



AUSTRALIAN HEALTHCARE

QUALIFICATIONS & TRAINING

CHC43015 – Certificate IV in Ageing Support Learner Guide Book 1



Units Covered

- CHCADV001 Facilitate the interests and rights of clients
- CHCAGE001 Facilitate the empowerment of older people
- HLTWHS002 Follow safe work practices for direct client care
- CHCAGE004 Implement intervention with older people at risk
- CHCCCS011 Meet personal support needs
- CHCAGE005 Provide support to people living with dementia
- CHCCCS006 Facilitate individual service planning and delivery
- CHCCCS023 Support independence and wellbeing
- CHCLEG003 Manage legal and ethical compliance

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CHCADV001 - Facilitate the interests and rights of clients

Welcome to the learning resource for the unit CHCADV001 Facilitate the Interests and Rights of Clients.

This unit describes the skills and knowledge required to assist clients to identify their rights, voice their needs and concerns and realise their interests, rights and needs. This unit applies to workers of all levels in a range of Health or Community Services settings who provide services using a Human Rights based approach and have direct interaction with clients.

In this Learner Guide you will cover the following topics:

1. Facilitate the realisation of client interests, rights and needs
2. Advocate in accordance with client preferences and requests to optimise client outcomes
3. Provide ongoing support to clients promote health and re-enablement of older people
4. Support clients making a complaint
5. Review progress

You will be able to demonstrate your ability to:

- Work in collaboration with 1 client to identify their interests, needs and rights
- Advocate on behalf of 1 client to achieve a specific outcome
- Support 1 client throughout an organisational or legal complaints process

You will gain knowledge about the:

- Universal Declaration of Human Rights
- Relationship between human needs and human rights
- Human rights frameworks, approaches, instruments
- Legal and ethical considerations (international, national, state/territory, local) related to facilitation of client rights and interests and how these impact individual workers:
 - Duty of care, human rights, mandatory reporting, discrimination, privacy, confidentiality and disclosure, informed consent, organisation and legal complaints processes, rights and responsibilities of clients, workers and organisations
- Common risks to client safety and wellbeing
- Relevance of child protection across all health and community services contexts, including duty of care when child is not the client, indicators of risk and adult disclosure
- Actions that constitute discrimination and techniques for addressing it
- Types of community resources, networks and referral options relevant to the nature of client service
- Potential conflict between client needs and organisation requirements
- Differences between negotiation, advocacy, mediation
- Negotiation, advocacy, mediation techniques for the facilitation of client rights
- Empowerment and disempowerment

A copy of the full unit of competency can be found at: <http://training.gov.au/Training/Details/CHCADV001>

Element 1: Facilitate the realisation of Client interests, rights and needs

The delivery of quality Aged Care Services relies on effective teamwork. As an Aged Care Worker, you will be working with a range of Health Professionals providing diversity of care and a range of strategies to meet the specific needs of each older person. Respecting and acknowledging the individual skills and contribution of each Team Member allows teams to work collaboratively to address the needs of older people and achieve positive outcomes for all older people in their care.

Having a clear understanding of your role and responsibilities will help you provide care that is individualised and Client focused. You have a 'duty of care' to work in an ethical way and in line with the Policies and Procedures of your employing Organisation. Many older people in your care will be vulnerable, and you have a responsibility to protect their rights and, if necessary, to advocate on their behalf to protect those rights.

Discuss the rights and responsibilities of all parties with Client

An interdisciplinary team includes a range of Health Professionals and care Workers who work with the Client, family and significant others, and/or advocate to deliver quality care for the older person. Each Team Member brings specific professional skills and expertise to the Care Team. These Team Members consult with each other to plan and coordinate the delivery of care, ensuring that the differing needs of Clients are met by the most appropriate Team Member. The Aged Care Worker is an integral member of the interdisciplinary Team, and it is essential that the Client has the opportunity to contribute to and participate in any decisions made by the Team.

Aged Care Workers are valuable members of this interdisciplinary Team because the job role involves ongoing close contact with Clients and residents of Aged Care facilities. Care Workers gather information during this close contact and are able to observe changes in needs on a regular basis. These observations and information should be shared with the other Team Members and can often lead to better outcomes for an older person.

When seeking advice from other Health Professionals you need to know the key roles of all the different Workers in a Team who provide support to the older person, either in Residential care or in the Community. Key roles of interdisciplinary Team Members are:

Name	Role
Activity/Leisure Worker (Recreation Officer)	Specialises in assessing and meeting individual needs and wants. They develop individual or group activities that promote independence and provide opportunities for recreation and leisure.
Aged Care Worker/Support Worker	Provides holistic care to older people that supports and promotes their quality of life, independence, health and wellbeing.
Dentist	Provides care for the older person's teeth and gums, dentures or dental prosthetic aids.
Dietitian	Specialises in the regulation, planning and supervision of diets for the treatment of health problems, or maintenance of nutritional status.
Diversional Therapist	Plans and provides programs to support social and emotional needs and physical and mental stimulation for the older person. These programs may include group or individual activities that promote leisure, enjoyment and self-fulfilment.
Domestic Service Worker	Provides support in the maintenance of cleaning and laundry support services within an Organisation.
Enrolled Nurse	Works under the supervision of a Registered Nurse in the delivery of holistic, Client-centred care. Responsibilities include providing support and comfort, assisting with activities of daily living, and supporting the emotional needs of individuals in a range of settings include acute care, Community and aged care facilities.
Interpreter	Trained Worker who translates what is said in one language into a different language so that it can be understood.
Maintenance Staff	People employed (or contracted) who are responsible for a variety of maintenance roles within the facility or older person's home.

Medical Officer (Dr/GP)	Provides general medical care for people. A Geriatrician is a doctor who specialises in the health care of older people.
Occupational Therapist	Specialises in providing assistance to maximise a person's independent living and participation in everyday activities by adapting the environment, using assistive aids/equipment and retraining Clients.
Pastoral Care Worker	Religious support Worker who provides emotional and spiritual support.
Pharmacist	Provides advice on medications to customers and Health Professionals. Responsible for dispensing and supply of prescription medications and over-the-counter medications.
Physiotherapist	Provides physiotherapy treatment and rehabilitation to maximise mobility and quality of life. Physiotherapy treatment includes heat, electrical stimulation, exercise, massage and application of splints.
Podiatrist	Diagnoses foot disease, problems and defects. A podiatrist conducts biomechanical assessment of the foot and lower leg, and provides treatment including nail cutting, general foot care, removal of calluses and corns, supply of orthotics, and minor surgical procedures.
Registered Nurse	Takes a leadership role in the coordination of care within a range of settings, which may include acute care, Community and aged care Residential facilities. The role includes promoting and maintaining health and preventing illness in individuals with a physical or mental illness, disability and/or rehabilitation needs. The Registered Nurse is responsible for delegating the care to Enrolled Nurses, Assistants in Nursing and Aged Care Workers.
Social Worker/Welfare Worker	Provides support, counselling and advice to help people access basic services such as housing, employment, social benefits and social networks.
Speech Pathologist	Diagnoses speech and language problems and swallowing difficulties. Provides therapy to correct and manage speech, language and swallowing problems
Volunteer	Someone who works without payment in a range of roles in the Community or Aged Care facility to support the older person; for example, Meals on Wheels, visiting or social support.

Client rights & responsibilities

A person's rights include the principles expressed in:

- Aged Care Accreditation Standards
- HACC Charter of Rights
- Antidiscrimination laws
- Standards documentation
- General Human Rights
- Legislation or laws
- Regulatory requirements

Regulatory requirements

Regulatory requirements refer to standards or rules on how a service should be run in order to meet the needs of the Clients effectively and safely and to enhance the Client's well-being. Regulations are the details that attach to the broader directions of a particular Act.

Statutory requirements

If a legal obligation is statutory, it means there is an Act that says you have to do something, or not do something. You can be legally punished if the Act is not followed. For example, it is a statutory obligation in NSW for Community Welfare Workers to report situations where they feel a child in their care is at risk of harm. If they do not, they risk a fine at the very least.

The Universal Declaration of Human Rights

The Universal Declaration of Human Rights (Universal Declaration) is an international document that states basic rights and fundamental freedoms to which all human beings are entitled. The Universal Declaration was adopted by the General Assembly of the United Nations on 10 December 1948. Motivated by the experiences of the preceding World Wars, the Universal Declaration was the first time that Countries agreed on a comprehensive statement of inalienable Human Rights.

The declaration outlines 30 articles and can be viewed at; <http://www.un.org/en/universal-declaration-human-rights/>

To review Australia's contribution to the Universal Declaration of Human Rights, visit;

<https://www.humanrights.gov.au/publications/australia-and-universal-declaration-human-rights>

Australia also supports international Human Rights law is a party to the seven major Human Rights treaties:

- The international Covenant on Civil and Political Rights
- The international Covenant on Economic, Social and Cultural Rights
- Convention against torture and other cruel, inhuman or degrading treatment or punishment
- Convention on the rights of the child
- The internal convention on the elimination of all forms of racial discrimination
- Convention on the elimination of all forms of discrimination against women
- Convention on the rights of persons with disabilities

Human Rights Frameworks, approaches, instruments

The Human Rights Framework protects civil, political, economic, social and cultural rights. There are basic principles that are a part of Human Rights, standards and implementation. These include:

- Universality
- Indivisibility
- Participation
- Accountability
- Transparency
- Non-discrimination

Human Rights are often defined in different ways. Simple definitions that are often given include:

- The recognition and respect of people's dignity
- A set of moral and legal guidelines that promote and protect a recognition of our values, our identity and ability to ensure an adequate standard of living
- The basic standards by which we can identify and measure inequality and fairness
- Those rights associated with the Universal Declaration of Human Rights

The Australian Human Rights Commission Act 1986 (AHRC Act) contains a limited definition of Human Rights for the purposes of that Act.

'Human Rights' are defined by section 3 of the AHRC Act as the rights and freedoms contained in specific international instruments that are scheduled to, or declared under, the AHRC Act.

These instruments are:

- International Covenant on Civil and Political Rights
- Convention on the Rights of Persons with Disabilities
- Convention on the Rights of the Child
- Declaration of the Rights of the Child
- Declaration on the Rights of Disabled Persons
- Declaration on the Rights of Mentally Retarded Persons
- Declaration on the Elimination of All Forms of Intolerance and Discrimination Based on Religion or Belief
- Universal Declaration of Human Rights
- International Covenant on Economic, Social and Cultural Rights

Review the Australian Human Rights Commission - A Human Rights approach for ageing and health by visiting: <https://www.humanrights.gov.au/human-rights-approach-ageing-and-health-introduction>

Human needs

Defining human needs is a complex task. Certain theorists delve into the subconscious, individuality, conscious state or ask us to consider that; our decision-making ability, influences and motivations determine our needs.

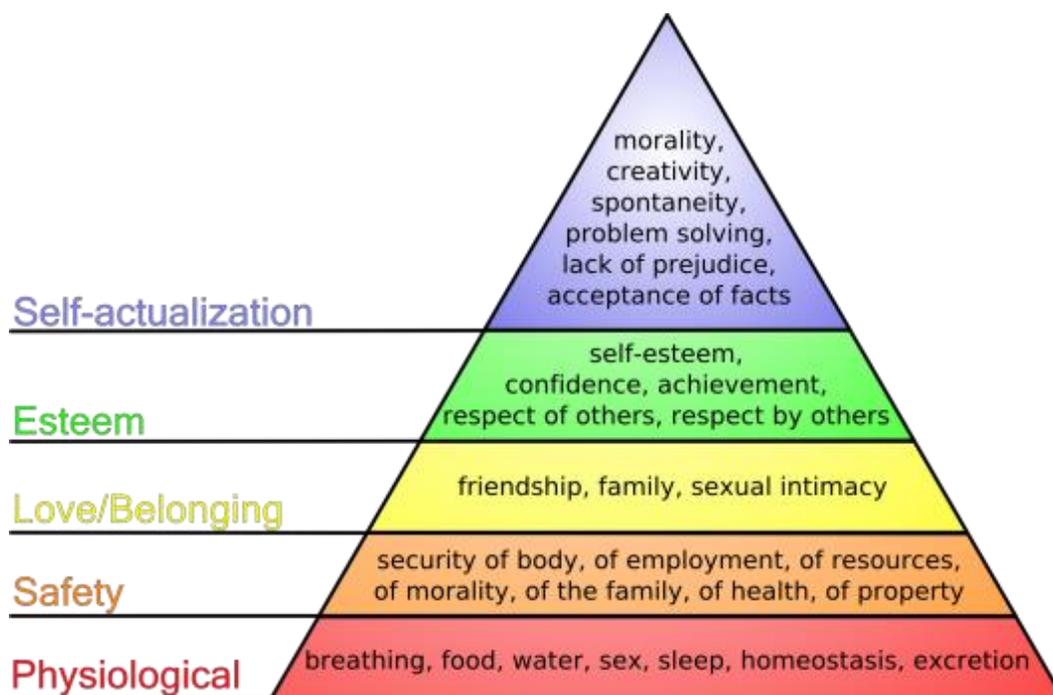
Anthony Robins introduced the Six Human Needs:

1. Certainty – the need for safety, security, comfort, order, consistency and control
2. Variety – the need for uncertainty, diversity, challenge, change, surprise, adventure
3. Significance – the need for meaning, validation, feeling needed, honoured, wanted and special
4. Love and connection – the need for connection, communication, intimacy and shared love with others
5. Growth – the need for physical, emotional, intellectual and spiritual development
6. Contribution – the need to give, care, protect beyond ourselves, to serve others and the good of all

For more information about Anthony Robins Human needs theory visit: <http://upliftconnect.com/six-basic-human-needs/>

Abraham Maslow believes that humans need a number of essentials to survive and they go beyond just food, water and shelter. They include both physical and non - physical elements needed for human growth and development, as well as all those things humans are innately driven to attain.

Maslow's Hierarchy of Needs suggests five interdependent levels of basic human needs (motivators) that must be satisfied in a strict sequence starting with the lowest level.



It has been described that the needs of older people include:

- Adequate shelter including warmth and cooling
- Adequate nutrition and hydration
- Pain management
- Medication management
- Oral and dental care
- Emotional support
- Friends
- Financial security
- Independence
- Privacy, dignity and confidentiality
- Leisure and activities
- Cultural and spiritual life
- Choice and decision making
- Medical care
- Social support
- Opportunity to maintain and regain skills

Charter for Residents rights and responsibilities

Every person has the right to freedom and respect and the right to be treated fairly by others. A person's rights do not diminish when he or she moves into an Aged Care Facility, regardless of his or her physical or mental frailty or ability to exercise or fully appreciate his or her rights.

A positive, supportive and caring attitude by family, friends, Aged Care Facilities Proprietors and Staff, Carers and the Community will help people who live in Aged Care Facilities to continue as integral, respected and valued members of society.

Australian society has a strong commitment to social justice principles. Those principles recognise the aspirations of all Australians to a dignified and secure way of life with equal access to health care, housing and education, and equal rights in civil, legal and consumer matters. They form the basis of a society, which is free of prejudice and is caring, just and humane.

The below extract from the Charter affirms those social justice principles:

The personal, civil, legal and consumer rights of each resident are not diminished in any way when he or she moves into an Aged Care Facility.

The Charter also recognises that residents of Aged Care Facilities have the responsibility to ensure that the exercising of their individual rights does not affect others' individual rights, including those providing care. The Charter recognises that residents have specific rights and responsibilities which balance the needs of the individual against the needs of the Aged Care Facilities as a whole.

Each Client has the right to:

- Full and effective use of his or her personal, civil, legal and consumer rights
- Quality care which is appropriate to his or her needs
- Full information about his or her own state of health and about available treatments
- Be treated with dignity and respect, and to live without exploitation, abuse or neglect
- Live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation
- Personal privacy
- Live in a safe, secure and homelike environment, and to move freely both within and outside the Residential care service without undue restriction
- Be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect
- Continue his or her cultural and religious practices and to retain the language of his or her choice, without discrimination
- Select and maintain social and personal relationships with any other person without fear, criticism or restriction

Each Client has the right to:

- Freedom of speech
- Maintain his or her personal independence, which includes a recognition of personal responsibility for his or her own actions and choices, even though some actions may involve an element of risk which the resident has the right to accept, and that should then not be used to prevent or restrict those actions
- Maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions
- Be involved in the activities, associations and friendships of his or her choice, both within and outside the Residential care service
- Have access to services and activities which are available generally in the Community
- Be consulted on, and to choose to have input into, decisions about the living arrangements of the Residential care service
- Have access to information about his or her rights, care, accommodation, and any other information which relates to him or her personally
- Complain and to take action to resolve disputes
- Have access to Advocates and other avenues of redress
- Be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights

Each Client who utilises care services has the responsibility to:

- Respect the rights and needs of other people within the care service, and to respect the needs of the care service Community as a whole
- Respect the rights of Staff and the proprietor to work in an environment which is free from harassment
- Care for his or her own health and well-being, as far as he or she is capable
- Inform his or her Medical Practitioner, as far as he or she is able, about his or her relevant medical history and his or her current state of health

(Source: Department of Health and Ageing)

Rights of Carers

Carers also have rights and responsibilities. These are outlined in the Carer Recognition Act 2010

https://www.legislation.gov.au/Details/C2010A00123/Html/Text#_Toc276377309

Rights include:

- Privacy and confidentiality
- Be recognised by Health Professionals as a contributor to the health of the person being cared for
- Work outside the home and be supported by employers
- Be heard and treated with respect
- Use public spaces and businesses without discrimination
- Complain about provided services
- Appeal against unfavourable decisions

Rights of family members

Family advocacy is concerned with advocating on issues that affect a person with a disability and their family. The focus is usually on the needs of the person with a disability, not the parents or family e.g. training and support for parents to be more effective advocates for their Sons and Daughters with disabilities. Families commonly advocate for their family members with care and support needs, and family Carers can also experience disadvantage and discrimination due to their caring role. Many family Carers have persistently spoken out and advocated for their vulnerable family members. These advocacy efforts can and do last many years, sometimes with little or no support. They can result in significant isolation. Family Carer Advocates may become isolated from their communities by the very nature of their efforts, particularly where the issue is controversial or perceived as detrimental to the wider system or environment in which the issue occurs. For example, a parent's efforts to seek enrolment of a child with disability in a regular school in a local Community may stir enmities, and test established friendships, the effects of which can persist over time. Individuals often want to be connected to others doing advocacy; to share effort, seek support, or to develop a collective response. However, it can be difficult for caring families to find out about and to link with peer support or Advocacy Groups for information, resources and contacts.

Standards

Standards are guidelines developed to ensure consistency of practice in Human/Community Service Organisations. They may be related to legislation. For example, the NSW Department of Ageing, Disability and Home Care has developed standards that services receiving government funding must adhere to. These are guidelines or principles for how the service should operate under the legislation.

Standards can be developed without legislation. For example, the NSW Department of Community Services has standards for the Supported Accommodation Assistance programme (non-government services working with homeless people) but no legislation. These standards focus on guidelines about allowing Clients the right to complain and be treated with respect, etc.

Codes of conduct

Each professional discipline or its professional association, e.g. social work, psychology, nursing, welfare work etc. has its own particular code of ethics. All members are required to abide by their own professional code of ethics and sanctions may be applied by the professional body for breaches of these codes. For example, Nurses are required to adhere to a code of conduct that is enforced by the Nurse's Board. Ethical codes are usually broad in Community Services but the concept of Client rights (such as the right to confidentiality) underlies many of the ethical principles.

Organisational Policies and Procedures

These are the guidelines that operate in the workplace and they often reflect legislation. For example, CSI agencies should have written policy and procedure about how Staff ensure Client rights to confidentiality are maintained. This might include guidelines about what information can be shared and with whom, a process for seeking Client approval to share information and appropriate information storage systems.

State laws

Each Australian State/Territory has its' own legislation and regulations that impact on your role as an Aged Care Worker. These may relate to a range of areas including nursing, medications, drugs, poisons, adult guardianship, retirement villages, Residential services (housing), health complaints, the public trustee, and workplace health and safety. You should refer to your Organisation's Policies and Procedures Manuals for guidance, as well as the relevant State/Territory Government websites for current specific information.

Other Commonwealth laws

Act	Brief Description
Aged Care (Bond Security) Act 2006	An Act to guarantee the refund of certain bond balances and for related purposes
Aged Care (Bond Security) Levy Act 2006	An Act relating to the imposition of levies in respect of certain obligations to refund bond balances and for related purposes
Aged Care (Consequential Provisions) Act 1997	An Act to enact transitional provisions and make consequential amendments, in connection with the enactment of the Aged Care Act 1997, and for other purposes
Aged or Disabled Persons Care Act 1954	An Act to provide assistance by the Commonwealth towards the provision of care for aged persons or disabled persons, and for other purposes
Disability Services Act 1986	An Act relating to the provision of services for persons with disabilities
Home and Community Care Act 1985	An Act relating to financial assistance to the States and to the Northern Territory in connection with the provision of home and Community services
Nursing Home Charge (Imposition) Act 1994	An Act to impose the Nursing Home charge payable under part VD of the National Health Act 1953
Occupational Health and Safety Act 1991	An Act to promote the Occupational Health and Safety of persons employed by the Commonwealth, Commonwealth Authorities and certain licensed Corporations, and for other purposes



Relationships between human needs and Human Rights

Johan Galtung and Anders Helge Wirak (Human Needs and Human Rights - A theoretical approach, Vol 8 issue 3, July 1, 1977) states:

"Whereas human needs are seen as being something located inside individual human beings, Human Rights are seen as something located between them."

Considerations surrounding this subject:

- Human needs and Human Rights both require freedom
- Human Rights demand action and accountability
- Human Rights - entitlement
- Human needs - physical, medical, health, emotional, spiritual, financial, cultural

Needs and rights are often intertwined, supportive and conflicting. For example, we may have a need to protect ourselves however we don't have the right to own deadly weapons.

Debate on Human Rights vs human needs:

<https://www.adelaide.edu.au/news/news73183.html>

https://www.humanrights.gov.au/sites/default/files/content/education/understanding_human_rights/rightsED_understanding_human_rights.pdf

Provide Client with researched, relevant and timely information on their rights and responsibilities

Clients are provided with a variety of information at different stages of engagement. For example, when a Client is first introduced into a service or Organisation they will receive information on how to access Policies and Procedures, processes undertaken, privacy and confidentiality, how records are kept, along with fees and charges, just to name a few. Information regarding rights & responsibilities of all parties and safety measures, should be made available at the very beginning of the relationship so a clear understanding of each other's roles is gained.

Understanding where to access information from will be most helpful to Clients so when a need arises that they would like more information on, they will independently be able to access it when needed. By only providing information in the one sitting at the beginning of engagement will make it very difficult for the Client to retain important elements within the information. It is often after the initial information session where individuals come up with the most questions.

Throughout providing services, information such as care plans and medical requirements are to be maintained and provided to Clients on a regular basis.

Other information should be provided as the need arises.

Information relating to individual's rights and responsibilities may be provide in written format in the form of booklets, agreements and displayed posters or will be provided verbally when activities or actions take place. Activities may include but are not limited to; selecting meal preferences or organising services they will receive and how this will be actioned.

Informed consent

Informed consent means that a person has the right to be fully informed in relation to their care and treatment and that only as a result of being fully informed can users consent to care and treatment. Informed consent is related to the legal concept of "failure to warn" which the Australian courts have considered in a number of decisions involving the provision of medical services.

In terms of consent, the court has found that:

- Consent is valid once a Client is informed in broad terms of the nature of a given service.
- Adequacy of information depends on the Clients apprehended capacity to understand.

Therefore, it stands to reason that all information needs to be given in a manner and language that will allow it to be understood and that an acknowledge from the Client or patient that he or she has received the information and understand what has been said or provided may take the form of a signed consent form.

Timely and relevant information

Information you give to the Client must be timely. Timely information is given at the suitable time. If a Client felt they had been discriminated against, you would not bombard a Client with a lot of information about the Anti-Discrimination Board, their role, procedures or what forms they may have to fill out, before you would talk to them about their options and what they would like to do.

As well as ensuring the information you give a Client is timely, it must also be relevant. Relevant information must be connected to the matter and assist the Client in making decisions. Often Workers fall into the trap of giving Clients examples of how other people may have dealt with an issue rather than focussing on the Client's issue. This can often lead a Client to take action that does not help them solve an issue. This information should be part of the Organisation's Complaints or Grievance Policy and Procedures.

The information you give a Client must be timely as well as relevant to the issue at hand to give the Client every opportunity to take appropriate action. Throughout the procedure the Worker should check that no newer or more relevant information has come to light that may be of use to the Client.

