement (e.g. observational versus interactive) and how the supervisor will monitor the student.

### **Service delivery details**

Make clear the structure and extent to which the student will be involved with the service provided. Specific information should include what a session with the student will look like (e.g. observing supervisor vs. student-run therapy), when the student supervisor may or may not be present during sessions, where the service will be provided (e.g. home, clinic, school etc.) and the frequency of sessions.

It is the student supervisor's responsibility to ensure that the level of supervision of the student is sufficient to ensure the person's goals are met and outcomes are achieved.

Regardless of the structure of student involvement, make clear that the supervisor will be overseeing and monitoring all aspects of the student's work.

### **Information, privacy and confidentiality**

Outline how information being collected will be shared between the student and supervisor, and any relevant external agencies or organisations.



## Risks

Outline any potential risks to interventions, and how these will be mitigated and monitored. This also includes discussing that all the same documentation and professional conduct rules that apply to the supervisor apply to the student. The student must also comply with the organisation's work, health and safety policies and procedures.

The person with disability should also be made aware that students on placement are covered through their university by all of the same types of insurance that the supervisor or organisation have in place. It is the responsibility of the supervisor to request a copy of the Certificate of Insurance Coverage from the student's university or tertiary institution.

## Service Fees/Billing

Make clear what rates the person with disability will be charged for services provided by a student. People with disability and service providers can choose to negotiate billing rates for a service from a student. For example, a student may conduct every alternate session, which is charged at a lower rate, while a student supervisor conducts the regular sessions, charged at the full rate. Any billing arrangements must be discussed and agreed to by the person with disability before services commence. The person should not be charged for a greater amount of time as a consequence of a student requiring greater levels of support and supervision, or being less time efficient. Refer to the NDIA **FAQ: Allied Health Practitioner Students and Provisional Psychologists** for details related to services provided under NDIS.

## Consent procedures

Ensure it is clear who the consent for the service will be, and how consent can be given, recorded on file, and reviewed. It must be made clear that the person with disability can change their mind at any time, and withdraw consent.

## Feedback

This should include how the person with disability or their person responsible can provide positive or negative feedback about the service they receive. This could include strategies for providing feedback to the student, student supervisor, and/or organisation, and also providing the organisations complaints procedures.

The **Consent Discussion Checklist** is a practical checklist that summarises the information outlined above.



## Cultural considerations when gaining consent

Culture and/or linguistic background can impact a person's view on accessing services and their ability to provide informed consent (Speech Pathology Australia, 2016).

The cultural and linguistic diversity of Australia is increasing and the composition of languages and cultures that make up Australian society are constantly changing. The person with disability must be given every opportunity to have consent explained in a way that they understand, with consideration and sensitivity to any cultural and language needs.

The following strategies may be useful when considering the cultural and language needs of the person with disability:

- Ask if there are any cultural sensitivities or customs which need to be accommodated during the discussion or session. This could include asking if any specific family members should be present.
- Ask if an interpreter is required, or if the person would be more comfortable with an interpreter present.
- Use clear language during discussions to minimise jargon and fully explain any acronyms or technical terms.
- Ask if written information needs to be translated into another language, or provided in a different format.
- Use 'everyday' English in any written information provided.
- Sensitively offer assistance with reading and writing if it is required. Directly asking a person if they can read or write may cause embarrassment or shame.
- Allow time for the person to think about ideas, and be respectful of long pauses and wait times during conversations. Silence does not necessarily mean the person does not understand what has been said. Pauses may be necessary to allow the person to translate the verbal information received, think of a response and then translate back into English again. The meaning of silence can also vary depending on the culture, and could be sign of respect, contemplation, disagreement or reflection.

The following resources may also be useful when considering cultural needs during discussions about consent:

Metro South Health - **translated informed consent.**

The Department of Prime Minister and Cabinet - **communicating with Aboriginal and Torres Strait Islander audiences.**



## Recording consent

The person with disability, or their person responsible, can provide consent either verbally (spoken), written, or non-verbally. In all cases, the person consenting to the service must be given all necessary information about the student's involvement in the service in order to make an informed decision.

It is the responsibility of the student supervisor to accurately document the consent. The student supervisor should follow their organisation's policy and procedures for recording consent. Details to document about consent could include the format in which it was received, what support was provided, when the consent was given, how long consent is for and any other details relevant to the person's consent. For example, this may include describing how the person with disability used their augmentative and alternative communication device to provide consent and make choices.