Remember that Workers need to take a 'Client-centred approach' when supporting a person. This means that the Client is recognised as having the right to determine what is most important for them and that it is recognised that the Client is the expert regarding their own needs. Workers need to ensure they listen and support the needs and rights a Client identifies as important to them, and not giving information that the Client does not want or need.

Time limits for making complaints

Some Organisations have time limits for raising and resolving a complaint. It is important to find out if there are any time limits to ensure a Client has enough time to decide if they want to proceed and the time to gather any other information they may need.

Assist Clients to identify their own interests, rights, needs, choices and responsibilities

It is important that older people have the opportunity to participate in activities that interest them. Lack of meaningful activity in an older person's life can lead to a loss of self-esteem and decreased mobility.

Purposeful activities reduce feelings of loneliness, helplessness and boredom, and increases feelings of dignity, independence and self-worth. Activities need to be age appropriate and link with the person's past interests. Activities need to be tactfully adapted to meet the Client's physical or cognitive limitations.

In most cases, it is the Client's Care Plan which offers guidance to Care Workers as to a range of activities which have been tailored specifically to the Client's needs.

It can be difficult for a person to identify their rights, and whether they are being met. Especially when you consider the whole gamut of values, ethics, beliefs and legal requirements that need to be taken into account. As Workers, we have the responsibility to uphold Clients' rights in the way we deliver services.

You may be forced to decline assistance if, by helping that person:

- You are breaking Organisational Policy
- Infringing on another's rights
- Or, in extreme cases, you are breaking the law

For example, if a Client wanted to express their right to be angry, you would not assist them in hurting another person or damaging resources.

In helping Clients to identify their rights and needs it is important to consider:

Many Clients may not know their rights. For example, it is possible that a Client may not have had experience or education about their rights. For Clients who have a high level of intellectual disability, they may not have the ability to understand their rights or recognise when they may be violated.

It can be hard for many Clients to identify their needs. Often Clients may feel that they are not happy about a service or a situation, but do not have the experience or ability to think about how something could be different, especially if they have not experienced anything else.

It is quite possible many Clients will not know that their rights are being violated. Often Clients are not given information about the services they receive and what options they have within those services. Take an ageing Client who attends a day service five days a week and does not want to go every day. Have they been told about retirement and what their options are?

Some Clients may not want to do anything about the issue. Remember the Client should be able to make the final choice about the action they want to take, if any. Some Clients, for a variety of reasons, may decide not to take any action. The issue could be a one off, or they decide it is not important enough to act on.

Some Clients may be quite worried or even fearful about taking action. It is important to recognise that some Clients may have past experiences when they have tried to stand up for their rights and have been reprimanded or treated differently because of it.

Some Clients may have physical limitations that will affect their ability to communicate. This might include language or disability issues.

Social justice and advocacy

Whatever involvement you may have as a Worker in the advocacy process, whether that be supporting a Client to self-advocate or becoming an advocate for a Client, you will need to be aware of social justice principles. Social justice is based on equity and fairness for all people.

This means that when you are supporting a Client with an advocacy issue, the actions and decisions made to support the Client should not disadvantage other people or result in an unfair situation. This may not always be possible; however, advocacy and social justice share a common goal: to advance people's rights.

Social justice can be described as the very straightforward notion that society is a place where everyone is of equal value and importance. As a Worker you may need to work with the Client to ensure any decisions or actions they would like to take in relation to upholding their rights, do not result in negative consequences or disadvantage others.

Organisational Policies

Most Community Services Organisations will have a set of Policies that relate to Clients and Employees. Policies are guidelines for decision making and dictate how services should be run. They can relate to specific areas, for example, Client rights, Human Resources or financial management. As a Worker assisting a Client to identify their rights, you may need to be aware of any Organisational policies that may affect or support the decisions a Client makes.

Identify when rights are infringed or not being met

The support you are required to give to a Client in identifying their rights will depend on the situation and the individual Client. You may become aware that their rights are being violated because they told you. This situation would indicate that the Client has a level of understanding about their rights and may only need assistance in deciding what they would like to do about it.



Examples of when rights are infringed and not being met may include; a person is not happy with care strategies or suggested implementation of their care plan, confidentiality and privacy breaches, informed consent not gained, family doesn't feel care plan meets the needs of the individual, services provided are culturally inappropriate, the person feels the family decision made on their behalf doesn't match what they want or treatment is unequal and doesn't meet the requirements of age or disability.

If you witness a situation where a Client's rights are being violated, you may need to tell the Client what you saw and how you felt their rights were being violated. How the Client responds to the information you give them will dictate what steps you would need to take. Say, for example you witness a Worker taking away a Client's communication device, because the Client kept repeating a request for a drink. This action would leave the Client without any means to communicate. You would need to get the Client's device back before you could work with the Client to identify what they would like to do about the situation.

As a CSI Worker you may be involved in a team meeting where decisions about rosters and duties of the team are being discussed. The decisions could impact on the rights of Clients. For example, a Client in a Community House likes to have a bath after work before the other two Clients arrive home. The Client gets home just before 4 pm. This gives the Client about half an hour to have a bath before the other Clients arrive home. The Client needs assistance from the Worker to be able to bathe.

At the team meeting it has been decided to change the start time for the afternoon shift from 4 pm to 4.30 pm. This decision will impact on the Client. As a Worker, you could bring up the issue in the meeting or discuss the issue with the Client and find out what they would like to do about the decision.

A breach of 'duty of care' which results in another person being adversely affected may be identified by the Court as negligence. The Court's decision will depend on the response given to the following questions:

- What would be expected of a 'reasonable' person in the same situation?
- What were the Workers' roles and responsibilities within the Organisation?
- What training and experience did the Worker have?
- What were the practicalities of the situation?
- What are the current Community values about acceptable practice?
- What standards were generally seen as applicable to the situation? What other laws were relevant to the situation?
- Was the risk reasonably foreseeable?
- What was the nature and consequence of the risk?

Provide Client with information on available options for meeting their rights and needs and assist them to identify their preferred option

After becoming aware of an issue, it is important to work directly with the Client in order to allow them time and support to make an informed choice. The choices may range from what to do, how to do it as well as identifying the level support they may need.

The first step is to assist the Client to have any information that is related to the issue.

You may have to collect the information for the Client if they do not have the capacity to do it themselves. Some Clients will only need support in knowing where to get information.

If you are assisting the Client by gathering the information you will need to consider how it is presented to them. Often information is presented in a format that the Client cannot understand.

Depending on the Client you may have to consider some of the following questions.

Can the Client read? Many Clients may have limited education and not be able to read at the level you would expect. This may mean you will have to translate the information into plain English, use words that the Client can understand. Alternatively, if the Client cannot read at all, you may need to record the information onto audiotape, so it can be played to the Client.

What size print should the information be in? Some Clients may have vision impairment, so would need the information in a large printed document. If you are unable to get the information in large print, enlarging the document on a photocopier may be suitable.

Can you just talk to the Client? When giving Clients information, it does not always have to be written or presented in a formal way. Many Clients are very happy just to talk about the information. Don't feel that a chat is less effective than brochures or documents, as it can be just as effective and allows for two-way communication and for the Client to ask questions to clarify the information.

Are you familiar with the Client's communication? Imagine trying to communicate with a person who spoke a different language than you, it would be very frustrating for both people and not very effective. Clients communicate in a variety of ways. If you are working with a Client who has a communication device or system that you are not familiar with or do not know how to use, it is important to learn or get assistance from a person who is able to use it.

Will the Client need a Translator or Signer? If you are working with a Client who has a hearing impairment or is deaf, and you do not know how to use sign language, you may need the assistance from a Signer. Alternatively, it is possible you will be working with Clients whose first language is not English. In this situation you may need a Translator to help with the communication.

Are there any cultural issues you need to be aware of? Depending on the Client's background and cultural upbringing you may need to consider if you are the right person to be working with the Client. For example, if a male was to discuss an issue concerning human relationships and sexuality with a female Client it is possible that the situation could be uncomfortable or even insulting in some cultures.

Support Staff and Community Service Organisations can sometimes put high expectations on Clients in relation to making informed decisions. It is common for people to expect a Client to have extensive knowledge about an issue before they believe a Client can make an informed decision.

Often Clients are seen as not having the capacity to make an informed decision. There are two reasons a person may not have the capacity to make an informed decision. One, the Client may not have the intellectual ability to make an informed decision. The other common reason is that some Clients may not have the information they need or even know how to get access to the information they need.

For an individual to make an informed choice, they must be provided with all the information prior to making an informed decision, including options or alternatives available to them.

For example:

- What their decision may involve them or others to do
- What alternatives they may have in making a decision
- Consequences of their decision including any risks it may involve

Once the Client has all the information they need, your role is to help them make a decision. When you are helping a Client to make a decision they need to know they have the right to:

- Ask questions to help them understand. Often, we deliver a lot of information to Clients and don't give them the opportunity to clarify their understanding of the information. Helping a Client to ask questions by prompting will help you assess their level of understanding.
- Know all possible options and choices. A Worker needs to be aware that they do not overload a Client with information, but at the same time they do not hold back information. You may need to discuss a Client's options and choices over a few meetings, above all do not leave out any information just because you think they do not need to know, or they are getting overloaded. Always ask the Client how they feel and if they would like more information.
- Have time to understand the information. People process information at different rates and different levels. Do not rush a person to make a decision. Most people need time to think about an issue, and go over any information they have, most people ask a few others about their opinion before making decisions and Clients need the same opportunities.
- To make a mistake and know that that is ok. For many years people have been protected from making mistakes, mostly due to the nature of services and their responsibilities to keep people safe. It is commonly known that most people learn from their mistakes and this helps us to grow. As long as a Client is not putting themselves or other people in great danger they need to be able to take risks that may involve mistakes.
- Change their mind if they want to. People like everybody else, have the right to change their mind at any time, however they would also need to be aware of any consequences that may result. A Client, who decides not to follow up with a complaint, would need to know that it is possible for the issue to reoccur or not be resolved.
- Not make any decisions. Like everyone, sometimes Clients do not want to have to make decisions for a variety of reasons. They may not be feeling well and having to make decisions is just too hard. The issue for Workers is to ensure you make decisions on the Client's behalf with their permission.

You may give the Client some time in-between meetings to allow them to process the information and consider all their choices. Do not push the Client to make decisions before they are ready. Most people need time to think about their choices, what they want done and how they are going to do it.

Most people do not take action as soon as they have a problem. Think about a time when you had a problem. How many people did you talk to before you made a decision on what to do? How much time did it take to clarify in your mind what the actual issue was, before you took action?

There are a variety of ways we can support and advocate for your Clients. These include:

- Helping Clients to assert their own rights
- Informing Clients about Legal Advocacy
- Determining if there is a need for Financial Advocacy
- Ensure Formal Guardianship and arrangements, which may involve a legal element are implemented that support the Client

Element 2: Advocate in accordance with Client preferences and requests to optimise Client outcomes

Undertake an assessment to identify Client's ability to advocate for self

Depending on your relationship and knowledge of the Client, you may have to get information from other people about the Client's abilities to self-advocate. This may include their Carers, family, Workers or even Therapists. Where possible, you should always try to assess a person's ability with them before involving others.

The skills and knowledge a person needs to be able to self-advocate do not have to be exhaustive. Some issues may require a high level of negotiation skills and others may only need an understanding of a rule.

The basic knowledge a person requires includes an understanding of:

- How the Organisation works and the decision-making process in the Organisation
- Advocacy and limits in their own decision making
- Their rights
- Any policies, legislation to support their position

If you needed to determine a Client's ability to self-advocate, you could assess the Client against the following skills:

- Communication—does the Client have the ability to communicate confidently and effectively? Will they be able to get their message across?
- Problem solving—can the Client think logically and objectively, as well as have the ability to be flexible?
Responsibility—does the Client have the ability to be actively responsible for, and able to make a commitment to, resolving the issue?
- Organisation—does the Client have the ability to organise meetings and coordinate any activities with other people?
- Networking—does the Client have access to, or knowledge of, people and Organisations that may be able to assist?
- Action planning and follow-up—does the Client know how to develop a plan of action including what has to be done, who needs to do it and how to review the plan?
- Conflict management—does the Client have skills in negotiation and mediation? Negotiation is the ability to discuss a situation with another person and come to agreed outcomes. Mediation is when an independent person works with parties who disagree and steers a process allowing the parties to listen to each other and work towards solutions.

You may find that when you are assessing or planning to assess a Client's ability to self-advocate there could be some cultural issues you may have to consider, for example:

Is the Client from a non-English speaking background? You may be required to use an interpreter to assist with communication.

In some cultures, the family structure will dictate who can make decisions about a person. It is common for big decisions, or advocacy issues to be discussed with the extended network of senior family members before any decisions are made. And often the family will make the decisions for the person.

In some cultures, it would not be appropriate for a female to self-advocate.

If a Client has cultural issues that are going to influence their ability to self-advocate, you will need to work within those cultural boundaries, as long as they are not detrimental to the Client.

Remember the skills may not have to be at a high level. The issue will often dictate the level of skill and knowledge required. For example, if a Client felt they were not getting the same level of support from the Worker at night than the other Clients, the Client may only need to be able to tell the Worker how they felt.

However, a Client who was not happy about the way they were treated in an interview for a job, and felt they were discriminated against because they had a disability, may need a different set of skills if they wanted to self-advocate. They would need to know about the Disability Discrimination Act. They may also need a high level of communication skills, both written and verbal. They might need to know about equal employment and how to go about making a complaint.

Each situation will be different, and each Client will need different support and skills to be able to successfully advocate.

Sometimes a Client will need your support in preparation for self-advocacy. There are a number of important steps in supporting a Client.

Let Clients know about the rights they have in the service or program. The Client may need to know if the service or program is under the NSW or Commonwealth legislation. They need to be aware of any policies the service may have in relation to Client rights. Remember some Clients may not be aware of their rights. When giving a Client information on their rights you need to ensure that they receive information in ways that they can understand. This may range from requiring the Worker to photocopy some information to make the print bigger to explaining something in simple language.

Identify with Clients, the information, knowledge and skills they need to advocate in a particular situation, such as information on with whom they should discuss an issue, or skills in assertiveness.

Support Clients to gain the information, knowledge and skills they need. This does not always mean providing these yourself but putting the Client in contact with people who can assist them within the Organisation or the Community.

If appropriate, spend time with an individual discussing the issue and how he/she will raise the issue. It may be useful to role-play the situation. Often people know what the issue is they want to raise but are not confident in their ability to communicate. It can be useful to help a Client plan how they may introduce the issue, what they actually want to say, and how they may respond to questions.

Pass on some of the information you have about advocacy, such as, some of the questions you need to consider when planning to advocate for example:

- What is the issue?
- Who is the advocacy for?
- Towards or against what is the advocacy needed?
- How to advocate?

You may need to inform the Client of different techniques to use, letter writing, discussions, formal meetings, and support from other advocacy agencies or formal complaints procedures etc.

Link individual Clients with other people within the Organisation who face a similar issue, for example, several individuals who want a better deal from their local club or sporting facility may join together for mutual support, exchange of ideas and to develop joint strategies.

Let Clients know of advocacy Organisations that can assist them and link them with the appropriate Organisations.

Link Clients to family members who may be able to assist with advocacy, remembering that some families have a 'lifetime' of skills and experience in advocating for their family member and that they can share their skills and knowledge with other people.

Provide opportunities for Clients to have a say in the program, such as, involvement in planning sessions. Clients can attend planning sessions and be given time to contribute to the planning, ask questions and be given the opportunity to make recommendations.

Services often involve Clients by asking them their opinions before a meeting or session and ask a Client rep to present the information for them. This also helps Clients have direct contact between managers and other users of the service.

Involve Clients in advocacy 'projects' in which Workers may be involved, such as, advocacy to change Staff attitudes at some Community access facilities, or advocacy to make some of the local buildings physically accessible. Advocacy projects could be described as any planned activities that aim to change something that results in positive outcomes for people.

Initiate, negotiate and implement relevant strategies for addressing Client rights and needs in collaboration with the Client

If it is identified that a Client is not able to self-advocate, but still requires advocacy action then as a Worker you have a responsibility to let the Client know what other options may be available to them. Again, depending on the issue, the options could be varied, for example, you could:

Once the Client has decided what options they would like to take in relation to an issue, the next step is to develop strategies to address their issues and develop a plan of action.

Depending on the issue there may only be one action. For example, if a Client felt a Worker was rude to them, the only action may be that the Client has decided to tell them how they feel and ask for an apology.

However, if the issue is significant, it may need to have a series of actions and strategies to address the issue. Supporting a Client with an issue may also require you to be responsible for implementing some of the strategies.

Assess your ability to assist the Client

Before negotiating the strategies to assist the Client in addressing their needs, you will need to assess your ability to assist. Do you have the time, knowledge, experience or the expertise to be able to afford the right level of assistance to the Client? Do you know where to get information or are you aware of the different strategies that are available for the Client? If you feel you do not have the ability to assist then you have a responsibility to help the Client find a person who can help, either within the Organisation or externally.

There may be Organisational Policies that restrict your involvement in working with a Client. For example, a Client may have a legitimate need to visit a Massage Therapist, however your Organisation may have a Policy that prevents Workers from giving any assistance in that area.

Alternatively, you may not have the resources to spend a few weeks assisting the Client in negotiation meetings, so you would need to find alternative resources.

Developing preferred outcomes

Before developing a plan of action, you will need to list the preferred outcomes. A preferred outcome could be a change to something, a new Procedure, wanting things done differently, improvements or even just the opportunity for the Client to be heard.

Remember that outcomes should be steered towards positive results and social justice. Social justice is based on equity and fairness for all people. This means that when you are supporting a Client with an advocacy issue, the strategies implemented to support the Client in addressing their needs should not disadvantage other people or result in an unfair situation. This may not always be possible; however, advocacy and social justice share a common goal to advance people's rights.

After listing the preferred outcomes, you will need to discuss with the Client how they think the outcomes could be achieved. List what needs to happen to achieve the outcomes as well as who is doing what and by when.

When advocating on a person's behalf you may contact or approach one or more of the following:

- Work Colleagues - internal referral service
- Management - change a Policy or continuous improvement
- Support Organisation - gambling addiction, employment, financial counselling
- Community group - social support and inclusion activities
- Employers
- Health services - GP, Allied health, Dentist, Psychologist
- Police - infringed rights
- Government departments - Power of Attorney, discrimination
- Schools - training

Identify potential barriers as well as resources

When providing advocacy support for Clients it is important to identify any barriers that a Client may face in working towards the best possible outcome for the Client. When defining the issue with the Client you may need to go through the following questions to help identify any barriers:

- Have the Client's needs been clearly communicated to the person or service that is the subject of the advocacy?
- Is the Client receiving a service that suits their needs? Does the service have the resources to meet the Client's needs?
- Does the Client have access to, and knowledge on how to access support? Is there support available to the Client?
- Has the issue arisen out of discriminatory behaviour and what was the behaviour? What impact did the behaviour have?
- Does the Client know about their rights? Can the Client communicate their rights? Does the Client have any ideas on how to exercise their rights?
- Is the Client in a position to assert their needs? What avenues are there for the Client to voice their needs?
- Does the Client know who to talk to about the issue? Is the Client aware of the Organisation's Complaints Procedures? Do they know which service to approach?
- Does the Client have access to support networks and are those people able to support the Client?

If you find there are barriers evident you will need to help the Client overcome the barriers. Some of the barriers may not involve a lot of time or energy. For example, it may just require you to help the Client understand their rights or help them identify people who can support them.

Barriers Clients face

Clients face many barriers in the general Community and in relation to Community Services. When providing advocacy support to a Client you need to be aware of possible barriers to ensure they do not get in the way of the advocacy action.

Some of these barriers include the following:

Lack of understanding of individual needs

It is common for the Community to see some people as more needy or different to the average person. Most people have needs for basic food, shelter and warmth, the need for support to do some things, to be safeguarded from abuse, the need for friendship and love and the need to have some sense of control over one's life. For most people these needs are met on a day-to-day basis, however some people often find that their needs are seen as 'special' and the Community does not see it as their problem or responsibility to meet these needs.

Inappropriate and inaccessible services

Many services are limited in resources and this can lead to services that do not have the capacity to cater for individual needs. Often services are set in a way that Clients have to fit the mould of the service rather than the service fitting the Client. This can lead to services that are not well suited to some Clients. Some services, because of fees, entry criteria or physical access, can lead to Clients not being able to access those services.

Lack of, or inappropriate support, services or levels of support can also be a problem. Many people require a high level of physical, emotional and sometimes financial support. Due to the nature of funding available for Clients and Community Service Organisations it is common for Clients to receive support that will just get them by.

Discrimination

Discriminatory attitudes and behaviour by members of the Community and by Staff in Organisations can also be a serious impediment. Unfortunately, some people are still seen and treated as not having the same value or worth in society. When any person is seen as less worthwhile than others they are treated differently, which can result in the person taking on negative attitudes, which reinforces negative behaviour. Some religions, social and or cultural beliefs may also restrict a person's right to self-advocate.

Lack of knowledge of Clients

Clients often lack knowledge about their rights as citizens and consumers of services, or lack experience in exercising those rights. Educating Clients and the Community about the rights of Clients has only happened in the last 10 years or so. People have, in the past, been passive receivers of services. This means that many did not know about their rights or how to protect them, they just went along with events and this created a culture of compliance. Considering that education does not happen overnight, and people can be fearful of standing up for themselves, it is not surprising that there are still many who are not aware of their rights and have limited opportunity or experience in exercising them.

Lack of power of people

Some people, particularly people with a disability lack power and authority as a group in society. History shows how marginalised groups are seen as being less important and get in the way of the important and powerful people in society. This would not be acceptable in our current society; however, the underlying attitudes are still evident which results in some people having less power than the rest of society.

Invisibility of people who access Community services

Many of those who access Community Services are sometimes invisible to decision makers. Not so long ago many such people were placed in institutions, sometimes for most of their lives. Considering our history, their lack of power and difficulties faced when attempting to stand up for their rights, it is easy to see why they have not had ready access or interaction with decision makers. If people are not active in speaking up and being heard, or are not recognised as valuable, it is easy for them to become invisible.

Isolation

Some people may be isolated from people or networks whom normally support and advocate for them, such as family, friends and relatives.

Barriers as described above contribute to the disempowerment in the health and social care setting. Disempowerment means that the rights of the individual to make their own decision have been taken away. As a result of disempowerment negative emotions might occur such as becoming more depressed, self-obsessed, withdrawn, excluded, helpless, outside, low self-worth and many more. An even worse consequence of disempowerment is that the individual will not feel they can talk about a situation that is troubling them and it will create opportunities for their rights to go on being ignored. Disempowerment can increase negative behaviour in individuals. The negative behaviour can be either verbal or physical or even both.

It is not only easy to see the relevance of the concepts of empowerment and disempowerment to health care, but also to notice an important related link. Disempowering care leads to increased dependence and, empowering care optimises independence.

Identify and contact the most appropriate individuals and/or Organisations and represent the Client to optimise outcomes for the Client

Care Workers often need to take the role of advocate to act with and for Clients, and their rights. Advocacy may also be addressed to; other Workers, Management, Employers, other health services or professionals, Policy, Legal Organisations or persons, and Government departments.

Aged Care Advocacy Agencies:

- Are in each State/Territory
- Are funded under the Residential Aged Care Advocacy Services Program, which is managed by the Commonwealth Government to provide free and confidential Advocacy services under the National Aged Care Advocacy Program
- Assist consumers of Aged Care Services and other representatives who are acting on behalf of, or in the interests of, the older person
- Provide information and education to Staff, older people and the broader Community
- Assist with Policy to enhance rights of older people
- Are delivered through a number of Community based Organisations

The Advocacy Agencies can assist:

- Older people who are using, are about to use, or have used Aged Care Services including:
 - Residential care
 - Community care
 - flexible care
- Older people who have been assessed, or believe they will shortly be assessed by an ACAT
- Or whose Carer would be eligible for Carer Allowance or Carer Payment
- Representatives of older people including Carers, family and friends
- Health Professionals

Advocacy services can:

- Provide you with information and advice about your rights and responsibilities
- Support you to be involved in decisions affecting your life
- Assist you to resolve problems or complaints in relation to Aged Care Services
- Promote the rights of older people to the wider Community

Advocates could also be the Client's:

- Partner
- Family member
- Friend
- Care Worker
- Social Worker
- Health Professional
- Legal guardian

Once a Client has identified the preferred outcomes and the strategies or actions needed to resolve the issue, the next step is to identify the appropriate Organisation and the right person within that Organisation and how it is thought they can help the Client. Many Clients do not know who in Organisations can make decisions and deal with issues. The role of the Worker is to direct the Client to the right people and to help them to decide whether they make the contact themselves or ask the Worker to help them do so.

If a Client had an issue with the direct service they were receiving from a Worker, they would approach the Worker or the Manager of that service.

Most government departments that deal with complaints have initial contact personnel who will talk to the Client or their Worker. Their role is to ensure the complaint fits within the Organisation's jurisdiction that they are with best Organisation to deal with the issue and will give direction and advice on what steps to take next.

Deciding on appropriate individuals and or Organisations to approach will depend on the actual issue at hand, the people involved, and the outcomes required.

A few Organisations you should familiarise yourself with are:

- Citizen Advocacy - If a person with a disability feels their rights are not being upheld they can seek assistance from Citizen Advocacy Organisations
- Parent Advocacy - If the parents of a person with a disability feel that their Son/Daughter's rights are not being upheld, they can seek assistance through Parent Advocacy Organisations.
- Consumer Advocacy - Consumer Advocacy services can be used if the consumers of mental health services feel their rights are not being upheld
- Industrial Advocacy - If people working in an Industry feel that their rights have been breached, they can seek assistance through Industrial Advocacy Organisations.
- The Ombudsman - The Ombudsman is an Advocacy Service for people who believe they have been treated unfairly or unreasonably by an Australian Government department or Agency, including the Australian Taxation Office, the Australian Federal Police and the Australian Defence Force. The Commonwealth Ombudsman is also the ACT Ombudsman.
- Legal Services (private and public) - Advocate for all citizens in legal matters
- Aged Care Advocacy - If a consumer of Aged Care Services feels their rights have not been upheld, they can seek assistance through an Aged Care Advocacy Agency.

A variety of types of training on participation and consumer rights is available to all consumers in informal, formal, one to one and small group forums.

Once you have identified the appropriate personnel you will have to look at the most appropriate strategies to use to communicate the Client's needs.

Depending on the issue you may choose different strategies to initiate contact with the appropriate people for example:

- Making a phone call
- Talking to the person or service directly
- Writing a letter to the person or service
- Organising a meeting to discuss the problem
- Contacting the services complaints unit if they have one
- Making a formal complaint
- Approaching an external Advocacy Service for support

Whatever strategy you choose it is very likely that a point will come where you will need to meet directly with appropriate personnel to address the Client's needs. To be able to initiate and implement strategies for change you will need to start with clearly identified preferred outcomes that will allow you to negotiate with the people involved.

Negotiation

Negotiation is a means to reach an agreement with someone else. The first step is to have some confidence in yourself, believing in, and being clear about the 'rightness' of what you are fighting for. This does not mean that you are resistant to change or listening to others' point of view, but it does mean that you maintain a firm and confident commitment to the issues at stake and to the basic principles of social justice and equity. You will find that your negotiations will be more successful when following those principles when discussing the rights and interests of your Clients.

Preparing to negotiate

Before you start the negotiation process you need to be clear about the outcomes you are looking for, as well as having some ideas on how those outcomes can be reached. Most people focus on a problem without giving some thought on how to resolve the problem. When people are not clear they often find themselves coming out of a negotiation with less favourable outcomes. You need to know what outcomes can and cannot be sacrificed in the process of reaching an agreement. For example, you may be negotiating a new transport service for a Client. The pick-up and drop off addresses may not be negotiable, but you may have some room to be flexible on the time the Client is picked up. Negotiation can involve a lot of give and take.

You will also need to think about the other party's interests in the issue; what they may have to lose or gain in relation to what you are proposing. You may not be able to do anything about their interests, but you might need to be ready to respond to any resistance that you could encounter.

Negotiating

Once you have worked out what it is you are negotiating for, it is important to keep the discussions centred on those issues as much as possible. It can be easy to get diverted or distracted from your basic points. This can happen by:

- Being side-tracked - when people try to direct the conversation to other things that are not to do with the issues at hand
- Getting bogged down with emotions and personalities - when people focus on how upset someone is or attack a person for having different views and then talk about their personality
- Being obsessed with winning rather than up holding rights - this can occur when you start to accept any outcomes that are a positive for the Client but not necessarily to do with the issue you are advocating

These issues can lead to a lot of ground being lost in the negotiations and can take a lot of time and energy getting back on track. You need to listen to the other party to be able to respond. Listen to what the other people are saying, not what you think they are saying. If there are any points of agreement, these need to be highlighted, the more agreements that evolve during the negotiation the easier it will be to reach agreed outcomes.

Assertive communication

Using assertive language during the negotiation is a way of communicating clearly and effectively about an issue without attacking, blaming or hurting the other person or people. Assertive language allows the other person or people to hear clearly what your needs are without feeling attacked.

Assertive statements are sometimes referred to as 'I statements'. I statements are made up of three main parts:

1. The first part describes the situation, behaviour or action that the person has the issue with. It is an objective description of the issue.
2. The second part describes how the issue makes the Client feel.
3. The third part is an opportunity to say what your Client would like, without demanding what should happen. This part allows for negotiation and discussion about an issue.

During the negotiation it is important to ensure:

- All concerned have input into the agreements. This means that the agreements that are made happen by letting all involved have a say about how they feel about a proposed agreement and how it may impact on them.
- The agreements made will address the Client's needs. Remember that the reason you are advocating for a Client is to help them address their needs. There is no use making an agreement that would get a Client a different service, if that service did not suit the Client's needs. All agreements, no matter how big or small, should contribute to fulfilling the Client's needs.
- All parties can carry out their agreements. Often when negotiating, people agree to doing something, making changes or to supply something. It is important to check if a service agrees to give a Client something, that they actually do have the capacity to do so. In other words, if people make promises, it is important for them to tell you and document how they will keep them.

Ensure information is kept in confidence unless authorisation is given to release it

The Privacy Act 1988 and the Freedom of Information Acts in various States/Territories outline the guidelines and principles on how a health professional should treat each individual relating to their privacy and confidentiality in a health care situation.

All Staff need to be aware of the Privacy and Confidentiality Policies and Procedures in their workplace.

When considering sharing information about a Client you must make sure you receive permission in writing.

Element 3: Provide ongoing support to Clients

3.1 Support and encourage Clients to exercise their rights and personal preferences without compromising their safety and that of others

People who can be classed as more vulnerable include; people with a disability, people with mental health issues, children and young people or older people.

It is important that with all options, information and strategies provided that you consider the safety of the person and others. When encouraging Clients to exercise their rights and personal preferences discuss possible risks to safety, possible outcomes and how to avoid situations that may increase risk of harm.

Promoting people's choice, agency and self-management, may include a degree of risk. Workers need to provide services, support and encouragement within a safe environment.

A Worker who is advocating for a Client must ensure the needs, rights and interests of the Client, need to be presented in a way that does not further stigmatise or disadvantage the Client. For example, avoid highlighting negative aspects or presenting the Client as excessively needy when presenting their cause.

A Worker needs to be aware of the risks for their Client of any advocacy on their behalf and safeguard the Client against further discrimination or negative action. For example, making a complaint to another Community Service Organisation may result in their attempt to dismiss the Client from the Organisation.

Considerations include:

- Am I working within the parameters of 'duty of care' - what is the level of risk?
- Is the risk appropriate to the particular situation?
- Will the selected course of action affect others?
- What might be the outcomes?
- What affect will this have immediately on others?
- Are others at risk now?
- What are the risk management obligations?
- What is the relationship between positive risk taking and maintaining safety?
- Is the information that is given to support the Clients position, putting them at risk of being treated differently?

By thinking about the actions that you are supporting the Client with, you need to think about any impact certain actions may have in the long-term. It can be useful to think in terms of social justice for all concerned in the advocacy issue. Social justice is based on equity and fairness for all people.

This means that when you are supporting a Client with an advocacy issue, the actions and decisions made to support the Client should not disadvantage the Client or other people or result in an unfair situation. This may not always be possible; however, advocacy and social justice share a common goal to advance people's rights.

Social justice can be described as the very straightforward notion that society is a place where everyone is of equal value and importance. As a Worker you may need to work with the Client to ensure any decisions or actions they would like to take in relation to upholding their rights do not result in negative consequences or disadvantage the Client or others.

'Duty of care' means that you as a Care Worker have a duty to prevent any foreseeable harm to any Clients or anyone else.

People with a disability and older people are often vulnerable and it is important that all reasonable care is taken to ensure that the service offered does not harm or damage that person in any way. This also covers significant others who are also accessing the Service Provider.

There might not be a specific Organisational Policy on 'duty of care', but it is a legal requirement.

All Organisational Policies and Procedures must be read with 'duty of care' in mind. To maintain the Client's dignity, it is important that the process be a consultative one involving them and others, if appropriate, with the goal of maintaining their rights and needs.

Supporting decision making - A guide to supporting people with a disability to make their own decisions

http://www.dhs.vic.gov.au/data/assets/pdf_file/0011/690680/dsd_cis_supporting_decision_making_0212.pdf

Review the following website for information on OHS in Community Services -

https://www.worksafe.vic.gov.au/data/assets/pdf_file/0006/9528/Working_Safely_in_Community_Services.pdf

Consult with Supervisor, other support Workers and the service about interests, rights and needs of Clients in a way that upholds their rights and supports their reasonable expectations

Support Workers have the ethical and legal obligations to protect the privacy of people requiring and receiving care. Clients have a right to expect that Staff will hold information about them in confidence.

Good practice involves:

- Treating information about Clients as confidential and applying appropriate security to electronic and hard copy information
- Seeking consent from Clients before disclosing information where practicable
- Being aware of the requirements of the privacy and/or health records legislation that operates in relevant States/Territories and applying these requirements to information held in all formats, including electronic information
- Sharing information appropriately about Clients for their health care while remaining consistent with privacy legislation and professional guidelines about confidentiality
- Where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information
- Providing appropriate surroundings to enable private and confidential consultations and discussions to take place
- Ensuring that all Staff are aware of the need to respect the confidentiality and privacy of Clients and refrain from discussing patients or Clients in a non-professional context
- Complying with relevant legislation, Policies and Procedures relating to consent
- Using consent processes, including formal documentation if required, for the release and exchange of health and medical information
- Ensuring that use of social media and e-health is consistent with the practitioner's ethical and legal obligations to protect privacy

When considering supporting the interests, rights and needs of a Client and upholding their rights, you need to be aware of any legal and other responsibilities that must be followed. These responsibilities could include:

- Statutory requirements of Clients, such as those relating to
 - Protection requirements (e.g. who they can and can't see or live with, Restraining Orders.)
 - Court orders and any special conditions
 - Reporting (e.g. Mandatory Reporting, who to report to, how to report)
- Funding Service Agreements. (The responsibility of the Agency regarding use of that funding, e.g. the Agency's role in supporting Clients at risk.)
- Meeting the Health and Safety requirements of Workers and users of agency programs (Workplace Health and Safety Act requirements)
- Agency and/or departmental regulations and guidelines (Policies and Procedures)
- Providing inclusive programs that do not discriminate against those from other cultural backgrounds or who have special requirements because of a disability, etc.

Depending on the issue you may only need to consult with one or two people. For many advocacy issues there could be a number of people who are involved in the changes needed to resolve the issue.

Once an action plan has been developed you will need to identify the right people within your Organisation or other services who can implement strategies for change.

If you were advocating on behalf of a Client who wanted to make some changes to their routing in an accommodation setting you would need to discuss the changes with the Accommodation Manager.

Once approval to implement the changes was given, you might then have to communicate those changes to the Workers in that accommodation setting.

Part of your role as advocate is to ensure the changes are implemented by the accommodation service and to have strategies in place to review the changes to ensure they continue. Your action plan would need to have a review date where you would consult with the Client about how they felt their outcomes were being met.

Most Community Service Organisations have structures in place to ensure Clients and Community Support Workers know the appropriate personnel to approach to address issues.

However, you will need to ensure you target the appropriate personnel in relation to the following questions.

- Who is responsible for how things are now? Who has the responsibility for the current situation? Who is responsible for the service the Client has the issue with? Who has the responsibility for any Staff who are part of the issue? This person needs to be involved in working with the advocate on the issue.
- Who has the ability to make changes? Sometimes the person responsible does not have the ability to make the changes required. If you find the person responsible cannot make changes, you may have to go to the next person up the Management line.

To do this it is important to be clear about the issues, as you need to know where the issues lie to be able to target the right people. Once you have identified the people responsible for the current situation and the people who can make the changes, you are in a good position to start your advocacy.

A Client may require support that does not fall within the scope of your role and you may need to consult with your Supervisor.

Prior to speaking with your Supervisor, you need to discuss this with your Client, advise them of your responsibilities towards following Organisational Policies and Procedures and gain consent to do so.

You may also be required to refer the Client to another Service Provider. There are a number of important issues to consider when you choose to refer a Client to an Agency:

- Is this the best possible Service Provider to refer this Client to?
- Will they be able to adequately meet the needs of this Client?
- Are there specific protocols (cultural and/or otherwise) that must be followed to ensure effective referral processes?

To do this, you need a good understanding of the services and requirements of the Agency that you are providing referrals to, and ensure you gain written consent to discuss the person's situation on their behalf.

Identify situations of risk or potential risk and refer appropriately

Identifying risks to the people you support and making appropriate referrals when dealing with issues arising from a situation of risk is an important part of your role. If dealing with an issue falls outside the boundaries of your role, you have a legal and an ethical obligation to refer the person to someone whose role does include dealing with that issue. Referrals may be internal, that is, to someone within your Organisation; or external, that is, to an Agency or service outside your Organisation. Referrals must only be made with the person's knowledge and consent and should follow Organisational Policies and Procedures.

Reporting

Mandatory reporting refers to your legal obligation to report instances of suspected abuse or neglect, especially in the case of children. Reporting requirements vary between the States/Territories, but in most cases, any suspicion that a child is endangered requires the Worker to report their concerns to appropriate Authorities.

In many workplaces, these mandatory reporting requirements are extended and set out in the workplace's reporting Policies and Procedures. While reporting suspected abuse or neglect of older people and people with support needs may not be legally binding, your workplace will have best practice reporting procedures that you are expected to follow. As these Procedures vary, it is important to know your workplace's definition of abuse and neglect and its Procedure for reporting, for example, who to report to and when. If in doubt, speak to your Supervisor immediately.

From 1 July 2007, under amendments to the Aged Care Act 1997, aged care Organisations must report allegations or suspicions of unlawful sexual contact, or unreasonable use of force, on a resident of an Australian Government subsidised Aged Care Home.

Organisations ('providers') are also required to have systems and protocols in place to enable compulsory reporting and provide protections for Staff who report. Sometimes these protections are called "Whistle Blower" Policies. Aged care residents, their families and advocates, visiting Medical Practitioners, other allied Health Professionals, Volunteers and visitors are not required under the Act to compulsorily report assault. However, these people are strongly encouraged to report instances of abuse, neglect or poor-quality care.

Approved providers must keep consolidated records of all incidents involving allegations or suspicions of reportable assaults. These records will be subject to monitoring by the Australian Government Department of Health and Ageing and the Aged Care Standards and Accreditation Agency. Therefore, these records must be distinguishable and be easily accessible when required.

What is a reportable assault?

A reportable assault as defined in the Act (Section 63-1AA) means:

- Unlawful sexual contact with a resident of an aged care home
- Unreasonable use of force on a resident of an aged care home

This definition captures assaults ranging from deliberate and violent physical attacks on residents to the use of physical force on a resident. The definition of reportable assault used in the Act provides a simple, readily understood and universally accepted definition. It avoids the difficulties of applying legalistic definitions that vary widely throughout Australia.

You can read more about mandatory reporting at: www.1800respect.org.au/Workers/fact-sheets/mandatory-reporting-requirements

Child protection

The care and protection of children and young people is dependent upon shared information and access to accurate, relevant information will assist Organisations working with children and young people to assess risks, make decisions and identify and deliver appropriate services.

The Legal Framework for Information Exchange allows Organisations to share information relating to the safety, welfare or wellbeing of children or young people without consent.

It takes precedence over the protection of confidentiality or of an individual's privacy because the safety, welfare and wellbeing of children and young people is considered to be paramount. However, while consent is not necessary, it should be sought where possible. Organisations should at a minimum advise children, young people and their families that information may be shared with other Organisations.

While it is recognised that an Organisation may provide services to a parent e.g. drug and alcohol treatment services, the Guidelines are only intended to provide assistance and/or guidance where there are concerns about the Parent's capacity to ensure the safety, welfare or wellbeing of their child.

Visit Child Protection department of human services, Victoria, for more information about responsibilities of service providers in relation to children and youth protection:

<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection>

Apply work practices to minimise potential for harm to Clients, self and others

There are many ways an Aged Care Worker can uphold or protect the Client's rights. To be able to protect the rights of the individual, a Care Worker must first understand and uphold these rights themselves.

Our actions, work practices and the way we do things can either protect the Client or be potentially harmful to them. When performing your job, the most important thing to keep in mind is the safety of both yourself and your Client. Your work practices are critical to ensuring a safe work environment.

Occupational Health and Safety laws must also be followed which includes your requirements for reporting and recording hazards, and for following instructions appropriately

All professional occupations are governed by standards that ensure safe and competent work practices.

Conduct all activities in accordance with legal, Organisation and 'duty of care' requirements

The role of a Worker is to uphold the legislated rights of the Client in their day-to-day activities by ensuring they are aware of the standards and follow Policies and Procedures set out by the Organisation.

Duty means a moral and legal obligation or responsibility. Working in Aged Care, as far as your activities at work are concerned, you have a 'duty to care' for your Clients and Colleagues. Therefore, you owe them a 'duty of care.' 'Duty of care' is not a list of rules and Procedures. It is part of the responsibility of being a Staff member of an Organisation that provides services to Clients. It is about legal and moral obligations. It is about providing an appropriate standard of care and ensuring that Clients are empowered to make their own decisions.

The following case study has been included to illustrate the way in which rights-based advocacy and empowerment may be used in situations of elder abuse

Case Study

Mr. Jeffries is a 73-year-old man who has recently moved into Residential Aged Care. His friends contact a Social Worker to report concerns that he has been forced into Residential Care against his will and that his Daughter, Sarah, is selling off his house against his wishes. The friends report that the Aged Care Facility is not allowing them to visit Mr. Jeffries, under instructions from his Daughter, who has told the facility that they are undesirable characters who frequently borrow money from Mr. Jeffries without paying it back.

The Social Worker visits Mr. Jeffries at the facility and he asserts that he did not want to leave home but was convinced by Sarah that he was here for 'respite', as a temporary measure. The Social Worker discovers that Mr. Jeffries has signed over an Enduring Power of Attorney to his Daughter, as she has told him frequently over the last couple of years that he is 'losing his mind' and is not capable of looking after his finances anymore. Mr. Jeffries tells the Social Worker that his friends have borrowed money from him in the past but have always paid it back and says he would like them to be able to visit him.

The Social Worker and Mr. Jeffries meet with the Facility Manager and explain that Mr. Jeffries would like his friends to be able to visit. The Social Worker reminds the Manager that it is Mr. Jeffries' right to decide who visits him, and not his Daughters'. With assistance from the Social Worker, the Facility Manager organises an appointment with a Psychogeriatrician, who tests Mr. Jeffries' mental capacity and reports that he shows no signs of mental impairment. The Psychogeriatrician says that Mr. Jeffries has decision-making ability and is perfectly capable of managing his own affairs if he wishes to.

The Social Worker informs Mr. Jeffries of his rights and that he does not have to live at the Facility if he does not want to and tells him about a range of Community Care Services that are available to support him to live at home independently. She tells him that, as he still has decision-making capacity, he is able to revoke the Enduring Power of Attorney that Sarah holds, and she assists him in doing so. The Social Worker encourages him to get in contact with other family members to provide support and assistance. Mr. Jeffries calls his son James, who lives interstate, and tells him what has occurred. James is concerned and horrified, and flies over immediately to assist his Father to sort out his affairs. Mr. Jeffries, supported by James, contacts the Real Estate Agent who has been advertising his home stops the sale going through. Mr. Jeffries then draws up a new Enduring Power of Attorney naming James as his Attorney, but only in the event that Mr. Jeffries loses decision-making capacity.

The Social Worker explains to Mr. Jeffries that he can report what his Daughter has done to the Police and press charges if he wishes. Mr. Jeffries decides he does not want to pursue legal action as the sale of the house was able to be stopped and he still would like to be able to patch up his relationship with his Daughter in the future in order to maintain contact with his Grandchildren.

People who are marginalised, excluded or unable to participate in mainstream society are very dependent on the people who care for them, be they family, friends or Care Workers, to care for them appropriately and support their best interests. This dependent relationship unfortunately holds the potential for abuse and exploitation, given the unequal distribution of power between the parties (Black 2004). Advocates work to empower people, assisting them to self-advocate where possible and advocating on their behalf if necessary. An Advocate may provide information and advice in order to assist a person to take action to resolve their own concerns or make take a more active role in representing the person's rights to another person or Organisation which has the power to make life affecting decisions for the individual. As a Worker you can use the standards when raising issues in advocacy to remind Staff, Management and other Clients of the rights of all people when receiving a service from a Community Service Organisation.

As a Worker the reasons you may use legislation to uphold the rights of a Client may be varied and at different levels. On a day-to-day basis reminding other Staff about things like confidentiality, Clients' rights to make decisions, or support to make a complaint can be very effective with very little time involvement.

On the other hand, you may need to discuss legislation or discrimination with an Organisation that has made a decision that impacts on the Client's life in a discriminatory or negative way.

Conflict between Organisational needs and Client requests

An advocate can go against the wishes of their Employer when doing what is referred to as 'internal Advocacy'. This is where an Advocate within a Community Service Organisation advocates on behalf of an individual Client, a group of Clients or a potential Client or Clients. Internal advocacy can be the most problematic because of the conflict of interest in advocating to your Employer. Conflict may arise when you are asked by a Client to make a complaint or to challenge the Organisation in which you work.

There may be occasions where you will be faced potential conflict between Client needs and Organisation requirements. For example, if a Client chooses to smoke in their home, this is usually their choice; however, it is also the right of the Worker to work in a smoke free environment and the responsibility of the Employer to ensure a safe workplace. In these situations, the Organisation will generally have Policies and Procedures in place to guide the safety of visiting Workers. Once again, the Worker can clearly communicate their right and preference to work in a smoke free environment whilst acknowledging that the Client has the choice to smoke in their own home. The Worker can invite the Client to negotiate a solution that respects the rights of both individuals, such as only smoking in designated rooms while the Worker is in attendance, or only smoking outside at these times.

Most people have boundaries around the way they interact with others and limits on what they would be prepared to do. For some people advocating against a decision made by their Manager would not sit comfortably with them, and on the other hand being an Advocate may compel you to become more aggressive in getting change, or advocate on behalf of a Client, when the issue you are advocating for is against your values or beliefs.

Where you feel you may be challenged or not comfortable to advocate in a situation that goes against the Organisation you may feel the right thing to do is decline being an advocate and assist the Client find a more suitable person.

Element 4: Support Clients making a complaint

Discuss Organisation and legal complaints mechanism and ensure Client is aware of rights and responsibilities

A grievance arises when two parties disagree over a course of action and, after negotiation, a solution is not reached. This requires a mechanism for reaching a fair and equitable resolution. The Policy of your Organisation should provide a mechanism whereby Carers, Clients / supports and Advocates can register a grievance without fear of discrimination and in the knowledge that a resolution, in the interests of both parties, will be pursued.

The Procedure should be based on conciliation, rather than confrontation, and is achieved through a process of mediation. The process is conducted in a non-threatening manner and a fair and equitable solution is sought. The rights of all parties are respected, including the rights of privacy and confidentiality.

Organisations must also be open to hear complaints, learn better ways of doing things and actively seek ways to improve. To ensure there is a complaint pathway for Client's Organisations will adopt a complaints process. If Clients or families feel are unhappy with resolutions applied, they may like to progress making a complaint. Clients need to be made aware that they have the right to complain if they are dissatisfied with some aspect of the service and of the complaints processes used by your Agency. It should be standard practice to provide this information to Clients. Most Agencies have a Client Grievance Policy/Procedure as part of their Policies and Procedures Manual. You should be aware of this Policy and associated Procedures so that you can support the Client and handle the complaint appropriately.