## Ending Consent

Consent is time, activity, and goal limited. The person with disability or their person responsible can end the service or withdraw their consent at any time. Ending consent can be expressed verbally, in writing, or via a non-verbal method, in much the same ways that consent is given. The student supervisor should follow their organisation's policy and procedures for recording a change in consent.

A wish to end consent must be freely given, understood, and specific. Ensure that the ending of consent is clarified, that the person with disability understands the consequences of ending consent, and is informed of any action or follow up pathways. Ending of consent must be recorded in a similar way that consent, when obtained, is recorded.

It is the responsibility of the student supervisor to help a student accept and understand that a person ending or declining consent may not be a personal reflection of their involvement. Student supervision times are a good opportunity to discuss any concerns a student may have when a person declines or ends their consent. The **strengths based reflective guide** may be useful when reflecting on a person refusing or withdrawing consent. Additional information about guiding reflective practice can be found in the **Student Supervisor Practice Package**.



## Facilitating feedback

Feedback is “information on actual performance in relation to the intended goal for performance” (Titchen and Binnie,1995). Feedback should be sought from both the person with disability, and the student on placement. Receiving both positive and constructive feedback about the services being provided can serve many functions:

- Student placements help students to learn the knowledge and skills they will need to work in their professions. Receiving feedback from the person with disability about the service they received is a critical part of the learning process.
- Feedback about the service provided can help the organisation continue to offer effective student placements which provide services that meet the needs of people with disability.
- Regular feedback throughout service delivery can assist in continuous improvement and modifications of the service where needed, and addressing any concerns early.
- Regular feedback from the person with disability can be used as a means to ensure that consent for the service is current.

The person with disability should feel comfortable to provide regular feedback to the student, student supervisor, or organisation on what is working well or not working well from their perspective. Information should be provided to the person with disability about how they can provide such feedback, and if there are any more formal opportunities such as questionnaires, surveys or interviews that can be completed. It is also the responsibility of the student supervisor to ensure that the person has a safe and discreet method of making a complaint should one arise, and that they are aware of the organisation’s complaints procedures and pathways.

Students should be encouraged to provide feedback on their experiences while on placement. This can be arranged in both formal and non-formal settings. For example, formal feedback could be provided during structured supervision sessions with the student supervisor. This information can be used to ensure the structure of the placement is meeting the student’s learning needs. Providing feedback also gives the student the opportunity for reflective practice, which is key to learning and the development of clinical reasoning skills (Zimmerman et al, 2007).



## Resources

The following resources have been developed to support you in obtaining consent for student placements within your organisation.

- **Consent discussion checklist**  
Guides the student supervisors' discussion when seeking consent for a student to be involved in service delivery.
- **Consent template**  
Consent template for obtaining written consent for a student to be involved in service delivery.
- **Poster promoting student placements- option 1 and option 2**  
Editable posters for the organisation to display in the workplace to promote that student placements are offered at their site.
- **Student introduction card**  
For the student to give the person with disability and/ or their carer in the initial meeting as a way of introducing themselves and providing their contact details.



## Definitions

The table below is a list terms, keywords and/or abbreviations used throughout this document.

Term	Definition
<b>Direct Support Professional</b>	A person who is employed to assist another person in their day to day living.
<b>Carer</b>	An individual who is not paid, but assists another person in their day to day living. This is often a friend or family member.
<b>Coercion</b>	The act of convincing someone to do or agree to something against their primary will.
<b>Person responsible</b>	A person responsible is someone who can legally make a decision on behalf of another person in particular situations.
<b>Student Placement</b>	A period of time where a person who is studying towards a particular qualification (the student) will be 'placed' with a qualified health professional to learn knowledge and skills for their future role.
<b>Student</b>	A person studying for a qualification in dietetics, nursing, occupational therapy, physiotherapy, psychology, social work, speech pathology or another therapy role.
<b>Student supervisor</b>	A qualified health professional responsible for facilitating the students learning and overseeing the work they do while on placement with their organisation.
<b>Support person(s)</b>	Any individual, or individuals, who supports a person with disability by helping them understanding concepts and making decisions. A support person may be family, carers, care workers, or friends.
<b>Supported decision-making</b>	A form of decision-making whereby an individual is given support and assistance to come to a decision.
<b>Young person</b>	A child or adolescent under the age of 18 years.





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## Thank you

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This resource has been developed by the Specialist Placement and Recruitment (SPAR) Unit, Practice and Service Innovation, Disability, The Benevolent Society.

Please visit the **SPAR Unit** webpage for more student placement resources.

<https://www.benevolent.org.au/about-us/professional-resources/disability>



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