The complaints process

Most complaints Management Procedures follow a similar three-stage approach:

- Solve the problem where it began: first talk to the person first with whom you have the grievance or who you believe was/is directly involved.
- Take the grievance to a higher level, if you are unable to solve the problem with those directly involved.
- Take the grievance to an Agency which will provide advocacy. See the next topic Referring Clients to Advocacy Services.
- Possible outcomes when handling a complaint:
 - Record the grievance but take no further action
 - Investigate the grievance
 - Refer the grievance to another person
 - The Client is given the choice of the action they wish to take

If a Client feels that their complaint has not been handled adequately, they may take their complaint to an Organisations such as:

- Aged Care Complaints Investigation scheme. (by phoning 1800 550 552)
- Aged Care Complaints Commissioner - 1300 362 072
- Australian Securities Investment Commission - 1300 300630
- Disability Services Commissioner - is an independent person, appointed by the Governor in Council. The role is established to consider, investigate and conciliate complaints about a Service Provider, or if a Service Provider has not properly investigated and responded to a complaint.

<http://www.odsc.vic.gov.au/making-a-complaint/>

<https://www.agedcarecomplaints.gov.au/raising-a-complaint/aged-care-complaints-guidelines/>

Assist Client in lodging a complaint

When a Client makes a complaint, they are providing you with an opportunity to represent the Organisation in a positive way. Some people find complaint handling difficult and having some basic guidelines to support complaints handling will enable the process to run more smoothly and have less difficulties.

Some general strategies to remember when you are managing a complaint include:

- Aim to establish and maintain rapport throughout the process
- Identify the precise nature of the complaint
- Discuss issues broadly
- Be willing to talk things through
- Be open
- Find out what lies behind the issue/complaint. Is there another way to solve the problem?
- Maintain a good relationship
- Use 'and', not 'but' to include objections
- Be prepared to follow through and act promptly
- Ask the Client how they would like the matter resolved
- Begin complaints process documentation as per Agency Procedure
- Alert the Supervisor to the complaint and the nature of it
- Be prepared to assist in clarifying the complaint with the Client, and working toward a resolution of the issue

As always when working with Clients and information you must gain consent from the Client before you provide a particular service or involvement. After you gain consent and have investigated the complaint, it is a good idea to involve the Client in what decisions are made from here. You will provide an overview of the Policies and Procedures you need to take when someone has raised a complaint, however the individual will feel included and supported if they are involved in deciding how to proceed.

When assisting Clients access the complaints process it will be your role to explain and provide information on the internal and external complaints mechanisms, recording and documentation requirements, how outcomes of complaints are notified, and the right and options associated to appeals. You will also be required to ensure that the processes undertaken by the complainant will not cause a disadvantage to the Client.

Monitor process and provide ongoing support and information to Client

Maintaining contact, providing information and updates surrounding complaints and situations involving advocacy to Clients will provide ongoing support to Clients.

Your role in monitoring processes may include:

- Explaining to Clients the additional support they may be able to utilise
- Check that the Client understands what the process is and how it is progressing
- Reviewing roles and responsibilities of associated parties
- Explaining outcomes and time scales
- Provide Clients with any additional information they may require in line with Organisational requirements

When providing ongoing information to Clients, ensure that it is in the appropriate format and language to suit the Client and that all information provided is consistent. You may also be required to resolve any unrealistic expectations Clients may have about what may be the outcome of the complaint or Advocacy Service.

When providing continuing support to Clients you must be able to:

- Review progress of actions taken to support the Client
- Agree with Clients the activities that have occurred in line with Organisation requirements
- Agree with Clients the outcomes that have and have not been achieved in line with Organisational requirements
- Agree with Clients further activities required and your role in supporting them
- Agree with Clients when no further support is required
- Explain to Clients the process for ending the provision of support in line with Organisational requirements

It will be important to record processes, agreements and information about supporting Clients.

Element 5: Review progress

Discuss progress and outcomes with the Client and collaborate on further action as necessary

As a Worker it is your role to keep the Client informed of any progress to do with their issue. It is also the responsibility of the Client to inform you of any difficulties they are having in relation to the issue, so you can support them if required as well as any responses to the issue from actions that they have taken whether negative or positive.

Many issues can be resolved quickly with minimal work. The issues that are sensitive, big or require systemic action can take quite a while. It is important to work with the Client to keep them up to date, to check how they are going and to monitor the outcomes and responses from strategies that have been actioned.

Depending on the issue and the strategies developed to resolve the issue, it may be good to have regular meetings with the Client to check the progress of the issue.

During the initial meeting with the Client it is important to decide on the process you are going to use together to keep each other informed of the outcomes and further actions. To do this you may decide to have regular review meetings, keep in contact by phone, or even email. It is important to decide which process to use so that both parties know how and when the communication will happen.

No matter what process you decide to use you will also need to set expectations that ensure all follow up meetings have set an agenda, examples as follows:

- Checking that the issue is still relevant
- Checking each other's continuing understanding of the issue
- Reviewing the goal
- Reviewing the strategies and checking any outcomes from strategies actions or not
- Deciding if the actions or strategies are still relevant
- Looking at who is going to do what next and by when
- Checking that any necessary supports are in place for the strategies to be achieved
- Document the minutes of the meeting and ensure the Client has a copy
- Set a date and time for the next review meeting

For each strategy or action, you need to discuss if it was completed, what the outcome was and if there is further action needed.

If a Client was to write a complaint letter to a Manager, and they completed it by the time specified on the action plan, but have not yet received a response from the manager, you can support the Client by looking at different options, which may require more strategies like:

- Send a copy of the letter again
- Contact the Manager by phone and find out if they received the letter
- Send the letter to the next more senior Service Manager

Most action plans are not set in concrete; they are what are referred to as a living document. A living document is one that can be changed, added to and amended as needed which is another reason to review progress regularly. It is possible that some of the strategies developed and then implemented do not get the desired outcomes. Therefore, it may be necessary to develop more strategies and adjust the timeframes. It may be the case that a person responsible for certain strategies is no longer able to implement them, in this case you would have to work with the Client to find someone else to assist.

It is essential that the Client is involved in all parts of the process. The Worker must continue to check in with the Client at all stages of the process including completed actions, decision making or when receiving correspondence in relation to the issue. How this will be done should be part of the expectations and agreements made at the first meeting.

Even after an issue has been resolved it is important to check back with the Client as to how they feel their needs are being met. Did they achieve what they wanted to in the short-term and, if needed for the long-term?

Continue to amend and review the action plan together with the Client for as long as necessary to ensure both short- and long-term goals are met.

Ensure follow up and links to other services as required and in accordance with Client preferences

In cases where you are maintaining a service to a Client and have only referred them to another Agency for a specific reason, then it is important for you to ensure that their needs have been met by that other service.

This can be achieved by:

- Asking the Client for feedback about the referral
- Checking with Stakeholders for their perspective on the effectiveness of the referral
- Consulting with the referral Agency to establish the level and quality of assistance given

If it appears that this referral has been ineffective in meeting the Client's needs, then some form of evaluation is essential to determine the reasons for this failure. It may be that the referral was inappropriate, and the required assistance was outside the scope of that Organisation; it could also be that the service did not provide a welcoming environment for the Client and hence they felt alienated and unable to request/access the specific assistance.

(This is sometimes the case for indigenous Clients accessing rigid mainstream services.) It may be that the Client did not attempt to access the service or approached the Worker in such a fashion that they were refused service.

Finding out the specific reason can be enlightening in planning any future referrals for this Client. It can also provide an ideal opportunity to provide feedback to other Agencies and/or guidance to Clients about what is required to access services.

Obtain feedback and identify opportunities for improvement to own work and action as appropriate

Seeking and receiving feedback

What do we mean by 'feedback'? Can you think of situations when you've been asked for your feedback? Or when you have asked for feedback (e.g. 'what do you think of my suggestion?')

Put simply, feedback is about what you think of something you have seen or experienced. In your feedback, you might voice a concern, complain, point out a factual error or express your opinion or thoughts.

Guidelines for seeking feedback

Ask for feedback as soon as possible after you have done something that you would like feedback about. The only exception to this is if you are very angry, as it may come across as a demand rather than a request.

Choose the time and place for feedback. If your Supervisor is obviously very busy or stressed, it may not be advisable to seek immediate feedback. It is also not appropriate, for example, to ask for feedback in front of Clients.

Sometimes immediate feedback won't be possible. If that is the case, carefully prepare your questions as close to the event as possible. This way, when you get a chance to ask for feedback, your recollection will be better.

Ask for the feedback you want but haven't received. Sometimes we receive feedback about parts of our behaviour when it is another part we want to know about. Ask for it if you think it will be useful.

All Workers in the Community Services Industry need to reflect on their own practice through self-evaluation in conjunction with Supervisors and peers. Workers need to be able to provide and receive open and evaluative feedback to and from Co-Workers and they should actively seek constructive feedback relevant to their work role and accept it non-defensively.

You may already be working in the CSI and have some experience in the workplace. All Workers need to evaluate themselves and think about possible changes in their work performance if they want to be effective Workers and stay enthusiastic about their work. This is particularly so if you want a change in position or a promotion.

Undertaking some form of professional development is part of working in all industries. How do you go about it?

When you are monitoring your own work performance, you need to be able to look closely at yourself and the way in which you complete the tasks expected of you and recorded in your job or position description. You need to begin to become a 'reflective practitioner', reflecting upon the practices that you implement on a day-to-day basis.

Informal feedback

Ask for informal feedback from your Colleagues or Supervisor about your standard of work. This means that your Supervisor or another Team Member will oversee what you are doing on a day-to-day basis and will then be able to evaluate your contributions and strengths and ascertain where you might need to improve.

It is, therefore, a good idea to be able to approach your Supervisor and ask for feedback about your work performance. While this may be a rather scary thought, remember that by seeking feedback you are showing that you are willing to make changes and eager to perform at your best. By acting on feedback, you will gain support from your Colleagues and Supervisor.

Formal feedback

Ask for formal feedback or assessment from your Supervisor or Colleagues, known as a Performance Appraisal. These tools usually directly relate to your Job Specification and will give you feedback that relates directly to the standards expected in the workplace.

Reflection underpins all of our learning. Consciously reflecting on your performance as a support Worker:

- ensures you learn from your day to day practice
- provides insights to your performance through self-appraisal
- helps you identify your learning needs and prioritise your professional development

Fig 1. Kolbe DA Experiential learning: experience as the source of learning and development



CHCAGE001 Facilitate the empowerment of older people

Welcome to the learning resource for the unit CHCAGE001 Facilitate the empowerment of older people.

This unit describes the skills and knowledge required to respond to the goals and aspirations of older people and provide support services in a manner that focuses on improving health outcomes and quality of life, using a person-centred approach.

On completion of this unit you will have covered the requirements for:

1. Develop relationships with older people
2. Provide services to older people
3. Support the rights of older people
4. Promote health and reablement of older people

You will be able to demonstrate your ability to:

- Responded to the goals and aspirations of at least 2 older people, 1 in a simulated environment and 1 in the workplace:
- Employing flexible, adaptable and person-centred approaches to empower the individual
- Recognising and responding appropriately to situations of risk or potential risk
- Used oral communication skills to maintain positive and respectful relationships

You will gain knowledge about the:

- Structure and profile of the aged care sector:
- Residential aged care sector, home and community support sector, current best practice service delivery models
- Relevant agencies and referral networks for support services
- Key issues facing older people, including:
- Stereotypical attitudes and myths and the impact of social devaluation on an individual's quality of life implications for work in the sector, including:
- Concepts of positive, active and healthy ageing
- rights-based approaches, person-centred practice, consumer directed care, palliative approach
- Empowerment and disempowerment, re-ablement and effective re-ablement strategies
- The ageing process and related physiological and psychological changes, including sexuality and gender issues
- Strategies that the older person may adopt to promote healthy lifestyle practices
- Legal and ethical considerations for working with older people, including:
- Codes of practice, discrimination, dignity of risk, duty of care, human rights, privacy, confidentiality and disclosure
- Work role boundaries – responsibilities and limitations, work health and safety
- Indicators of abuse and/or neglect, including:
- Physical, sexual, psychological, financial
- Reporting requirements for suspected abuse situations
- The impact of own attitudes on working with older people

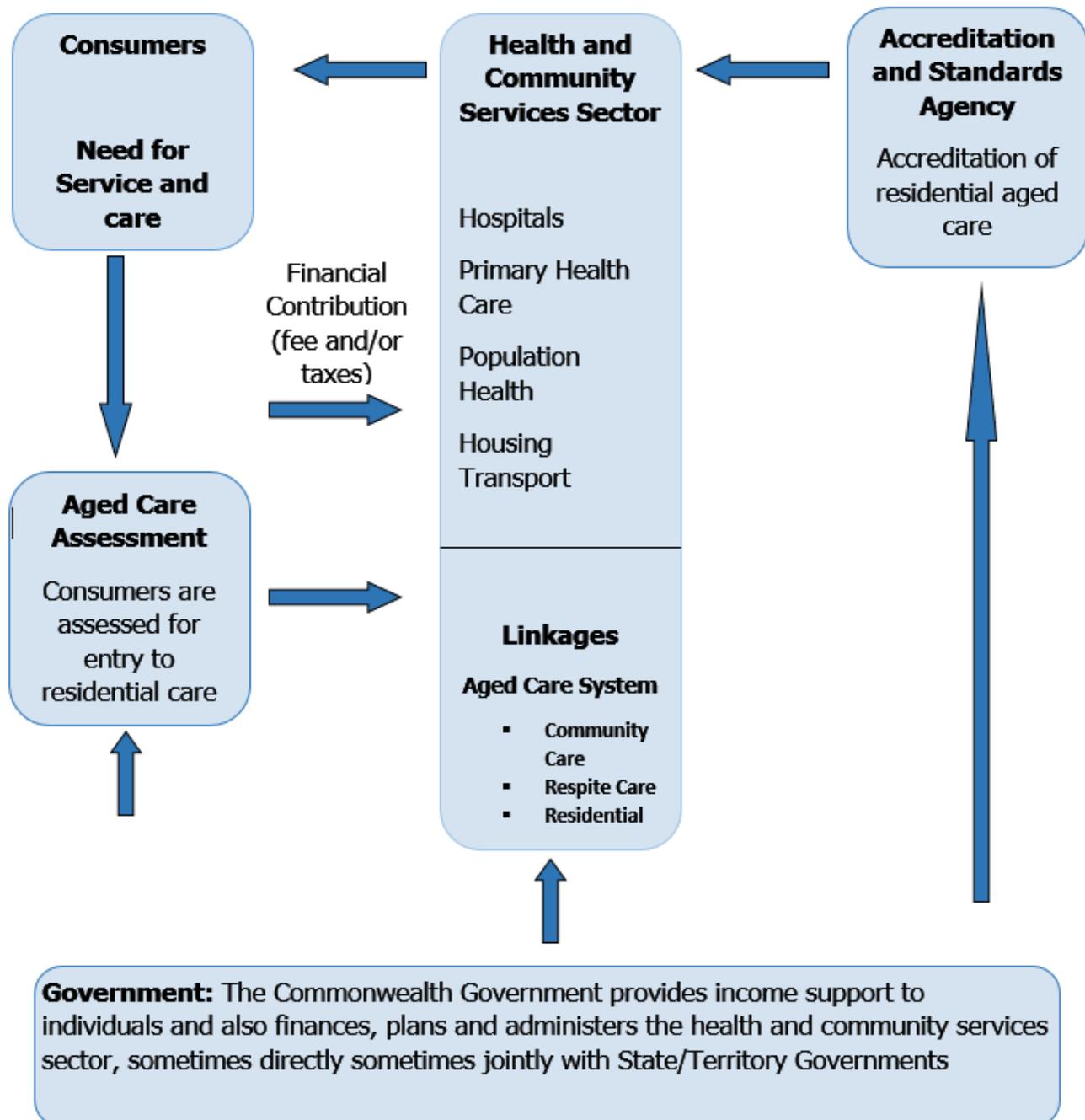
A copy of the full unit of competency can be found at: <http://training.gov.au/Training/Details/CHCAGE001>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

The Community Services Care Industry

Individuals may access aged care support or disability support through residential care and home and community-based care.

Australia's Aged Care Framework



Residential aged care

Residential aged care is mainly funded and regulated by the Commonwealth, consisting of:

- High level care
- Low level care
- Facilities offering all levels of care allowing residents to 'age in place'. There is a broad government commitment to the principle of 'ageing in place'. This means that the older person is encouraged to remain in their home for as long as is practicable; and also, the older person in an aged care facility may progress to higher levels of care as they age.

Community based care

Community based care is mainly joint funded/administered between Commonwealth and State/Territory Governments, consisting of:

- Community Aged Care Package - a community alternative for the frail elderly who would qualify for low level residential care
- Home and Community Care Program - a home based program for the frail elderly, those with disabilities and their Carers
- Respite Programs which focus on frail aged persons who are cared for at home by family or other significant persons. Respite is provided to allow the Carer to have a break from their commitment to the aged person. This can involve a range of options from a few hours to several weeks in an Aged Care Facilities.

Key points of an Aged Care Profile of Australia

- Older Australians are an increasingly diverse group in terms of their backgrounds, care needs, preferences and incomes and wealth.
- Aged care services are provided both in the community and in residential facilities.
- Community care is primarily provided by informal Carers.
- The need for some form of assistance with personal and everyday activities increases with age. In 2003, 32 per cent of those aged 65-74 years needed some form of assistance, compared with around 86 per cent of those aged 85 or older.
- Publicly subsidised aged care services are extensively regulated and predominantly funded by the Australian Government, although all levels of government are involved to some extent. Government is involved in: allocating places to approved providers; assessing client eligibility for services; funding services; setting prices; and regulating quality.
- The regulated Aged Care Sector has changed significantly over the past decade or so.
- Aged care is essentially concerned with providing appropriate care for older Australians as the ageing process impairs their ability to care for themselves. The provision of aged care can be thought of as a complex 'social product system' (see, for example, Marceau and Basri 2001 - who examine healthcare in this context).
- Features that characterise the social product system for aged care services include:
 - The production of 'bundles' of services tailored to the individual needs of clients, that may include personal care services, other everyday assistance, accommodation, nursing care and palliative care
 - A high degree of direct contact between providers and clients rather than through arm's length market transactions
 - The presence of many different Organisations, governance arrangements, funding instruments and incentive mechanisms
 - A marked variation in the cost of service provision, with some services being particularly high cost relative to others
 - The social value nature of these services justifying a high degree of government involvement, with regulations determining how, where and to whom these services are provided and governing what prices are charged
 - High and increasing, community expectations about the provision of these services (for example, in terms of access, flexibility and responsiveness)

In common with other complex social product systems, such as the health and education systems, there are subsystems within aged care (for example, community care, residential care and respite care) and there are important interfaces between aged care and other social policy areas, such as allied health, hospitals, disability and housing services.

Service delivery in each of these areas affects the performance of the aged care sector. For example, changes in the availability and nature of care provided by hospitals can affect the demand for community and residential care.

Statutory Framework within the Community Service Sector

There are a variety of Acts and legal framework that guide the Community Services Industry. The main Acts that are present in daily activities of care workers include;

- Aged Care Act 1991
- Freedom of Information Acts
- Individual Rights Acts
- State/Territory Laws

Aged Care Act 1997

All Commonwealth funded aged care services operate under the Aged Care Act 1977 and providers of aged care (the Employer) and their Employees must meet their obligations as set out in the Act. The Act applies to residential care services, community care services and respite services. Meeting the Standards for Aged Care is a requirement of the Act.

Some of the main areas covered by the Aged Care Act are:

- Funding
- The range and standard of aged care services to be provided
- Equal access to aged care services
- Supporting the rights and choices of the aged person

The *Aged Care Act 1997* is the principal regulatory instrument of the Australian Government relating to aged care. Section 2-1 of the Act nominates the Government's objectives in this area, including:

- To provide funding that takes account of the quality, type and level of care
- To promote a high quality of care and accommodation and protect the health and wellbeing of residents
- To ensure that care is accessible and affordable for all residents
- To plan effectively for the delivery of aged care services and ensure that aged care services and funding are targeted towards people and areas with the greatest needs
- To provide respite for families and others who care for older people
- To encourage services that are diverse, flexible and responsive to individual needs
- To help residents enjoy the same rights as all other people in Australia
- To promote 'ageing in place' through the linking of care and support services to the places where older people prefer to live

These objectives are elaborated in the Aged Care Principles that accompany the Act.

The Act also recognises the need to efficiently integrate aged care planning and service delivery across the related areas of health and community services.

The Act specifies that in interpreting its objectives, due regard must be given to: the limited resources available to support services and programs under the Act; and the need to consider equity and merit in assessing those resources (s. 2-1(2)).

Thus, although the Act does not explicitly identify sustainability as an objective, it does recognise that resources are limited. The Act was clearly framed in the context of meeting the challenges associated with Australia's ageing population.

On the introduction of the legislation to the House of Representatives, the then Minister for Family Services, the Hon. Judi Moylan, stated:

“It is essential we undertake reform now, to meet the challenges of our ageing population. In little over 30 years, Australia’s population of over 65s will increase by more than 50 per cent to 5 million people”. This bill provides the path forward.

The Home and Community Care Act 1985

The *Home and Community Care Act 1985* provides for the HACC program to be jointly administered and financed by the Australian, State/Territory Governments.

The HACC program has a number of principles and goals including several that encompass notions of equity and efficiency:

- To ensure access to HACC among all groups within the target population, including migrants, Indigenous Australians, persons suffering from brain failure and financially disadvantaged persons
- To ensure that, within available resources, priority is directed to persons within the target population most in need of HACC
- To ensure that, within available resources, HACC services are provided equitably between regions and are responsive to regional differences
- To ensure that HACC services are delivered in a manner that is cost effective, achieves integration, promotes independence and avoids duplication
- To promote an integrated and coordinated approach between the delivery of HACC and related health and welfare programs, including programs providing residential or institutional care (*Home and Community Care Act 1985*, s. 5(1))¹

Charter of Budget Honesty and Intergenerational Reports

Aged care policy, like other areas of Government Policy, is framed in the broader context of the *Charter of Budget Honesty Act 1998* and the *Intergenerational Reports*.

The *Charter of Budget Honesty Act 1998* sets out the principles of sound fiscal management and commits the Government to preparing an intergenerational report at least every five years. These reports assess the long-term fiscal sustainability of current government policies (such as aged care) over the next 40 years, including by taking account of the financial implications of demographic change.

The first intergenerational report identified seven priorities for ensuring fiscal sustainability. One of these was to develop an affordable and effective residential care system that can accommodate the expected high growth in the number of very old people (people aged 85 years or older) (Treasury 2002).

The second intergenerational report noted that, looking out over the next 40 years, aged care continues to be one of the main pressures on government expenditure (Treasury 2007).

Freedom of Information Act

Clients under the Freedom of Information Act can now access medical and health records. Access can be denied if the medical or psychiatric information is judged to be likely to have an adverse physical or mental effect on the applicant. There is however also provision for limited access. Third parties may apply for access to medical records. In general, these are released only with the consent of the client.

Acts supporting individual rights

Aged care provision must work also within the legislative framework of a number of Acts designed to protect individual rights and ensure equity of service. The key Acts here are:

- The Racial Discrimination Act 1975
- The Sexual Discrimination Act 1984
- The Age Discrimination Act 2004

State/Territory laws

In addition to Commonwealth legislation, a raft of State/Territory legislation deals with aged care together with broader health provision. For example, in Queensland, the legal requirements for Nurses in Queensland are included in the Nursing Act 1992. Nursing legislation confines the practice of nursing to the branch and level at which the nurse is registered. Depending on your State/Territory of residence, you will need to ensure that you are acquainted with the relevant legislation affecting aged care provision. As an Assistant in Nursing, you should approach your Supervisor for guidance on this matter.

Another means of acquainting yourself with this State/Territory legislation is to access the following internet sites:

Queensland Health	www.health.qld.gov.au
New South Wales	www.dadhc.nsw.gov.au
Victoria	www.dhs.vic.gov.au
Tasmania	www.dhhs.tas.gov.au
South Australia	www.health.sa.gov.au
Western Australia	www.health.wa.gov.au
Northern Territory	www.nt.gov.au/health

Occupational Health and Safety Acts

Work Health and Safety laws promote safe and hygienic working conditions and practices in health facilities. Work Health and Safety legislation sets the standards to be maintained for provision of safe and healthy work systems and procedures, provision of safe storage, and use of plant equipment and substances. It aims to ensure all in the workplace are free from the risk of disease or injury that might be created or caused by the workplace and activities in it.

Accredited aged care Organisations will have a Workplace Health and Safety Committee and a designated Workplace Officer to support the adherence to WHS principles in the workplace. These Committees and Officers are useful resources to the Carer in sorting out any concerns or issues associated with Work Health and Safety.

Types of care

Older people's care needs can be thought of as a spectrum, depending on the degree to which the ageing process has impaired their ability to care for themselves. Older people will often experience increasing support needs either gradually or following acute care episodes. Various bundles of services are available to cater for these needs, ranging from in home support with some every day and personal activities, through to full-time personal and nursing care provided in a residential care facility.

Community care

It is government policy and the wish of most older people to remain in the community for as long as possible. A wide range of services can assist older people to live independently: from living and personal care through to nursing, medical and palliative care. Informal Carers (for example, family and friends) typically supply such services, often in conjunction with one or more formal community care providers through a range of government subsidised programs.

The Home and Community Care (HACC) program serves as the mainstay of community care by providing basic maintenance and support services to older people (and some younger people) wishing to live independently at home. HACC providers offer a wide range of services including domestic assistance, meals, nursing, transport, allied health, home maintenance, personal care, social support, aids and equipment.

A number of government initiatives provide support to informal Carers. The role of an informal Carer is often demanding - financially, physically, socially and emotionally. As such, caring diminishes opportunities to engage in full-time employment and limits the scope to have a break from this role.

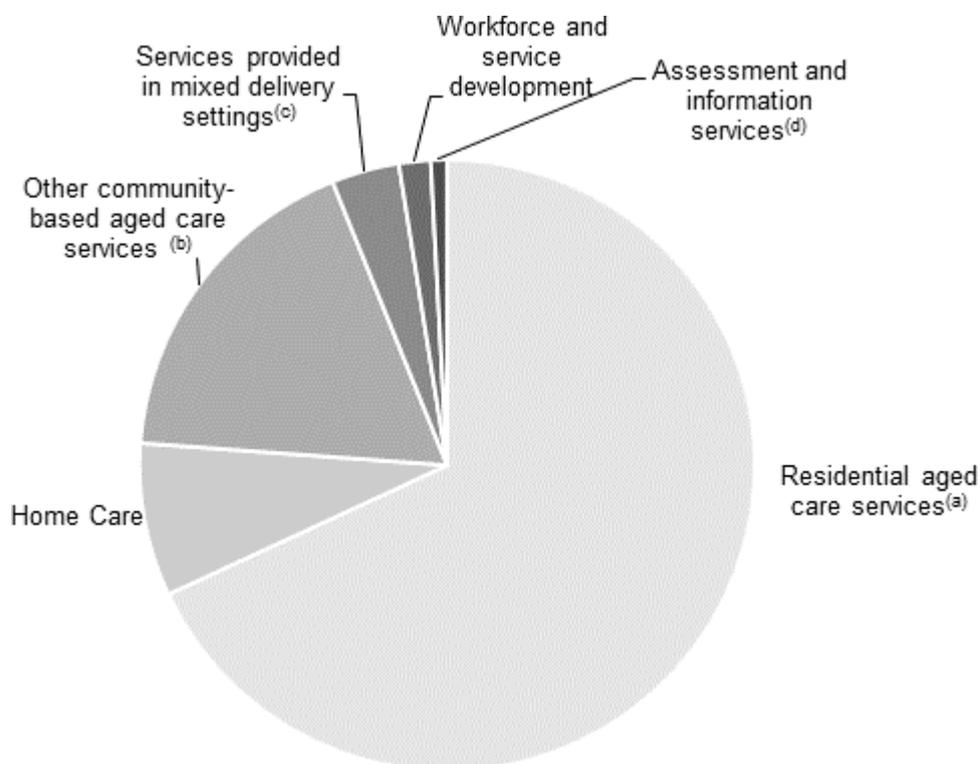
In recognition of these demands, governments provide assistance to Carers through respite services for the person they are assisting (such as through the National Respite for Carers Program), as well as through Carer specific payments and allowances. Such assistance also influences the ongoing feasibility of providing informal care and thereby affects the demand for formal modes of care, including residential aged care services.

Residential care

Aged people with physical, medical, psychological or social care needs that cannot be practically met in the community are eligible for residential aged care. There are two main classes of residential care - low level care and high-level care. Low level care covers the provision of suitable accommodation and related living services (such as cleaning, laundry and meals), as well as personal care services (such as help with dressing, eating and toileting). High level care covers accommodation and related living services, personal care, nursing care and palliative care within a fulltime supervised framework.

Government expenditure

Government spending on aged care has increased by 44% between 2009-10 and 2014-15.



- Includes DSS, DVA and State/Territory Governments' expenditure (including funding for younger people with disability using residential aged care services).
- Includes components of the Commonwealth Home Support Programme, such as the Commonwealth Home and Community Care (HACC) program, Veterans Home Care and Community Nursing programs.
- Includes flexible care programs such as Multi-Purpose Services, Transition Care and National Aboriginal and Torres Strait Islander Flexible Aged Care.
- Includes Australian Government expenditure on the Aged Care Assessment Program (ACAP).

<http://www.aihw.gov.au/aged-care/residential-and-home-care-2014-15/aged-care-spending/>

To view Residential aged care and home care supplementary data visit;

<http://www.aihw.gov.au/aged-care/residential-and-home-care-2014-15/data/>

The *National Disability Strategy 2010-2020* provides a ten-year national policy framework for improving life for Australians with disability, their families and Carers. It represents a commitment by all levels of government, industry and the community to a unified, national approach to policy and program development. This new approach aims to address the challenges faced by people with disability, both now and into the future.

For more information visit; <https://www.dss.gov.au/our-responsibilities/disability-and-Carers/program-services/government-international/national-disability-strategy>.

With increasing numbers of older people in the population and increasing associated health costs, ageing and aged care have gained a significant national profile. There is now a clearly recognised need for an appropriate range of choices in residential aged care services as well as community-based care and day care centres.

During the 1980s and 1990s there were a series of Commonwealth Government studies and reports which established the framework for the funding and provision of aged care in Australia.

Support for our ageing population is now seen to involve:

- More consideration of the issues affecting the older person's ability to be independent
- A focus on social and family networks providing increased support
- Increased assistance for the older person to remain at home, leading as active a life as possible
- Increased recognition of the rights of the aged
- Education of the aged to pursue their rights
- Free access to multi-disciplinary health assessment
- Use of institutional care only as a final resort
- Varied institutional settings allowing for high level care only when necessary
- Emphasis on preventive programs

One of the most succinct statements outlining our National Focus and Framework for aged care support remains that found within the 1999 'National Strategy for an Ageing Australia'. Developed by a Ministerial Reference Group, the 'National Strategy for an Ageing Australia' aimed to develop Policies and Programs to maintain and promote better health, better retirement incomes and more flexible employment and caring arrangements for older Australians. Its four broad themes are:

1. Helping Australians to be independent and to provide for their later years through employment, life-long learning and financial security.
2. Delivering quality health care through new approaches to service delivery, coordinated care and independent living.
3. Improving attitudes to older people and ageing-including lifestyle issues such as personal safety, housing, transport, recreation and community support.
4. Encouraging healthy ageing and the role of general practitioners in maintaining the well-being of older people.

The above was taken from: 'The Government's Vision for Australia's Health Care System into the New Millennium', Keynote Address to the Australian Financial Review Health Congress by Minister for Aged Care, February 1999.

Given that the purpose of government concerning aged care in Australia is to:

Enhance the quality of life of older Australians through support for active and healthy ageing and the provision of appropriate high quality and cost-effective care services for frail older people, people with disabilities and Carers.

Commonwealth, State/Territory Governments cooperate in the funding and provision of aged care services on a systematic delivery basis.

Because most older people lead active and healthy lives the focus of this plan is on promoting and supporting actions which contribute to maintaining such a positive approach. This will provide benefits to the whole community.

Positive Ageing involves:

- Understanding the process of ageing and getting older
- Participating in a society which values and respects your contributions as an older person
- Being independent and enjoying a good quality of life
- Being able to pursue social, cultural, educational and recreational opportunities; and
- Having the opportunity to choose from a variety of aged care options or remaining at home with community care appropriate to need

As individuals we experience the process of ageing differently. We don't all have the same experience at the same time. As individuals there are many steps we can take to ensure that we are taking good care of ourselves and getting the most out of life. Organisations of all kinds can also assist by promoting positive experiences of becoming older and by providing appropriate services and facilities.

Ten Principles of Ageing

1. Empower older people to make choices that enable them to live a satisfying life and lead a healthy lifestyle
2. Providing opportunities for older people to participate in and contribute to family and community
3. Reflect positive attitudes to older people
4. Recognise the diversity of older people and ageing as part of a normal part of the life cycle
5. Affirm the values and strengthen the capabilities of older indigenous and ethnic groups and their extended family
6. Recognise the diversity and strengthen the capabilities of older people
7. Appreciate the diversity of cultural identity of older people living in Australia
8. Recognise the different issues facing men and women
9. Ensure older people in both rural and urban areas live with confidence in a secure environment and receive the services they need to do so
10. Enable older people to take responsibility for their personal growth and development through changing circumstances

Ten Priority Goals of a Positive Ageing Strategy

1	Income	Secure and adequate income for older people
2	Health	Equitable, timely, affordable and accessible health services for older people
3	Housing	Affordable and appropriate housing options for older people
4	Transport	Affordable and accessible transport options for older people
5	Ageing in Place	Older people feel safe and secure and can age in place
6	Cultural Diversity	A range of culturally appropriate services allows choices for older people
7	Rural	Older people living in rural communities are not disadvantaged when accessing services
8	Attitudes	People of all ages have positive attitudes to ageing and older people
9	Employment	Elimination of ageism and the promotion of flexible work options
10	Opportunities	Increasing opportunities for personal growth and community participation

Element 1: Develop relationships with older people

One of the most important parts of our lives sits within the connections we have with people. Theodore Roosevelt once said that 'The most important single ingredient of success is knowing how to get along with people'. This is most important in the community services industry.

Conduct interpersonal exchanges in a manner that promotes empowerment and develops and maintains trust and goodwill

Positive and supportive relationships help people to feel healthier & happier which is why as a support care worker it is important that you communicate and conduct interpersonal exchanges in a manner that promotes empowerment. Building supportive and positive relationships will enable the development of trust and maintenance of good will.

Good will can be described as a kindly feeling of approval and support.

Establishing trust as the old saying goes 'takes time, is difficult to earn, but easily lost. Trust can be developed by:

- Attending to behaviour in a positive way
- Showing empathy
- Determining what is important to another person
- Maintaining confidentiality and privacy
- Providing timely accurate information
- Caring and taking the time to make the person as comfortable as you can
- Being reliable and consistent
- Ensuring your intentions are made clear
- Respecting individuality
- Conducting interpersonal exchanges that are supportive
- Conducting positive interpersonal exchanges requires various skills and considerations.

Being a good listener is crucial characteristics of workers in the Community Service Industry. Not only will effective listening help you complete your role, it will also help your clients feel supported and valued. Listening and understanding what others communicate to us is the most important part of successful interaction and vice versa.

Active or reflective listening is the single most useful and important listening skill. In active listening, we also are genuinely interested in understanding what the other person is thinking, feeling, wanting, or what the message means, and we are active in checking out our understanding before we respond with our own new message. We restate or paraphrase our understanding of their message and reflect it back to the sender for verification. This verification or feedback process is what distinguishes active listening and makes it effective.

Developing and showing empathy builds connection between people. It is a state of perceiving and relating to another person's feelings and needs without, giving advice, or trying to fix the situation. Empathy also means "reading" another person's inner state and interpreting it in a way that will help the other person and offer support and develop mutual trust.

*"People will forget what you said, people will forget what you did,
but people will never forget how you made them feel."*

Giving time to people is also a huge gift. In a busy work environment, we can forget the positive impact giving time to an older person can provide.

Being present in the time you give to people is also important, so that, when you are with someone, you are truly with someone and not simply going through the motions of your role and thinking about the steps you need to achieve rather than the time you can spend.

Devoting time, energy, and effort to developing and building relationships is one of the most valuable life skills.

Communication occurs when someone understands you, not just when you speak. One of the biggest dangers with communication is that we can work on the assumption that the other person has understood the message we are trying to get across.

Poor communication in working with older people can lead to; confusion, distrust, which in turn, can affect all parties stress levels, especially when we don't understand something or feel we have been misled.

Good communication can have a positive effect on morale when it works well and motivates individuals to work with you to achieve positive outcomes.

Trust and good will can be achieved once you have built rapport with the person. How to build rapport and the time it takes to build rapport will differ between individuals. Rapport can be established through; becoming familiar with the person, understanding and applying how they like to be referred to, talking to them about things that they like to talk about. Sharing common interests is a great way to build rapport and this can be achieved through active listening, researching and learning about the persons interests. For example; if the individual loves football, you may like to dedicate some time to finding out or watching the football on the weekend, so you are able to discuss the results with the individual when you come to work next time. Having a commonality will encourage communication. This also will tell the person that you care enough about them to learn about what interests them.

Empowerment

The concept of empowerment has been described in literature as a "social process of recognising, promoting, and enhancing people's abilities to meet their own needs, solve their own problems, and mobilise necessary resources to take control of their own lives." In other words, client empowerment is a process of helping people to assert control over factors that affect their health.

- Empowerment is related to the word power
- Empowerment is developed and acquired
- Empowerment is both a process and an outcome
- Empowerment is an interactive process which occurs between the individual and his/her environment
- Empowerment is an active process
- Empowerment is a process of internal and external change
- Empowerment is a pro-active concept that encourages an active and initiative taking approach to life
- Empowerment has a positive impact on health and well-being
- Empowerment enriches lives
- Empowerment promotes independence

The definition of disempowerment is to cause (a person or a group of people) to be less likely than others to succeed: to prevent (a person or group) from having power, authority, or influence.

- Disempowerment makes you feel like you have no control over your life
- Disempowerment is what you feel if you are discriminated against
- Disempowerment does and is the opposite of empowerment

Recognise and respect older people's social, cultural and spiritual differences

Recognising and respecting older people's social, cultural and spiritual differences is not only ethical practice it is also a legislative requirement. Examples of this legislation include; Equal Opportunity and Anti-Discrimination.

Each person is an individual and has the right to be treated as such and as an equal with all others. Differences must not only be respected but provided for, so all clients have the equal opportunity to maintain their individuality and quality of life.

A commitment to the principles of access and equity includes:

- Creation of a client centred culture
- A non-discriminatory approach to all people using the service, their family and friends, the general public and co-workers
- Ensuring the work undertaken takes account of and caters for differences including:
 - Cultural
 - Physical
 - Religious
 - Economic/social

A person discriminated against on the basis of race, sex, ethnicity, marital status, religious or political beliefs, or physical or intellectual handicap may complain to the relevant Anti-Discrimination Board or the Equal Opportunity Commission.

Five principles are important to be considered:

- 1. Respect for people** - show respect for client goals, attitudes, beliefs and culture
- 2. Autonomy** - the rights of clients to informed consent, independence and self-reliance
- 3. Non-maleficance** - avoid any deliberate harm during care
- 4. Beneficence** - active promotion of good
- 5. Justice** - fairness and equity in all care

It is at all times important to observe the following two principles:

- The right of access to appropriate health care of high quality, delivered in an environment in which you feel safe, free from discrimination, intimidation and abuse, and without regard for your ability to pay. Individuals have the right to protection of health by measures to prevent and relieve disease and disability.
- The right to respect and dignity, the right to the best care possible, to be treated as individuals and to be respected at all times. Services are to be free of discrimination and exploitation. Persons should be facilitated and supported in their attempts to maintain their self-respect and self-esteem.

Being culturally aware is about recognising, respecting and nurturing the unique cultural identity of others (for example: Aboriginal and Torres Strait Islander people) and meeting their needs, expectations and rights.

The quality standards take into account the importance of culture to Service Providers and people receiving a service. Each Service Provider and the communities they support have unique and diverse cultural needs.

The concept of culture and cultural safety has been identified as an important component in improving health care with, and for, Aboriginal and Torres Strait Islander people, for example.

Culture is distinctive to a region. Cultural needs and issues may be specific to the individual, their group, or be related to whether they are male or female. Managing a culturally safe environment is a continuous process, as needs and issues may be different for each person.

Each person's needs and issues may be based on their:

- Beliefs, values and philosophies (what they think);
- Stories, myths, languages, symbols and traditions (what they say);
- Lifestyles, customs and behaviours (what they do);
- Ambitions and expectations (what they want);
- Buildings, technology and food (what they make)

It is very important that services respect and accept the culture and cultural regions. Services must identify the needs and issues of each person they care for and have a process to manage and deliver this care. This will ensure that:

- Individuals receive care that is culturally appropriate and is respectful of him or her, and his or her family and home
- No one is offended or insulted
- Service users feel comfortable and safe

To ensure you are catering for individual differences, you may like to; involve the persons and the persons family or an advocate in the process of planning etc., attend a workshop to raise awareness and skills to improve ability to interact with individuals from different backgrounds and cultures or talking with staff from the same background to find out what might be important in certain situations.

Details about actions Staff can take to provide services regardless of diversity of race or cultural, spiritual, or sexual preferences include;

Strategy	Staff Response
Be aware of own biases or values	Our prejudices can impact on our behaviour. Reflect on your own views and values. What do you believe? What stereotypes do you hold? Once you have identified your own biases and beliefs you can take steps to change your attitude and your behaviour
Show respect to others	Refrain from speaking derogatively about people from other cultures, different backgrounds or with different lifestyles. Listen to all people respectfully. Be aware that people from different cultures communicate differently.
Communicate effectively	<p>People from different cultures communicate in different ways. Consider the following;</p> <ul style="list-style-type: none"> • Use of touch • Eye contact • Meanings of words and how to apply them positively, for example, instead of saying "no", say "maybe later" • Interactions between men and women • Interactions with older people • Personal space • Body language and the messages that non-verbal behaviour gives • Sensory impairments, language disorders etc. that can cause communication difficulties
Referrals and support for workers	Within your role you will meet people with a range of conditions, needs, disorders and difficulties that will require extra support and help. There are a range of people that can support you. For example: Occupational Therapists, Interpreters, Psychologists, Gerontologists, Cultural Leaders and Staff.

The variety of cultures, religions and their traditions held by other Staff, older people, and their families, makes for a varied, interesting and challenging work environment for health workers in the Aged Care Industry.

Maintain confidentiality and privacy of the person within Organisation Policy and Protocols

Most Organisations have detailed Policies and Procedures outlining the principles and practices associated to maintaining confidentiality and privacy of clients. The dignity and privacy of each care recipient are to be respected, and each care recipient (or his or her representative) will have access to his or her personal information held by the Provider.

Confidentiality

Confidentiality is about consumers and Carers having control over who has access to information about them and in what form.

There are many issues around confidentiality and they are neither as straight forward nor as obvious as they might, at first, appear.

Consumers' and Carers' understanding of confidentiality is not necessarily identical. What consumers and/or Carers mean by confidentiality is also likely to be quite different from what Service Providers mean.

Confidentiality means that information, given in the belief that it will go no further, is not discussed with others.

Confidentiality means that you do not identify a person to a third party (or parties) without that person's permission - and their clear understanding of how, where, and to whom identification will occur.

Confidentiality means that you do not discuss another person's affairs where you could be overheard by those not directly concerned, for example, in hospital corridors.

Confidentiality means treating any information you have about another person with respect for their privacy.

Confidentiality does not mean that when quoting a consumer or Carer you should routinely render your source anonymous or reduce her/him to a first name only. This is stigmatising and disrespectful if you have not consulted the person. Consumers have different needs and experiences. Some consumers are proud of their 'loony' status and want more than anything to be listened to, to be heard and to be acknowledged. If you are intending to print or publish material written by a consumer or which mentions a consumer, always ask how he/she would like to be acknowledged. **DO NOT** assume that they will be embarrassed and ashamed about their name being used.

Confidentiality does not mean withholding relevant information from another person or persons under the guise of professional behaviour.

Confidentiality does not mean discussing the affairs of someone you are representing in confidence with everyone except that person.

Privacy

Throughout this Learner Guide there are various references to the requirement to uphold an individual's right to privacy. For example, Charter of Rights and Responsibility for Community Care.

Australian Government agencies must comply with the Information Privacy Principles (IPPs) set out in the Privacy Act 1988. The IPPS cover the collection, storage, quality, use and disclosure of personal information about individuals.

Providers also have a responsibility to ensure that they have in place systems and procedures that will allow them to meet all of their responsibilities under the Act, including:

- Complying with requirements in relation to protection of personal information (in section 62.1 of the Act), and
- Ensuring compliance with all relevant legislation and regulatory requirements in relation to privacy issues, including State/Territory or Commonwealth legislation, i.e. the Privacy Act 1988

From 12 March 2014, the Australian Privacy Principles (APPs) will replace the National Privacy Principles and Information Privacy Principles and will apply to Organisations, and Australian Government (and Norfolk Island Government) Agencies.

We recommend visiting this website to gain further insight to the 13 Australian Privacy Principles

<https://www.oaic.gov.au/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles>

This Privacy Fact Sheet provides the text of the 13 APPs from Schedule 1 of the Privacy Amendment (Enhancing Privacy Protection) Act 2012, which amends the Privacy Act 1988.

Clients need to be confident that their information and as a support worker you need to:

- Ensure information is kept according to the Organisations Policies and Procedures
- Ensure information is only given to staff and people that you have been given consent to provide information to
- Ensure security of information is maintained
- Provide information to a legal guardian or an individual who has specific power of attorney
- Respect individual's privacy
- Report breaches of confidentiality or privacy
- Share information only when you are required to do so, for example, if it is a part of referral and is in the best interest of the client (who has provided consent)

Protecting privacy and confidentiality can be achieved by maintaining records and securing documents. Most Organisations will have a protocol for the access and storage of materials and information. This may require staff to apply processes that monitor access which could include authorisation and pin code access, log books that require staff to sign in and out.

Paper and digital files need to be physically secure which can be as simple as a locked office, alarm system or securing computers to desks. Technology savvy workplaces may even use fingerprint recognition devices that allow only select people to access data.

Digital administration systems are protected by antivirus programs, installed firewalls and password access. A persons log in can allocate the level of clearance allowed by making only certain sections visible.

Other examples of ways to secure information and maintain privacy and confidentiality include;

- Using encryption on computer files
- Locking workstations when away from desks
- Ensuring that computer screens are faced away from public view
- Closing the door for secure meetings about clients
- Not talking about other people in open forums

By explaining requirements and legal obligations to protect information and the inability to make unauthorised disclosures, can build trust with the client and also make other interested parties understand the obligations.

By following the Organisations Policies and Procedures associated to privacy and confidentiality, staff can demonstrate effective application of legislation.

Work with the person to identify physical and social enablers and disablers impacting on health outcomes and quality of life

Maintaining health and quality of life is important to maintaining happiness in older age. Maintaining healthy lifestyle practices will assist in achieving a quality of life.

Enablers are factors that enhance, support, promote, and facilitate positive activities. Disablers are factors that place a barrier within the ability of an older persons to participate in activities.

Disablers and Enablers

Context	Disablers	Enablers
Personal	<ul style="list-style-type: none"> Lack of time Fear of falling or gaining and injury Lack of fitness Lack of energy Self-consciousness Difficulty in finding joy Pain and discomfort when being physically active Health problems Low self-efficacy Financial constraints Poor lifestyle that is not conducive to activity Lack of knowledge or education 	<ul style="list-style-type: none"> Enjoy being active and social Knowing how to be physically active Have equipment to support medical issues such as walking frames Free time Balanced and apply healthy eating habits Breathing well Suitable level of fitness Confidence See physical and social activities as positive activity Can see the benefits in activities Feel safe Controlling disease and conditions
Social	<ul style="list-style-type: none"> Family or work obligations Isolation from friends Lack of friends Programs don't suit culture Cultural or social norms conflict with requirements of activity 	<ul style="list-style-type: none"> Having support Encouraged by others Referrals by health professionals Activities relate to cultural needs Have others to get involved in the activity with Seeing others be involved and enjoy activities Wanting to be a good role model
Environment	<ul style="list-style-type: none"> Lack of public transport Facilities that aren't convenient Accessibility concerns Weather 	<ul style="list-style-type: none"> Access to transport Facilities are local access to appropriate programs access to low cost or community-based programs

Applying strategies to promote healthy lifestyle practices can enable basic needs to be met and optimise physical and mental health and well-being. Promoting community and social engagement maximises independence and builds a supportive culture for positive ageing.

Reablement has been defined as 'services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living'. The aim of reablement is to encourage, promote and assist people to continue to be socially, physically and recreationally active, thus reducing or removing the need for long-term ongoing or premature support.

Enablement refers to any act of enabling. This can mean that services are provided for a short term and specifically designed to minimise or reduce an individual's functional decline and provide strategies that enable a healthy lifestyle.

Visit: <https://www.youtube.com/watch?v=HSNfcmlnkG8>

It is important to find ways to uncover and tap into enablers and implement strategies to overcome barriers and limit disablers to ensure people are able to maintain a positive and healthy life in their older age. A support worker needs to have the ability to be innovative, understanding, motivating and not give up on helping a person increase or maintain their quality of life.

Encourage the person to adopt a shared responsibility for own support as a means of achieving better health outcomes and quality of life

Employing strategies to motivate, support and encourage clients is one of the major requirements of support workers. This can sometimes be a challenge, especially when clients are in crisis or are feeling depressed and lack self-esteem.

There are a number of ways to support clients who need to be motivated, to make decisions for themselves, and to have the confidence to act on those decisions.

You can encourage clients by:

- Asking them how they think a situation should be handled, rather than telling them how to handle it
- Assisting them to think of options based on prior success in their individual situation, rather than options based on theory
- Assisting them to select an option rather than telling them which one to choose

You can support clients in this process by:

- Encouraging them to reach a decision
- Emphasising that they have reached a decision and now they need to act on it
- Affirming their ability to make decisions and develop steps to reach their goals

It is important to encourage and support clients in making decisions that are consistent with their case plan if they have one. Whilst you want to encourage them to make their own decisions, it is important that those decisions are within the boundaries of any organisation procedures or conditions placed on them.

Support workers can apply the following approaches when supporting individuals with making their own decisions. Supporting clients to be motivated and encouraging them to plan for themselves and develop strategies to reach their goals includes the following:

- Person centred approach
- Consumer directed care
- Respecting individuality
- Rights based approach
- Be empowering and not disempowering
- Apply reablement strategies

Applying a person-centred approach - This means ensuring the service meets the person's needs and the person's needs is at the centre of the service. People who utilise support services have the authority to make decisions about their own lives. A person-centred approach to nursing focuses on the individual's personal needs, wants, desires and goals so that they become central to the care and nursing process. This can mean putting the person's needs, as they define them, above those identified as priorities by healthcare professionals.

Person Centred Practice:

- Places the client as the agent of change
- Centres on the client
- Gives the client the resources
- Focuses on what is RIGHT with the client
- Emphasises self-actualisation
- Is phenomenological
- Requires emphatic understanding
- Needs staff who have unconditional positive regard

Support Workers applying person centred practice means:

- Knowing the patient as an individual
- Being responsive
- Providing care that is meaningful
- Respecting the individual's values, preferences and needs
- Fostering trusting, caregiving relationships
- Emphasising freedom of choice
- Promoting physical and emotional comfort
- Involving the persons family and friends, as appropriate
- Focuses on the client and allowing for people to be more culturally sensitive
- Allows increased individualised and integration of support services

Consumer Directed Care (CDC) - This approach enables people to make decisions about their own care as opposed to Service Providers calling the shots.

- Is central to choose
- Gives people the say in the type of care they receive
- Puts the individual in complete control when making choices
- Increases independence
- Empowers

<https://www.agedcareguide.com.au/information/home-care/consumer-directed-care>

Further reading: Developing a care plan with a CDC approach <http://www.myagedcare.gov.au/aged-care-services/home-care-packages/home-care-agreement>

Respecting people's individuality - Keeping check of your own ideas about situations, lifestyles, decisions and making sure that the person is treated fairly and equally and in a non-discriminatory manner.

For information on how to support individuals with disabilities to make decision for themselves visit: http://www.dhs.vic.gov.au/_data/assets/pdf_file/0011/690680/dsd_cis_supporting_decision_making_0212.pdf

Element 2: Provide services to older people

Identify and discuss services which empower the older person

Older people have the right to determine what their service requirements are, who will provide these services and how these services are met. Support workers can help a person identify and determine services in an empowering manner.

We have already discovered the actions that would be considered empowering and the behaviours that can result in disempowerment.

When identifying and discussing services with a person we can empower them by applying a consultative approach. Discovering what the person needs, likes and wants are, will help in determining the types of services that will fit them the best.

Helping people stay in control and exercise their rights is a key element of empowering choice. Within service identification ensure that you research options and embrace the person's social, cultural and spiritual beliefs to ensure the options suggested are a match. Present all the options that are available that fit in with their needs and allow them the time to evaluate and choose the best option for them. They might need more information and additional options. Where more information is needed, it is best to discuss with the person, what type of information they might need to help them make a decision. Only provide them with relevant information. Finding out what motivates a client or means the most to them will guide you to identify the most useful information to provide. For example, a client might be worried about access into a pool and because you have only given them information about time tables, they are unable to ascertain whether the activity will really meet their needs.

Remain flexible when suggesting services to ensure the when and the where suits the individual. To guarantee you do not disempower the person, ensure that there are no surprises and apply no pressure.

Support the older person to express their own identity and preferences without imposing own values and attitudes

As Community Services Workers, we are often working with people who are vulnerable and/or who may live a lifestyle that mainstream society views as being different or unacceptable. When supporting an older person to express their own identity and preferences or selecting the services that they need, you must remember that people are entitled to make their own decisions without fear of judgement. Letting your own values and attitude towards a particular part of the person's life become known is not acceptable.

What are values?

Values are principles, standards or qualities that an individual or group of people hold in high regard. Values include; ethics, moral values, politics, religion, social and personal. They are developed over time, are subjective and will vary across people and cultures. These values guide the way we live our lives and the decisions we make. A value may be defined as something that we hold dear, those things/qualities which we consider to be of worth.

A 'value' is commonly formed by a particular belief that is related to the worth of an idea or type of behaviour. Some people may see great value in saving the world's rainforests. However, a person who relies on the logging of a forest for their job may not place the same value on the forest as a person who wants to save it.

Values can influence many of the judgments we make as well as have an impact on the support we give clients. It is important that we do not influence client's decisions based on our values. We should always work from the basis of supporting the client's values.

Where do values come from?

Our values come from a variety of sources. Some of these include:

- Family
- Peers (social influences)
- The workplace (work ethics, job roles)
- Educational institutions such as schools or TAFE
- Significant life events (death, divorce, losing jobs, major accident and trauma, major health issues, significant financial losses and so on)
- Religion
- Music
- Media
- Technology
- Culture
- Major historical events (world wars, economic depressions, etc.)

Dominant values

Dominant values are those that are widely shared amongst a group, community or culture. They are passed on through sources such as the media, institutions, religious organisations or family, but remember what is considered dominant in one culture or society will vary to the next.

Using the sources listed above, some of your values could be:

- Family - caring for each other, family comes first
- Peers - importance of friendship, importance of doing things that peers approve of
- Workplace - doing your job properly; approving/disapproving of 'foreign orders' (doing home-related activities in work time or using work resources for home related activities)
- Educational institutions - the valuing or otherwise of learning; value of self in relation to an ability to learn (this often depends on personal experience of schooling, whether positive or negative)
- Significant life events - death of loved ones and the impact on what we value as being important; marriage and the importance and role of marriage and children; separation and divorce and the value change that may be associated with this (valuing of self or otherwise)
- Religion - beliefs about 'right and wrong' and beliefs in Gods
- Media - the impact of TV, movies, radio, the internet and advertising on what is important in our lives, what is valued and not valued
- Music - this often reflects what is occurring in society, people's response to things such as love and relationships which may then influence the development of our values
- Technology - the importance of technology or otherwise; the importance of computers and developing computer skills
- Culture - a cultural value such as the importance of individuality as opposed to conforming to groups
- Major historical events - not wasting anything, saving for times of draught, valuing human life, patriotic values

It is important that you develop an awareness of what you value, as these values will be important in informing your relationships with clients, co-workers and Employers.

Exploring your values

We are all influenced in varying degrees by the values of our family, culture, religion, education and social group. Knowing your own values can help you work effectively with clients, resolve conflicts and support the Organisation's philosophy of care appropriately. Wherever our values come from they make us the unique person we are today!

Answer the following and then think about what it tells you about yourself, where your values have come from and how people with different backgrounds and life experiences would answer these questions. There are no right or wrong answers - just answer honestly and be willing to explore and reflect upon your own values.

Race

- With what race do I identify?
- Do I know people from a different race to me?
- Do I believe people from different races should live together?
- What would life be like if my skin colour was different?
- What do I think about marriages and relationships between people from different races?

Gender

- How many friends do I have from the opposite sex?
- If I was a different gender how might life be different?

Religion

- What is my religion? Do I believe in it?
- What is my family's religion?
- Are most people in my community from this religion?
- How does my religion influence my life?

Culture

- What culture do I identify with?
- What do I like and dislike about my culture and traditions?
- What other cultures interest me? Do I like learning about them? Why?

Language

- What is my first language?
- What other languages do I speak?
- Who should decide what language people should speak?

General

- What political party do I support? Why?
- Do I believe in the death penalty? Why?
- What are my views on abortion? Why?
- What are my views on homosexuality? Why?
- What are my views about illegal drugs? Why?
- What are my view about voluntary euthanasia? Why?

It is a great idea to reflect on what your values are to determine how you may feel about certain areas and identify certain issues that you may be exposed to within a community service role that will be different and conflict with what you feel and the values that you have.

What is a belief?

Beliefs come from real experiences but often we forget that the original experience is not the same as what is happening in life now. Our values and beliefs affect the quality of our work and all our relationships because what you believe is what you experience. We tend to think that our beliefs are based on reality, but it is our beliefs that govern our experiences.

The beliefs that we hold are an important part of our identity. They may be religious, cultural or moral. Beliefs are precious because they reflect who we are and how we live our lives.

Pre-existing beliefs

As a care worker in the Community Services Industry, the pre-existing beliefs you may have could be related to stereotypes that have developed for you around issues like sexuality, alcohol and other drugs, ageing and disabilities, independence, health, the rights of people, your idea of health and what it's like to be older and/or disabled.

These stereotypes could affect the way you interact and work with clients. This is because you have assumptions about what your clients can and can't do for themselves, the way they should think about issues and what is best for them. If you make assumptions as a worker then you are denying clients their rights, respect and dignity. As a worker this would be regarded as a breach in your 'duty of care' towards clients.

The need for older people and people with disabilities to express their sexuality does not necessarily diminish over time. The desire for intimacy can in fact intensify. The development of new relationships may occur as a result of living in a residential care setting or as people's social networks change over time. The right to express sexuality is a quality of life issue and is part of one's self-identity. The way people choose to express their sexuality may change over time in a variety of ways. Intimate relationships enhance a person's quality of life and contribute to their feelings of well-being. As a care worker it is important to respect a person's right to express their sexuality in a way which is appropriate for them.

What is an attitude?

The word 'attitude' can refer to a lasting group of feelings, beliefs and behaviour tendencies directed towards specific people, groups, ideas or objects.

An attitude is a belief about something. It usually describes what we think is the 'proper' way of doing something. The attitudes that we feel very strongly about are usually called values. Other attitudes are not so important and are more like opinions. Sometimes our own attitudes can make us blind to other people's values, opinions and needs. Attitudes will always have a positive and negative element and when you hold an attitude you will have a tendency to behave in a certain way toward that person or object.

You will need to be aware of your own personal values, beliefs and attitudes and how they might impact on your work.

It is important to consider the mapping of your own life - what have been some significant events that have shaped you, what qualities you admire in yourself and others, what beliefs are important to you, what you value and so on? Some examples of these may be personal features such as strength of character, helping people, respect, honesty, wealth, success, health etc.

What we believe are important qualities, or what qualities we admire in ourselves and others, generally reflect our life experiences and the values which we established in our early years through the influence of family, teachers, friends, religion, our culture, our education.

Given that all of us have differences which have been shaped by our life experiences, we can understand that we will all have different sets of values and beliefs. We do not all think about issues in the same way!

To work effectively it is critical to understand your own values and beliefs and to understand the importance of not allowing them to affect the way in which you work with clients. Remember they are your values and may be quite different to the values held by your clients.

In order to remain professional, it is necessary to leave your personal values out of the client/worker relationship. This means that it is important that you allow clients to make decisions based on their own values and beliefs rather than decisions that reflect what you think they should do.

When we are carrying out our daily duties at work we rarely think about our attitudes, we are immersed in work itself and often remain unaware of just how different our attitudes could be to others around us.

As previously defined an attitude is simply a belief and describes what we think is the proper way of doing or thinking about something. Attitudes vary in intensity.

When we feel strongly about something attitudes are called values. Attitudes that are less important to us are called opinions. For example, we may feel strongly that older people should give up their jobs when they reach a certain age, so that younger people can get work. Strong attitudes are often very emotional and can cloud our judgement in meeting other people's needs. This means that some people or clients may be denied their rights to be allowed to make their own choices and decisions about their life.

The influence of attitudes

Our attitudes develop over time and not only reflect where we have come from i.e. the influence family, friends and experiences have had on our attitudes, but also how we will proceed with our life in the future. Attitudes are therefore a powerful element in our life, are long enduring and hard to change - but not impossible!

The problem with attitudes

One of the problems with our attitudes is we often ignore any information which is not consistent with them - we become selective in the way we perceive and respond to events and issues - and lose our 'objectivity' about the world. By developing insights about our attitudes, we reduce the risk of making decisions at work based on our unconscious, pre-existing perceptions, allowing us to work more professionally with clients.

Awareness of personal attitudes

It is good practice to think about your attitudes and beliefs, it helps you to understand yourself better. It is beneficial to reflect on your life, identify some of the significant events that have shaped you, consider what qualities you admire in yourself and others and be mindful of what values that are important to you.

Personal values and beliefs

One of the responsibilities of workers is that we do not impose our own values and beliefs on the people we work with. That is, that we don't provide options and services based on what we feel is right, but that we work with people in relation to what is right for them. We should always remember that it is their life and only they should make decisions about how they should live their life.

If you try to impose your own moral values on clients, you are likely to make them feel judged and to damage their self-worth. Moreover, they are likely to reject you and to reject your values too. If you are able to accept your clients, with whatever values they have, you may well find that as time passes they move closer to you in their beliefs. This is inevitable because we are, whether we like it or not, models for our clients and we have a responsibility to be good models.

Regardless of who the client is, and regardless of his or her behaviour, he or she deserves to be treated as a human being of worth. If you respect your clients, they will, through feeling valued, be given the optimum conditions in which to maximise their potential as individuals.

It is essential that you are aware of your own values and beliefs so that you do not impose them (deliberately or unintentionally) on the people you are working with.

Professional values

In order to leave your personal values out of the client/worker relationship, you need to be aware of the impact they may have when you come across clients that do not behave in ways that you agree with that is, clients who have different values and beliefs to you. You may find that with such clients you become judgemental or notice that you are encouraging clients to make a decision that reflects what you think they should do (based on your values and beliefs) rather than working with the client to come up with their own ideas about how to resolve the issue.

That is why it is so important to have ethical standards, so that we are operating by a professional set of guidelines, not what we personally think is right or wrong.

Respecting the beliefs, attitudes and values of others

Everyone is entitled to their own values, attitudes and beliefs. It is important to accept and respect that other people may well have different attitudes, values and beliefs than you. We do not have the right to expect that others change their values, attitudes and beliefs just because they are different to ours.

It is quite possible that you may face situations at work that either challenge or compromise your own values, attitudes or beliefs when working to support people with a disability.

It is not always easy to avoid communicating your beliefs and values to clients, but it is something you need to be very aware of. It can be very easy to influence clients in subtle ways. Simple things like body language, gestures, the way you say something, or even actions, can give a client the impression you agree or disagree with their values or beliefs.

The support you give to clients should be, as much as possible, in line with their values, attitudes and beliefs, while also in line with your Community Services Organisation and the law.

Impact of values and philosophies on service provision

The way that the above values and philosophies are acted upon in services affects the quality of the service provided to clients. The more these values are promoted and reflected in the way the service operates, the more positive the experience for the client.

Adjust services to meet the specific needs of the older person and provide services according to the older person's preferences

There are a range of services available to help older people maintain their safety, dignity and independence. These include help to stay living at home, such as help with housework, meals, personal care, transport and social activities. They also include help with nursing care, allied health such as physiotherapy or podiatry, home modifications and aids. Support and assistance for Carers is also available.

Older people who need more help with day-to-day tasks or health care may find the best way to receive the help and support they need is by living in an aged care home, either on a permanent basis or for a short stay (called 'residential respite').

Many services require an older person to undergo an assessment before they can access the services. Some assessments are conducted by the Organisation providing the service. The Aged Care Assessment Service (ACAS) conduct holistic in-home assessments for older people to access community aged care packages and residential care. Waiting lists often apply after the assessment.

Funding bodies such as ACFI may also require individuals to undergo an assessment. The Aged Care Funding Instrument (ACFI) assesses the relative care needs of residents and is the mechanism for allocating the Government subsidy to aged care providers for delivering care to residents. The ACFI replaced the former Resident Classification Scale (RCS) on 20 March 2008. The instrument consists of 12 care need questions, some of which have specified assessment tools.

Once needs are determined it is important to ensure that we maintain their independence by discovering preferences and adjusting services to meet these preferences.

Preferences include:

- Types of food
- When to eat
- When to go to bed
- What to do in the morning
- Night time rituals and habits
- What time to get up in the morning
- Activities liked to do (hobbies, sporting, cultural, social etc.)
- What is important to them as an individual
- Wishes for care options

If the older person is to see any value in the services available to them, it is necessary the services being offered are a reflection of the person's preferences and the type of life they would like to continue having. The support worker must therefore explore with the older person the type of lifestyle they would like to have and how they would like to be supported.

We can identify preferences by:

- Gathering information
- Asking open questions
- Talking to Carers and family and friends
- Listening to the individual

Information can be collected from a variety of places which include organisational documentation, care plans and directives, by talking with family members and friends, but the most efficient way of collecting information and determining a person's preferences will be to ask the person.

Asking your client what they want, at the beginning of the planning process, and on an ongoing basis, is important in the development of plans. You might use tools such as questionnaires or surveys or ask the client to lead a discussion about what they want from their Service Provider.

Using creative ways to illustrate options to clients, in a way that they understand. For example, you might use video, photos, or drawings for a client who is not able to communicate through words.

Observing your client in a range of settings, to determine the client's reaction to various options and experiences, you might watch your client's mood and level of interest in certain settings, and document those that seem to elicit positive responses from the client. This can be especially important when a client has cognitive or communication difficulties, such as Dementia.

Consider the client's past history and background. Thinking about where the client has come from can help you to plan for where they might want to go, in other words, you can sometimes lead a client's planning process by suggesting activities or routines that suit the client's past lifestyle. For example, a client who has been a farmer for most of his life may prefer to rise at dawn and go to bed early. Further confirmation by using any of the above methods can help to establish this as a client's preference. For some clients, such as those with confusion, this process can be assisted by asking close family members about the client's history and former way of life.

Provide services according to Organisation Policies, Procedures and duty of care requirements

The aged care sector is considered by many to be one of the most regulated areas of service provision. This reflects the social and economic impact of aged care services, the involvement of government funding, and the very nature of providing services to a vulnerable segment of the community.

Aged care workers need to understand their 'duty of care' responsibilities along with the Organisations Policies and Procedures to ensure that all actions and services provided adhere to legislation.

Duty means a moral and legal obligation or responsibility. Working in aged care, as far as your activities at work are concerned, you have a 'duty to care' for your clients and colleagues. Therefore, you owe them a 'duty of care'. 'Duty of care' is not a list of rules and procedures. It is part of the responsibility of being a staff member of an Organisation that provides services to clients. It is about legal and moral obligations. It is about providing an appropriate standard of care and ensuring that clients are empowered to make their own decisions.

Your duty of care is also applied within:

- Reporting
- Consultation
- Providing services
- Upholding clients' interests and rights
- Health and Safety

Reporting

You have a 'duty of care' to record and report on many facets within your role. This may include reporting behaviours or potential hazards and any situation where you feel a breach of 'duty of care' is recognised or a situation where elder abuse is identified. You will have a 'duty of care' to report any issues surrounding the environment, Health and Safety or inadequate equipment and concerns about a client's health and well-being.

Consultation

Consultation is a major part of working in Community Services. You are required to and have a 'duty of care' to consult with people about services, care plans, support options, external Service Providers, Supervisors, family members and the individual.

Services

Your Organisation will outline a variety of Policies and Procedures that you are to follow throughout the provision of services within your role that will enable you to meet your 'duty of care' responsibilities. These may include the requirement to; Review documentation such as care plans, complete documentation and ensure that information is kept up to date. Throughout services, your 'duty of care' will include identifying any breaches and recognising when scope of practice is not sufficient to meet clients' needs.

Upholding interests and rights

A Support Care Worker has a 'duty of care' to uphold the interests and rights of the individual which includes maintaining confidentiality and adhering to privacy legislation. Respecting a person's preferences and supporting their decisions will ensure that you uphold their interests.

Your responsibility as a Worker is to do everything reasonable and within your job role to ensure that there are no infringements on their rights.

Health and Safety

All workers have a duty of care to work under Occupational Health and Safety guidelines in their work. You can contribute to OHS by:

- Maintaining personal physical and mental health and hygiene following OHS Policies and Procedures for Manual Handling
- Complying with infection control requirements
- Using chemicals safely
- Ensuring you know Fire and Emergency Procedures
- Disposing of waste materials safely, including disposing of sharps safely using Personal Protective Equipment (PPE) provided
- Reporting and recording hazards correctly
- Knowing your OHS Representative
- Reporting problems to your OHS Representative

Element 3: Support the rights of older people

Assist the older person to understand their rights and the complaints mechanisms of the Organisation

It is important that older people are made aware of their rights. Older people who know about their rights will be more likely to recognise situations where their rights are at risk and to take action to achieve their rights. Assisting older people to understand their rights, will also go a long way in supporting the achievement and building of a trusting relationship.

Service Standards and the relationship to client rights

Residential Aged Care Service Standards

Residential Aged Care Standards are standards set by government for quality assurance. Their purpose is to ensure that care is of an excellent quality, in good physical surroundings and the personal rights of clients are respected.

Standards require that residents are encouraged to live as they wish and participate in a range of social experiences; accommodation is homelike with privacy and dignity respected; health is maintained at the optimum level; and the environment is safe and free from risk of injury and accident. Standards focus on the end product of the service - the standard of care and lifestyle for the residents. It is the concern of the providers to meet these outcomes. Services must document continuous improvement.

The Aged Care Standards and Accreditation Agency assess residential aged care services for accreditation against these standards. This agency plays a leading role in ensuring that residential aged care facilities achieve and maintain high standards of care and accountability. It also ensures accountability for the billions of dollars of taxpayers' money presently spent on residential care. The Standards are a structured approach to the management of quality in the industry.

Home and Community Care National Service Standards

The HACC National Service Standards are the guidelines for service provision in the community setting. There are seven key areas:

1. Access to service
2. Information and consultation
3. Efficient and effective management
4. Reliable service delivery
5. Privacy
6. Complaints handling
7. Advocacy

These standards should be available to all Carers who work in a community context. Typically, they would be introduced and discussed during a Carer's orientation to their work within the Organisation.

The residents in aged care facilities have a right to considerate and respectful care. Good care means that every resident should be encouraged to be as independent as possible and to exercise informed choice.

Your role as an Aged Care Worker is to ensure that older people, their support people and advocates are made aware of and understand what their rights are. This may be in the form of verbally telling them about their rights, providing them with information about their rights in their introduction to services documentation or by advertising rights and responsibilities around administration and management areas and throughout the facility. Understanding where to access information is important as when a person first engages support services there is a lot of information to take in. Re-visiting rights and responsibilities throughout care will re-enforce peoples understanding of what their rights are.

Deliver services ensuring the rights of the older person are upheld

It is critical that Organisations and individuals involved in care for older persons understand and demonstrate in their work practices individual aged care rights. These rights include the principles expressed in:

- Charter of Rights
- Standards documents
- General Human Rights
- Anti-discrimination laws
- Freedom of Information legislation

These rights are documented in every Organisation. You need to check these documents for your Organisation.

User rights initiatives help to ensure quality of life for residents of aged care facilities through protection of their rights. This is a practical application of social justice policy based on the belief that an individual does not lose his or her rights upon entry to an Aged Care Facility.

While many Aged Care Facility residents appear to be reasonably satisfied with most aspects of their lives the most concern has been expressed about:

- Isolation and boredom
- Lack of control over their own lives
- Lack of information about residential care and the services available to them
- Fear of retribution if they complain

User rights initiatives were introduced to enable residents to gain greater control over their own lives.

The Charter of Residents' Rights and Responsibilities was developed to identify:

- The sort of services Aged Care Facilities should provide
- The rights of residents who use those services
- The responsibilities of residents towards themselves and others

These rights of your clients in residential care are set out in The Residential Care Manual - The Charter of Resident's Rights and Responsibilities. The Charter forms part of the formal contract between every resident and their residential facility. The contract provides details of services and the conditions that apply. They include:

- The right to occupy a bed or room
- Fees, charges and how they are calculated
- Services that are included in the basic fee and those that incur extra cost
- Conditions under which a resident may be asked to leave
- Ways in which residents can participate in the running of the facility
- Ways in which residents can complain or lodge an appeal about actions in the facility
- Right to information about the financial position of the facility

Residents' rights are protected by government bodies and other Organisations, including:

- Advocacy services
- A community visitors scheme
- Improved complaint handling
- Greater use of protection from state guardianship legislation
- Training for staff

Charter of Rights and Responsibilities for Community Care

Rights: The care recipient has the following rights	Responsibilities: As a care recipient, he/she has the following responsibilities
<p>General</p> <ul style="list-style-type: none"> -To be treated and accepted as an individual, and to -Have individual preferences respected and to be treated with dignity, with his/her privacy respected -To receive care that is respectful of them, their family and home -To receive care without being obliged to feel grateful to those providing the care -To have full and effective use of all his/her human, legal and consumer rights, including the right to freedom of speech regarding his/her care -To be treated without exploitation, abuse, discrimination, harassment or neglect 	<p>General</p> <ul style="list-style-type: none"> -To respect the rights of care workers to their human, legal and industrial rights, including the right to work in a safe environment -To treat Care Workers without exploitation, abuse, discrimination or harassment
<p>Participation</p> <ul style="list-style-type: none"> -To be involved in identifying the community care most appropriate for his/her needs -To choose the care and services that best meets his/her assessed needs, from the community care able to be provided and within the limits of the resources available -To participate in making decisions that affect him/her -To have his/her representative participate in decisions relating to his/her care if he/she does not have capacity 	
<p>Care and services</p> <ul style="list-style-type: none"> -To receive reliable, coordinated, safe, quality care and services that are appropriate to his/her assessed needs -To be given before, or within 14 days after he/she commences receiving care, a written plan of the care and services that he/she can expect to receive -To receive care and services as described in the plan that take account of his/her lifestyle, other care arrangements and cultural, linguistic and religious preferences -To receive ongoing review of the care and services he/she receives (both periodic and in response to changes in his/her personal circumstances), and modification of the care and services as required 	<p>Care and services</p> <ul style="list-style-type: none"> -To abide by the terms of the written agreement and to acknowledge that his/her needs may change and -To negotiate modifications of care and service when his/her care needs do change -To accept responsibility for his/her own actions and choices even though some actions and choices may involve an element of risk
<p>Personal information</p> <ul style="list-style-type: none"> -To privacy and confidentiality of his/her personal information -To access his/her personal information 	<p>Personal information</p> <ul style="list-style-type: none"> -To provide truthful information in the assessment on which the services are determined
<p>Communication</p> <ul style="list-style-type: none"> -To be helped to understand any information given -To be given a copy of the Charter of Rights and Responsibilities for Community Care -To be offered a written agreement that includes all agreed matters -To choose a person to speak on his/her behalf for any purpose 	<p>Communication</p> <ul style="list-style-type: none"> -To give enough information to assist the approved provider to develop, deliver and review a care plan -To tell the approved provider and their staff about any problems with the care and services

<p>Comments and complaints</p> <ul style="list-style-type: none"> -To be given information on how to make comments and complaints about the care and services he/she receives -To complain about the care and services he/she receives, without fear of losing the care or being disadvantaged in any other way -To have complaints investigated fairly and confidentially, and to have appropriate steps taken to resolve issues of concern 	
	<p>Access</p> <ul style="list-style-type: none"> -To allow safe and reasonable access for Care Workers at the times specified in his/her care plan or otherwise by agreement -To provide reasonable notice if he/she does not require a service
<p>Fees</p> <ul style="list-style-type: none"> -To have his/her fees determined in a way that is transparent, accessible and fair -To receive invoices that are clear and in a format, that is understandable -To have his/her fees reviewed periodically and on request when there are changes to his/her financial circumstances -To not to be denied care and services because of his/her inability to pay a fee for reasons beyond his/her control 	<p>Fee</p> <ul style="list-style-type: none"> -To pay any fee as specified in the agreement or negotiate an alternative arrangement with the provider if any changes occur in his/her financial circumstances -To provide enough information for the approved provider to determine an appropriate level of fee

Identify breaches of human rights and respond appropriately

In the unit; Facilitate the interest and rights of clients, we were introduced to the Universal Declaration of Human Rights. According to this we have the following rights;

1. All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.
2. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.
3. Everyone has the right to life, liberty and security of person.
4. No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.
5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.
6. Everyone has the right to recognition everywhere as a person before the law.
7. All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.
8. Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.
9. No one shall be subjected to arbitrary arrest, detention or exile.
10. Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

- 11.(1)** Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.
- (2)** No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.
- 12.** No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.
- 13.(1)** Everyone has the right to freedom of movement and residence within the borders of each state.
- (2)** Everyone has the right to leave any country, including his own, and to return to his country.
- 14.(1)** Everyone has the right to seek and to enjoy in other countries asylum from persecution.
- (2)** This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.
- 15.(1)** Everyone has the right to a nationality.
- (2)** No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.
- 16.(1)** Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
- (2)** Marriage shall be entered into only with the free and full consent of the intending spouses.
- (3)** The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.
- 17.(1)** Everyone has the right to own property alone as well as in association with others.
- (2)** No one shall be arbitrarily deprived of his property.
- 18.** Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.
- 19.** Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.
- 20.(1)** Everyone has the right to freedom of peaceful assembly and association.
- (2)** No one may be compelled to belong to an association.
- 21.(1)** Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
- (2)** Everyone has the right of equal access to public service in his country.
- (3)** The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.
- 22.** Everyone, as a member of society, has the right to social security and is entitled to realisation, through national effort and international co-operation and in accordance with the organisation and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.
- 23.(1)** Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2)** Everyone, without any discrimination, has the right to equal pay for equal work.
- (3)** Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- (4)** Everyone has the right to form and to join trade unions for the protection of his interests.
- 24.** Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

- 25.(1)** Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2)** Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.
- 26.(1)** Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
- (2)** Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.
- (3)** Parents have a prior right to choose the kind of education that shall be given to their children.
- 27.(1)** Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.
- (2)** Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.
- 28.** Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realised.
- 29.(1)** Everyone has duties to the community in which alone the free and full development of his personality is possible.
- (2)** In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society. (3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.
- 30.** Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Rights are a fundamental and unconditional entitlement and where you have identified a breach in human rights you must respond according to the Organisations policy and procedures. The culture of the community service Organisations encourages and supports people report situations where it is suspected that a breach in human rights has occurred. All workers whether paid or unpaid should be aware of their responsibilities to support clients in achieving and upholding their rights and report allegations or suspicions of a human rights breach. All steps need to be taken to ensure that the client is protected from harm in the initial stages. When responding a clear description of events need to be recorded and reported to the supervisor.

Where individuals are not able to recognise their rights are being violated it is up to you or another person to advocate on their behalf. This may be due to a person having a cognitive impairment caused by dementia, intellectual disability, illness, disease or injury or an acquired brain injury.

The National Aged Care Advocacy Program (NACAP) is a national program funded by the Australian Government under the Aged Care Act 1997. The NACAP aims to promote the rights of people receiving Australian Government funded aged care services.

Under the NACAP, the Department of Health and Ageing funds aged care advocacy services in each State and Territory. These services are community-based Organisations which are there to give your client's advice about their rights and help them to exercise their rights. Aged care advocacy services also work with the aged care industry to encourage policies and practices which protect consumers.

If your client lives in an Australian Government aged care home or receive Australian Government funded aged care services in their own home and would like to speak to someone about their rights, your client or your client's representative can contact one of the advocacy services. These services are free and confidential.

Recognise signs consistent with financial, physical or emotional abuse or neglect of the older person and report to an appropriate person

Elder abuse is serious form of abuse that can result in physical, mental or emotional harm and sometimes death of an older person. Elder abuse is considered the most distressing form of abuse because it shows our most vulnerable members of the community being harmed. It is crucial that you as a Support Worker are able to recognise signs that are consistent with financial, physical or emotional abuse or neglect of an older person and report the situation following the Organisations Policies and Procedures.

There are many forms of abuse and tell-tale signs that can alert us to the fact that an abusive situation may be occurring.

Physical Abuse

Physical Abuse is considered a non-accidental act which results in physical pain or injury and it includes physical coercion and physical restraint. Physical abuse includes; hitting, slapping, burning, pushing, punching, pinching, biting, arm twisting, cutting, hair pulling, forced confinement to room, chair or bed.

Signs of physical abuse may include:

Injuries in different stages of healing	Unexplained hair loss
Abrasions	Bruises
Welts	Burn blisters
Rashes	Contusions
Swelling	Tenderness
Lacerations	Pain or restricted movements
Lack of awareness	Drowsiness
Cringing or acting fearful	Noticeable change in physical well being
Weight loss	Broken or healing bones
Agitation	

Sexual Abuse

Sexual Abuse is considered as non-consensual sexual contact, language or exploitative behaviour and includes; rape, indecent assault, sexual harassment and sexual interference.

Signs of sexual abuse include; unexplained sexually transmitted disease or infections, bruising in genital areas or inner thighs, bleeding from the genital area, difficulty in walking or sitting not associated with a medical condition, fear, agitation, disturbed sleep or withdrawal.

Financial Abuse

Financial Abuse is considered any illegal, improper use and/or mismanagement of a person's money, property or resources. Abuse financial behaviour includes:

- Fraud
- Stealing
- Forgery
- Embezzlement
- Reluctance to pay for accounts or debts
- Unwillingness to bring items in for the older person
- Withholding funds from the older person
- Resident forced to hand over management of their finances
- Forced changes to a Will
- Enduring Power of Attorney's refusal to provide information about financial affairs to the older person
- Pressure from others to hand over money or items
- An unprecedented transfer of money or property to another person
- Unwillingness of others to repay money loaned

Signs of Financial abuse include:

- Older person frequently changing their mind about their Enduring Power of Attorney Lack of money for items needed
- Loss of jewellery or personal belongings
- Older person expresses fear and anxiety when discussing finances
- Unexplained amounts of money missing from bank accounts
- Unpaid accounts
- Receiving accounts for items not belonging to the person
- Loss of trust
- Confusion over ownership of assets, property etc.

Psychological abuse

Psychological abuse is language or actions designed to intimidate another person and is usually characterised by a pattern of behaviour repeated over time, intended to maintain a 'hold of fear' over the older person.

Psychological abuse may be verbal or non-verbal and can include:

Treating the older person like a child	Humiliation
Emotional blackmail	Blaming
Intimidation	Name calling
Threats of restricting access to others	Insults
Threats of punishment or abandonment	Silence
Withdrawal of affection	Shouting
Denying the older person their rights	Coercing
Witnessing family arguments	Forced to collude in family conflict

These signs could indicate abuse:

Fearfulness	Helplessness
Hopelessness	Withdrawal
Reluctance to make decisions	Appearing shamed
Loss of interest in self, activities or environment	Low self esteem
Change in appetite	Passivity
Depression	Confusion
Insomnia	Sleep deprivation
Agitation	Anger
Anxiety	Mental anguish
Nervousness	

Social abuse

Social abuse can be considered as restricting or stopping social contact with others and stopping or restricting activities. Social abuse includes being discouraged or stopped from seeing other people e.g. family or friends prevented from joining in any activities in or outside the residential care facility.

Signs of social abuse could include; Loss of interaction with others, sadness and grief of people not visiting, worried or anxious after a particular visit by specific person(s), appears shamed, low self-esteem, or is very sad, withdrawn, passive (not wanting to participate; listless, uninvolved).

Neglect is the failure of a care giver in a relationship of trust to provide necessities or blocking the provision of basic needs being provided. Neglect can be deliberate or unintended.

Abusive neglectful behaviour Includes:

- Not providing adequate clothing, and personal items
- Unwillingness to allow adequate medical or dental care or personal care
- Over or under or inappropriate use of medication
- Refusal to permit other people to provide adequate care e.g. food or drinks

Signs of neglectful behaviour could include:

- Poor hygiene or personal care
- Absence of health aids e.g. dentures, hearing aids, glasses and mobility equipment
- Unkempt appearance, inappropriate, or lack of, clothing
- Weight loss
- Secretiveness or agitation
- Lack of personal items e.g. photos, ornaments

Compulsory reporting and protection requirements

Compulsory reporting and protection requirements commenced on 1 July 2007 following amendments to The Aged Care Act 1997 (the Act).

These Guidelines explain the compulsory reporting requirements for approved providers to:

Report to the police and to the Department of Health and Ageing (the Department), incidents involving alleged or suspected reportable assaults. The report must be made within 24 hours of the allegation, or when the approved provider starts to suspect a reportable assault. A reportable assault is defined in sub section 63–1AA (9) of the Act and in section 3 of these Guidelines and includes unlawful sexual contact and unreasonable use of force:

- Take reasonable measures to ensure staff members report any suspicions or allegations of reportable assaults to the approved provider (or other authorised person), to the Police or the Department; and
- Take reasonable measures to protect the identity of any staff member who makes a report and protect them from victimisation

The compulsory reporting requirements are one part of an approved provider's responsibilities under the Act to provide a safe and secure environment.

The 5 key elements to compulsory reporting requirements

- 1.** All approved providers of Australian Government subsidised residential aged care must encourage staff to report alleged or suspected reportable assaults to enable approved providers to comply with their responsibility under the Act. This requirement recognises that in many cases, it may be staff who first notice assaults. The legislation therefore requires that approved providers not only give staff information about how to report assault, but also to actively require staff to make reports if they see, or suspect, an assault on a resident.
- 2.** The Act requires that, except in very specific and sensitive circumstances, all approved providers of residential aged care must report all allegations or suspicions of reportable assaults. The discretion not to report applies to circumstances involving residents affected by an assessed cognitive or mental impairment, and where there are repeated allegations of the same assault. An approved provider should not wait until an allegation is substantiated - the fact that a person has alleged that someone has assaulted a resident is sufficient to trigger the reporting requirements.
- 3.** Reports must be made to both the Police and the Department within 24 hours of the allegation being made or the approved provider starting to suspect on reasonable grounds, that a reportable assault may have occurred. These tight timeframes ensure that alleged assaults are acted upon immediately.
- 4.** If a staff member makes a disclosure qualifying for protection under the Act, the approved provider must protect the identity of the staff member and ensure that the staff member is not victimised. This is important in encouraging ongoing reporting by staff members.
- 5.** If an approved provider fails to meet compulsory reporting requirements, the Department may take compliance action.

Compliance with the compulsory reporting requirements will be monitored by the Department and the Aged Care Standards and Accreditation Agency.

What is a reportable assault?

A reportable assault as defined in the Act (section 63–1AA) means:

- Unlawful sexual contact with a resident of an aged care home; or
- Unreasonable use of force on a resident of an aged care home

This definition captures assaults ranging from deliberate and violent physical attacks on residents to the use of physical force on a resident.

The definition of reportable assault used in the Act provides a simple, readily understood and universally accepted definition. It avoids the difficulties of applying legalistic definitions that vary widely throughout Australia.

Unlawful sexual contact

The term "unlawful sexual contact" is intended to capture any sexual contact, without consent, that is unlawful under any Commonwealth, State or Territory law.

The legislation is intended to cover any unlawful, or unwanted, sexual contact with residents for which there has been no consent. If the contact involves residents with an assessed cognitive or mental impairment, it should be noted that the resident may not have the ability to provide informed consent.

The term "unlawful sexual contact" has been used to avoid the use of specific terms, such as sexual intercourse, rape and sexual assault which are all defined differently in different pieces of Commonwealth, State/Territory legislation and to ensure that all unlawful sexual conduct, no matter how described, is captured. It is not intended to cover situations where there is no physical contact.

Unreasonable use of force

Unreasonable use of force as defined in the Act is intended to capture assaults ranging from deliberate and violent physical attacks on residents to the use of unwarranted physical force on a resident. For example, the definition captures hitting, punching or kicking a resident regardless of whether this in fact causes visible harm, such as bruising.

It is recognised that in the aged care environment, there may be circumstances where a staff member could be genuinely trying to assist a resident, and despite their best intentions the resident is injured because the person bruises easily or has fragile skin. Injury alone therefore may not provide conclusive evidence of either the use of unreasonable force or the seriousness of an assault.

The definition in the Act:

- Captures use of force where such force is not warranted; and
- Avoids difficulties associated with utilising legalistic definitions

A range of material and resources have been developed by the industry that may assist providers to identify signs of abuse. For example:

- The Benevolent Society has developed Policy and Procedures for Residential Aged Care - Preventing and Responding to Abuse and these are available for downloading on the internet at: <http://www.bensoc.org.au/>
- Aged and Community Care Victoria (AACV), in collaboration with Victoria Police, has developed the ACCV Compulsory Reporting Resource Guide. AACV members can download the guide at <http://www.accv.com.au/>

Reporting to the Department of Health and Ageing

Compulsory reports are made to the Department via the Aged Care Complaints Investigation Scheme on 1800 550 552. This line also receives external information about Australian Government subsidised aged care services and any concerns and complaints about such services.

Departmental Officers manage the line from 8:30am - 5.00pm AEST Monday to Friday and 10.00am - 5.00pm AEST Saturday, Sunday and Public Holidays. Outside these hours, an answering machine is available for people to leave a message.

The Department may receive information about alleged or suspected assaults on a resident through varied means; for example, from an approved provider, from a staff member either anonymously, confidentially or openly, from residents and their families and from other health professionals.

Approved provider responsibilities regarding compulsory reporting of assault on a resident

Reporting reportable assaults

Under 63 - 1AA of the Act an approved provider is responsible for reporting an alleged or suspected reportable assault as soon as reasonably practicable and in any case within 24 hours, to:

- a. The local Police service; and
- b. The Department (1800 550 552)

The requirement for an approved provider to report as soon as they 'start to suspect' on reasonable grounds that a reportable assault has occurred is to ensure that both allegations and suspicion are reported.

An allegation usually requires a claim or accusation to have been made to the approved provider and can be associated with physical evidence or the witnessing of an assault.

Reporting suspicion allows reports to be made where there is no actual allegation or where an actual assault may not have been witnessed and where staff observe signs that an assault may have occurred.

Requiring staff members to report reportable assaults

Under the Act, the approved provider is responsible for taking reasonable measures to require each of its staff members who provide a service connected with the aged care home, and who suspect, on reasonable grounds, that a reportable assault has occurred, to report the suspicion within 24 hours. Reports may be made to one or more of the following persons chosen by the staff member and as directed by the approved provider:

- a. The approved provider
- b. One of the approved provider's key personnel
- c. Another person authorised by the approved provider to receive reports of suspected reportable assaults
- d. A Police Officer with responsibility relating to the area including the place where the assault is suspected to have occurred; and
- e. The Department.

The Act allows staff members to report directly to the Police or the Department. This may occur, for example, if a staff member does not feel comfortable reporting alleged incidents that may directly involve the home's personnel or the approved provider.

In relation to b) and c) above, approved providers must ensure that authorised people are identified in relation to the services operated by the approved provider and that staff are aware of who these people are.

Special circumstances where there is a discretion not to report

The legislation allows limited circumstances where there is a discretion not to report. These relate to:

- Alleged assaults that are perpetrated by residents with an assessed cognitive or mental impairment
- Subsequent reports of the same or similar incident

These alternative arrangements focus on an approved provider's responsibility to provide a safe environment for all residents. This includes managing the behaviour of a resident who has an assessed cognitive or mental impairment and may have committed an assault.

These discretionary circumstances do not prevent an approved provider from reporting an assault to the Police or the Department, where this may be the most appropriate response. Depending on the level of severity of an assault on a resident and in cases where a resident is seriously harmed, the Department strongly encourages providers to report.

Assaults perpetrated by a resident with cognitive or mental impairment

In applying the discretion not to report in these circumstances, the approved provider is required to meet the following conditions that are detailed in the Act:

- a. Within 24 hours of receiving an allegation or the start of the suspicion, the approved provider forms an opinion that the assault was committed by a resident; and
- b. Prior to the receipt of the allegation, the resident has been assessed by an appropriate health professional as suffering from a cognitive or mental impairment; and
- c. The approved provider puts in place, within 24 hours of receiving the allegation of an assault, or of suspecting an assault has occurred, arrangements for management of the resident's behaviour; and
- d. The approved provider has:
 - A copy of the assessment (or other documents) regarding the resident's cognitive or mental impairment; and
 - A record of the behaviour management strategies that have been put in place under paragraph (c) above

A Behaviour Management Plan must be developed, documented and regularly reviewed by a suitably qualified health professional and include information regarding:

- The environmental factors which could contribute to or cause the behaviour
- The possible health or medical factors which could contribute to or cause the behaviour
- The possible communication needs of the person which may be contributing to the behaviour, and
- What interventions are being trialled, or are in place, including alternatives to restraint, for managing the behaviour

Appropriate health professionals to assess cognitive and mental impairment

An assessment of a resident's cognitive or mental impairment for the purposes of applying the discretion under the Act could be undertaken by one of more of the following:

- An Aged Care Assessment Team (ACAT)
- A resident's GP
- A Registered Nurse (RN)
- Another health professional with the appropriate clinical expertise, e.g. such as Geriatrician, Psycho-geriatrician, Geriatric Nurse, and Clinical Psychologist

It is important to note also that an assessment may have been undertaken in a community and/or hospital setting.

Similar or previously reported incidents

The requirement to report reportable assaults under section 63-1AA of the Act does not apply to later allegations which could include the following:

- a. Related to the same, or substantially the same, factual situation or event as an earlier allegation
 - b. Has previously been reported to a Police Officer and the Department under section 63-1AA of the Act
- a. Where different people report the same event, and/or
 - b. The same person makes allegations repeatedly where these allegations have been followed up

Approved providers have obligations to keep records in relation to the above circumstances and in accordance with section 19.5A of the Records Principles.

A template (Register) that approved providers could adapt for internal use is provided at Appendix A for recording all incidents of assault.

Responding to allegations of assault on a resident

Role of the Department in receiving and responding to a suspected or alleged assault on a resident

When incidents of alleged assault are reported, investigation of the incident is the responsibility of the Police. The Police will determine whether the incident is criminal in nature and what further police action is required. Only the Police should investigate criminal activity.

The role of the Department is to ensure that the approved provider has met its responsibilities under the Act, to ensure that:

- The victim of the alleged or suspected assault has received appropriate care and support
- Residents are safe
- Compulsory reporting requirements are complied with, and
- The provider has appropriate internal systems and protocols in place for compulsory reporting

When an alleged or suspected assault is reported, the Department will undertake the following key steps:

- Establish the details of the alleged or suspected assault, including when it took place (and if it has been reported within 24 hours)
- Establish if the alleged or suspected assault has been reported to the Police. If it has not, the Department will make a referral to the relevant State/Territory Police service.
- Advise any staff member or approved provider who makes a report of the protections in place, and whether and how the discloser qualifies for protection
- Establish that residents are not at further risk from the alleged perpetrator
- Undertake an investigation to ensure that the approved provider has met its responsibilities under the Act. This includes ensuring appropriate medical care and support for the victim and notifying legal representatives or family members if required.

Appendix B shows the type of information the Department will require.

The Department may take compliance action where approved providers do not meet the compulsory reporting requirements under the Act. This includes when an alleged incident is known but is not reported within 24 hours or where the provider is not otherwise meeting their responsibilities under the Act.

Role of the Agency in monitoring compliance with the compulsory reporting requirements

The Aged Care Standards and Accreditation Agency (the Agency) monitors an approved provider's compliance with the compulsory reporting requirements. The Agency does this through its usual audit and accreditation processes.

These include:

- Monitoring that processes are in place to encourage staff to report allegations or suspicions of incidents of assault on a resident
- Monitoring that the approved provider is keeping records of all incidents of assault
- Reviewing an approved provider's application of the discretion not to report an incident of assault, and
- Informing the Department where a breach is identified

Procedures for Approved Providers in responding to a suspected or alleged assault on a resident

Approved providers should have internal Policies and Processes in place aimed at creating a culture of reporting and responding to alleged or suspected assaults on residents and documenting critical incidents.

A range of guides and checklists that approved providers could consider adapting have been developed by the industry. Such documents can be found at:

- The Benevolent Society - <http://www.bensoc.org.au>; and
- Aged & Community Services Australia - <http://www.agedcare.org.au>

Raising Awareness of Compulsory Reporting Requirements

Approved providers should ensure that their staff are trained and familiar with issues such as recognising if an assault may have occurred and how to respond.

This includes awareness of the following:

- The requirement and procedures for reporting any alleged or suspected incidents of assault on a resident as soon as practicable and who they should report to
- The option to report to the Department where they may be concerned about anonymity, or where the Manager or approved providers may be the subject of the allegation
- The protections in place and the circumstances in which they would qualify for protection, and
- That providing false or misleading information is a prosecutable offence

Protection for reporting assaults

The Act actively requires approved providers to report assaults. This is not discretionary - approved providers must report any allegations or suspicions of reportable assault.

In recognition that staff will be more likely to report incidents of assault where they do not fear reprisal from their Employer, or other staff, section 96-8 of the Act establishes a range of protections for staff and approved providers who report alleged or suspected assaults.

A staff member may also report anonymously or confidentially to the Department's Aged Care Complaints Investigation Scheme. However, the protections outlined in section 96-8 of the Act would not apply in this circumstance.

Under the compulsory reporting requirements, the Act states that a disclosure of information by a person qualifies for protection if:

- a. The person is an approved provider of residential aged care or a staff member of such an approved provider
- b. The disclosure is made to one or all of the following:
 - A Police Officer
 - The Department
 - The approved provider
 - One of the approved provider's key personnel, and/or
 - Another person authorised by the approved provider to receive such reports
- c. The discloser informs the person to whom the disclosure is made of their name before making the disclosure.
- d. The discloser has reasonable grounds to suspect that the information indicates that a reportable assault has occurred.
- e. The discloser makes the disclosure in good faith.

While approved providers should ensure that staff are made aware that providing false or misleading information is a prosecutable offence, staff should be encouraged to raise suspicions of assault internally to the home's authorised persons for consideration and action.

The provisions are based on the protected disclosure provisions contained within the Corporations Act 2001 and the Workplace Reactions Act 1996

The approved provider or staff member who makes a protected disclosure is protected in a number of different ways:

- The staff member (or approved provider) is protected from any civil or criminal liability for making the disclosure. The discloser also has qualified privilege in proceedings for defamation relating to the disclosure and is not liable to an action for defamation relating to the disclosure.
- It is important to note that this provision does not exempt a person from any civil or criminal liability for conduct of the person that is revealed by the disclosure. For example, if a person themselves assaulted a resident and told the Department that they did so, this would not protect the person from prosecution for the assault. The person is only protected from liability in relation to the making of the disclosure, as opposed to the conduct that the disclosure reveals.
- A discloser is protected from someone enforcing a contractual or other remedy against that person based on the disclosure. A contract to which the discloser is a party cannot be terminated on the basis that the disclosure constitutes a breach of the contract. For example, if a staff member is a party to a contract of employment that specifies that the staff member must not discuss issues that arise in an aged care home with anyone outside the home, a disclosure by the staff member that qualifies for protection under this section would not give the Employer the right to terminate the contract. However, a disclosure to a person who is not specified in the list of people to whom a qualified disclosure may be made might potentially expose the staff member to termination of their employment or other disciplinary action by the Employer.
- A discloser is protected from victimisation. A person must not cause detriment to a person who makes a disclosure or threaten the person because they made a disclosure that qualifies for protection. If the other person is a staff member of an approved provider, the provider has a responsibility to ensure, as far as reasonably practicable, compliance with this requirement. Compliance action may be taken if the provider does not comply with this responsibility.
- If a court is satisfied that an Employee has made a protected disclosure and the Employer (be it the approved provider or a Recruitment Agency who employs the person on behalf of the approved provider) has terminated the discloser's contract of employment on the basis of the disclosure, the court may order that the Employee be reinstated or order the Employer to pay the Employee compensation in lieu of reinstatement.

Residents of aged care homes, their families and advocates, visiting medical practitioners, other allied health professionals, volunteers and visitors are not required under the Act to compulsorily report assault and therefore are not afforded statutory protection under the legislation.

However, these people are strongly encouraged to report incidents of abuse or neglect of an aged care resident to the Department's Aged Care Complaints Investigation Scheme. The person providing information may do so openly, anonymously, or may ask the Scheme to keep their identity confidential.

Further, these people also have access to existing protections from defamation action through common law. As such persons are often well placed to identify if an assault of a resident is reasonably likely to have occurred, an approved provider should consider establishing visitor policies and protocols encouraging reporting where it is in the best interests of the residents.

Assist the person to access other support services and the complaints mechanisms as required

Clients have a right to make either an internal complaint direct to the Organisation or an external complaint to the Complaints Units, which are handled by Aged Care Complaints Resolution Committees. Organisations must provide a process for addressing complaints and making sure that people are aware they can complain externally.

Employees should be aware that comments and complaints represent opportunities for service improvement and are an important part of quality control.

They can be resolved in a number of ways, including:

- Informal - for straightforward comments, staff can generally resolve these issues.
- Formal - for more serious matters that need to be passed to a designated complaints person or committee.
- External review - where complaints cannot be resolved internally.

Management should have a policy on handling complaints that encourages feedback from residents. Residents should be given clear information on how to make a complaint and be assured that complaints are handled fairly, promptly and confidentially. The Complaints Policy should assure residents they are protected from any repercussions, reprisals or victimisation.

Comments and complaints systems should include:

- Positive conflict resolution strategies
- Sound Policies and Procedures
- Ongoing staff education and training
- Consumer information and education
- Recording and monitoring of comments and complaints
- Timely action on comments and complaints to improve service delivery

Aged Care Complaints Investigation Scheme

The Aged Care Complaints Investigation Scheme is available to anyone who has a complaint or concern about an Australian Government-subsidised Aged Care Service (residential or community care).

The Complaints Investigation Scheme (CIS) is available to anyone who wishes to provide information or raise a complaint or concern about an Australian Government-subsidised aged care service, including:

- Residents of aged care homes
- People receiving community aged care packages or flexible care, or
- Relatives, guardians or legal representatives of those receiving care

What is the Complaints Investigation Scheme (CIS)?

The CIS:

- Is a free service which investigates concerns raised about the health, safety and/or well-being of people receiving aged care
- Has the power to investigate these concerns and require the Service Provider, where appropriate, to take action, and
- Is able to refer issues that may be more appropriately dealt with by others (e.g. Police, nursing and medical registration boards)

You may download these documents in PDF and HTML format from their website:

- Aged Care Complaints Investigation Scheme
- The Aged Care Complaints Investigation Scheme - Plain English Brochure
- The Aged Care Complaints Investigation Scheme - Information for Residential Aged Care Workers

What concerns can you raise?

The Aged Care Act 1997 (the Act) sets out the responsibilities of approved providers who receive Australian Government funding to provide care and services to care recipients. The CIS can investigate information or complaints about cases where an approved provider may not be meeting their responsibilities under the Act.

The information, complaint or concern may be about anything regarding the care and services provided to aged care recipients. For example, care, catering, financial matters, hygiene, equipment, security, activities, choice, comfort and safety.

Who can contact the CIS?

Anyone can contact the CIS with a complaint or a concern - care recipient, family member, Care Provider, staff member, GP etc. Complaints can be made openly, anonymously or your name can be kept confidential.

Your client may want to talk to your Aged Care Manager first - some issues can be resolved easily. If your client is uncomfortable doing this or isn't happy with what has happened with their complaint, they can contact the Aged Care Complaints Investigation Scheme directly.

If required, the CIS can provide access to:

- An interpreter service
- A TTY (deaf link) phone service, or
- A free and confidential advocacy service

Representatives of advocacy services may:

- Inform you of your rights and entitlements
- Tell your client about the help they can provide
- Assist you to voice your concerns with the CIS

How can you or your client provide information, raise a concern or make a complaint?

You can provide information or make a complaint either on free-call 1800 550 552 or in writing to:

Aged Care Complaints Investigation Scheme

C/- Department of Health and Ageing

GPO Box 9848

In your Capital City.

When you contact the CIS, they will:

- Listen to and clarify your client's concerns
- Explain how the CIS works
- Inform your client of their right to have the assistance of an advocacy service if they wish

The CIS will, where appropriate:

- Take detailed notes and record information in the CIS database
- Decide if the information provided relates to an approved provider's responsibilities
- Refer the matter to another agency if that is more appropriate
- Investigate the information they receive to determine whether or not a Service Provider is providing appropriate care and services
- Tell providers who have not met their responsibilities what they have to do to address an issue and specify the timeframe in which this must be done
- Provide feedback on the outcome of the contact

There are however, some matters the CIS cannot deal with. For example, they cannot say who should make financial, legal or health decisions on behalf of a care recipient. They cannot comment on industrial matters such as wages or employment conditions or provide legal advice on any problems.

Who manages the CIS?

The CIS is managed by the Office of Aged Care Quality and Compliance within the Department of Health and Ageing. If your client has any concerns about the way the CIS has handled their complaint or concerns, your client can raise them with the CIS Manager in their State/Territory. Alternatively, your client can contact the Aged Care Commissioner.

Aged Care Commissioner

The Office of the Aged Care Commissioner has been established to independently review the way in which the CIS handles complaints. The Aged Care Commissioner can look at decisions made by the CIS in relation to the investigation of complaints and also has the power to examine, as a result of a complaint or on their own initiative, the CIS's administrative processes for investigating complaints.

The Office of the Aged Care Commissioner can be contacted during business hours on free call 1800 500 294.

Further information can be found on the Office of the Aged Care Commissioner's website at <http://www.agedcarecommissioner.net.au>

CIS Privacy Statement

You may download this document in PDF format from the website

Australian Government agencies must comply with the Information Privacy Principles (IPPs) set out in the Privacy Act 1988 (Cth). The IPPS cover the collection, storage, quality, use and disclosure of personal information about individuals.

The Aged Care Complaints Investigation Scheme (the Scheme) is administered by the Office of Aged Care Quality and Compliance in the Australian Government Department of Health and Ageing. The Scheme complies with the IPPs contained in the Privacy Act 1988.

Why might the Scheme collect personal information?

The Scheme might collect and use personal information for the purpose of performing its functions as set out in the Investigation Principles 2007 made under the Aged Care Act 1997.

Personal information may be collected by the Scheme in response to a particular concern or complaint. When a concern is raised with the Scheme, its officers may collect personal information which relates to the complaint from any of the following parties: the person raising the concern, the affected care recipient and/or their relatives or representatives, the relevant approved provider and/or their staff. This personal information may be used by the Scheme to assess whether the approved provider has met its responsibilities under the Aged Care Act 1997.

Does the Scheme disclose the personal information that it collects?

The Scheme has procedures to ensure that personal information is protected against misuse and is not unlawfully disclosed.

The Scheme must ensure that any request for confidentiality is complied with unless doing so would harm the investigation or pose a risk to the informant or the affected care recipient. The Scheme must take all reasonable steps to notify the informant before deciding not to comply with a request for confidentiality.

Under section 16A.10 of the Investigation Principles 2007 personal information collected by the Scheme may be referred to another Organisation. Referrals to another organisation are made where a concern raises issues that require, or may require, action by the other Organisation.

Personal information collected by the Scheme may be disclosed to, and used by, relevant Officers of the Department of Health and Ageing for the purpose of taking compliance action against an approved provider under the Aged Care Act 1997.

Personal information collected by the Scheme may also be used or disclosed in accordance with part 6.2 of the Aged Care Act 1997 or where otherwise permitted or required by law.

Element 4: Promote health and reablement of older people

What do you expect at your age? You're not getting any younger! Do these statements sound familiar?

They are unjust generalisations and prejudicial statements that assume all older adults naturally become weak, sick and forgetful. Older people get sick from disease, not "old age"

Our Attitudes

Our attitudes are the product of our knowledge and values. Our life experiences and our current age strongly influence our views about ageing and old people. Most of us have a rather narrow perspective, and our attitudes may reflect this. We tend to project our personal experiences onto the rest of the world. Because many of us have a somewhat limited exposure to ageing, we are likely to believe quite a bit of inaccurate information. When dealing with older adults, our limited understanding and vision can lead to serious errors and mistaken conclusions. If we view old age as a time of physical decay, mental confusion, and social boredom, we are likely to have negative feelings toward ageing. Conversely, if we see old age as a time for sustained physical vigour, renewed mental challenges, and social usefulness, our perspective on ageing will be quite different.



It is important to separate fact from myth when examining our attitudes about ageing. The single most important factor that influences how poorly or how well a person will age is attitude. This statement is true not only for others but also for ourselves.

Throughout time, youth and beauty have been desired (or at least viewed as desirable), and old age and physical infirmity have been loathed and feared.

Greek statues portray youths of physical perfection. Artists' works throughout history have shown heroes and heroines as young and beautiful, and evildoers as old and ugly. Little has changed to this day (Cultural Awareness and critical thinking boxes, below). Few cultures cherish their older members and view them as the keepers of wisdom. Even in Asia, where tradition demands respect for older adults, societal changes are destroying this venerable mindset.

For the most part, mainstream Australian society does not value its elders. Australia tends to be a youth-oriented society in which people are judged by age, appearance, and wealth. Young, attractive, and wealthy people are viewed positively; old, imperfect, and poor people are not. It is difficult for young people to imagine that they will ever be old. Despite some cultural changes, becoming old retains many negative connotations. Many people continue to do everything they can to fool the clock. Wrinkles, grey hair, and other physical changes related to ageing are actively confronted with makeup, hair dye, and cosmetic surgery. Until recently, advertising seldom portrayed people older than 50 years of age except to sell eyeglasses, hearing aids, hair dye, laxatives, and other rather unappealing products. The message seemed to be, "Young is good, old is bad; therefore, everyone should fight getting old." It is significant that trends in advertising appear to be changing. As the number of healthier, dynamic "senior citizens" with significant spending power has increased, advertising campaigns have become increasingly likely to portray older adults as the consumers of their products, including exercise equipment, health beverages, and cruises. Despite these societal improvements, many people do not know enough about the realities of ageing, and because of ignorance, they are afraid to get old.

Gerontophobia

The fear of ageing and the refusal to accept older adults into the mainstream of society is known as gerontophobia. Both senior citizens and younger persons can fall prey to such irrational fears (Table 5). Gerontophobia sometimes results in very strange behaviour. Teenagers buy anti-wrinkle creams. Thirty-year-olds consider facelifts. Forty-year-olds have hair transplants. Long-term marriages dissolve so that one spouse can pursue someone younger. Too often these behaviours may arise from the fear of growing older.

Myth versus Fact

Myth	Fact
<ul style="list-style-type: none">• Most older people are pretty much alike• They are generally alone and lonely• They are sick, frail, and dependent on others• They are often cognitively impaired• They are depressed• They become more difficult and rigid with advancing years• They barely cope with the inevitable declines associated with ageing	<ul style="list-style-type: none">• They are a very diverse age group• Most older adults maintain close contact with family• Most older people live independently• For most older adults, if there is decline in some intellectual abilities, it is not severe enough to cause problems in daily living• Community-dwelling older adults have lower rates of diagnosable depression than younger adults• Personality remains relatively consistent throughout the life span.• Most older people successfully adjust to the challenges of ageing

Ageism

The extreme forms of gerontophobia are ageism and age discrimination. Ageism is the disliking of ageing and older people based on the belief that ageing makes people unattractive, unintelligent, and unproductive. It is an emotional prejudice or discrimination against people based solely on age. Ageism allows the young to separate themselves physically and emotionally from the old and to view older adults as somehow having less human value. Like sexism or racism, ageism is a negative belief pattern that can result in irrational thoughts and destructive behaviours such as intergenerational conflict and name-calling. Like other forms of prejudice, ageism occurs because of myths and stereotypes about a group of people who are different from ourselves.

The combination of societal stereotyping and a lack of positive personal experiences with the elderly effects a cross section of society. Many studies have shown that health care providers share the views of the general public and are not immune to ageism. Few of the "best and brightest" Nurses and Physicians seek careers in geriatrics despite the increasing need for these services. They erroneously believe that they are not fully using their skills by working with the ageing population. Working in Intensive Care, Emergency Departments, or other high technology areas is viewed as exciting and challenging. Working with the elderly is viewed as routine, boring, and depressing. As long as negative attitudes such as these are held by health care providers, this challenging and potentially rewarding area of service will continue to be underrated and the elderly will suffer for it.

Ageism can have a negative effect on the way health care providers relate to older clients, which in turn can result in poor health care outcomes in these individuals. Research by the National Institute on Ageing reports that:

- Older clients receive less information than do younger clients with regard to resources, health management, and illness management
- Less information is provided to older adults on lifestyle changes such as weight reduction and smoking cessation
- Limited rehabilitation is available for older adults with chronic disease, despite studies demonstrating that individuals older than 85 years of age do benefit from rehabilitation programs
- Only 47% of physicians feel that older adults should receive the same evaluation and treatment for acute illness as their younger counterparts

Because an increasing portion of the population consists of older adults, health care providers need to do some soul searching with regard to their own attitudes. Furthermore, they must confront signs of ageism whenever and wherever they appear. Activities such as increased positive interactions with older adults and improved professional training designed to address misconceptions regarding Ageing are two ways of fighting ageism. The Nursing Competence in Ageing (NCA) initiative, which was started in 2002, focuses on enhancing competence in geriatrics by expanding Nurses' knowledge, skills, and attitudes. Research coming from this initiative can help Nurses regardless of their area of practice.

Age discrimination reaches beyond emotions and leads to actions. Age discrimination results in different treatment of older people simply because of their age. Refusing to hire older persons, barring them from approval for home loans, and limiting the types or amount of health care they receive are all examples of discrimination that occur despite laws prohibiting them. Some older individuals respond to age discrimination with passive acceptance, whereas others are banding together to speak up for their rights.

The reality of getting old is that no one knows what it will be like until it happens. But that is the nature of life-growing older is just the continuation of a process that started at birth. Older adults are fundamentally no different from the people they were when they were younger. Physical, financial, social, and political conditions may change, but the person remains essentially the same. Old age has been described as the "more-so" stage of life because some personality characteristics may appear to amplify. Old people are not a homogenous group. They differ as widely as any other age group. They are unique individuals with unique values, beliefs, experiences, and life stories. Because of their extended years, their stories are longer and often far more interesting than those of younger persons.

Ageing can be a freeing experience. Ageing seems to decrease the need to maintain pretences, and the older adult may finally be comfortable enough to reveal the real person that has existed beneath the facade. If a person has been essentially kind and caring throughout life, he or she will generally reveal more of these positive personal characteristics as time marches on. Likewise, if a person was miserly or unkind, he or she will often reveal more of these negative personality characteristics as he or she grows older. The more successful a person has been at meeting the developmental tasks of life, the more likely he or she will be to face ageing successfully.

Encourage the older person to engage as actively as possible in all living activities and provide them with information and support to do so

Older people at times need a little extra encouragement to engage in activities and as support workers it is important to identify where a person is able to achieve and participate in daily living activities and where further support is required.

Young people and adults in their prime are frequently reminded to set and accomplish goals. Goals can be beneficial for many older adults as well. Being goal oriented can instil motivation, a sense of purpose, and pride in accomplishment. In the cases of seniors, create few and manageable goals daily, be it doing ten stretches, completing a small craft project, or something as simple as finishing a cup of juice. Facilitate and assist along the way. Offer encouragement with each baby step, and compliment when the task is complete. Being acknowledged for completing a seemingly simple task (to us) can sometimes make a senior's day!

Many cognitively active older adults want to feel a sense of usefulness, even if their physical functions are limited. Identify and introduce conversational topics or tasks where the senior can feel wanted and needed. For example:

- Ask them for advice on practical as well as important life matters, converse with them like they're mentors
- ask for their opinions on certain decisions you need to make
- Introduce manageable projects or tasks for them to be in charge of where they'll feel a sense of accomplishment

As an older adult experiences increased cognitive and/or physical limitation, facilitate various types of coping skills to help the senior adjust with dignity. These can include:

- Fewer but workable goals as previously mentioned
- Divide and conquer: break tasks down into baby steps that are more manageable
- Assist the senior in identifying more realistic goals
- Assist the senior in selecting alternative means to accomplishing goals
- Allowing the senior to do what she's able, while helping just enough to complete a goal

Everyday living includes; general day to day activities associated to daily living, social activities, rehabilitation activities and/or recreational activities

It is important for those who do the activity planning to keep in mind:

- The age and possible physical limitations of the participants
- The fact that older people have less coordination and are more apt to have hearing and vision deficiencies
- The fact that recreation with a purpose is considered the most stimulating and enjoyable by mature people
- That activities planned by the participants are generally the most successful. Shows and skits call for many different talents. Exhibits, sales, and making gifts for others are some other examples of activities that combine recreation with purpose. These types of activities are usually enjoyed by everyone. Most facilities have a special room where out-of-bed residents can gather.

With care, activities that meet special rehabilitation objectives can be planned. For that reason, the occupational therapist is a valuable person who can serve in a consultant capacity, both in care facilities and recreational centres. Recreational planning can thus combine physical and rehabilitative activities with enjoyment.

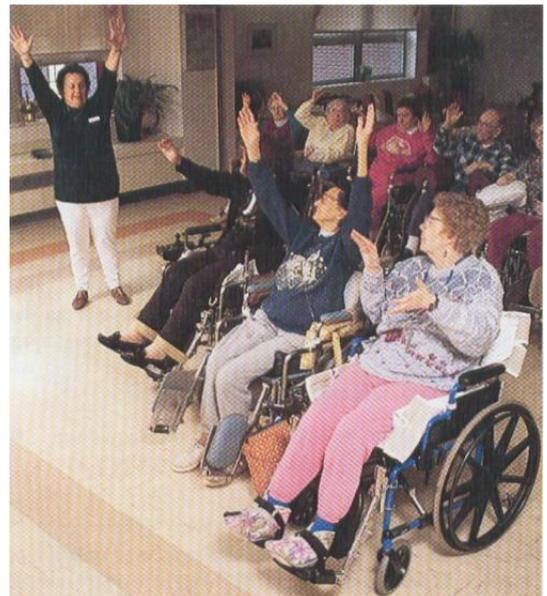
- Exercising, singing, and clapping hands to music can be enjoyed by bed residents, wheelchair residents, and those who are confused
- For residents who are ambulatory, dancing can be stimulating as well as enjoyable.
- Handicrafts, games, television, and conversation all offer a measure of entertainment to the less active.

Specific benefits of physical activity for older adults include:

- Continued or new participation in favourite activities
- Engagement in communities
- Maintenance of independence and postponed functional loss associated with ageing
- Decreased use of health care
- Prevention and maintenance of chronic disease
- Treatment of arthritis
- Reduced risk of obesity and muscle loss
- Social interaction, and promotion of positive mental health

Strong evidence indicates that physical activity (in particular, exercise) reduces the risk of more than 25 chronic conditions (a majority of which are adult-onset in nature), including:

- Coronary Heart Disease
- Stroke
- Hypertension
- Breast Cancer
- Colon Cancer
- Type 2 Diabetes
- Osteoporosis



Communicating and bringing awareness to the numerous benefits associated with being an active older adult is an important element of encouraging clients to engage and be active in daily life.

Providing information and answering questions pertaining to activities will help individuals become more confident.

Remember that you may need to provide information in a range of ways. Some people prefer information given verbally, while others need to be able to read the information. Sometimes a combination of verbal and written information gives people a better chance of understanding it.

http://www.seniorscouncil.net/uploads/files/PARC_Best%20Practices%20Guide.pdf

Assist the older person to recognise the impact that changes associated with ageing may have on their activities of living

Some investigators believe we are born with a biological time clock. This clock is programmed for a specific life span, barring accidents and disease. As we move toward old age, changes that have been taking place gradually become more evident. For example, the elderly person:

- May lose vitality
- May sleep less at night
- May benefit from rest periods during the day
- Stores less fluid in body tissue and is apt to become dehydrated - this results in a loss of elasticity and resiliency in tissues
- Has fibrous tissue changes, these decrease the tone, mass, and strength of skeletal and smooth muscle
- Has secretory and endocrine cells that become less functional and reduced nerve sensitivity

Certain changes occur in everybody system. "They do not necessarily occur at the same rate in each system.

Body System	Physical Changes
Integumentary	Hair loses colour and becomes thinner Skin dries, becomes less elastic; wrinkles develop Skin is fragile and tears easily Bruises easily (senile purpura common) Fingernails and toenails thicken Sweat glands do not excrete perspiration as readily Oil glands do not secrete as much oil There is increased sensitivity to cold Skin discolorations (age spots) become more common
Nervous	Problems with balance Temperature regulation is less effective Sensation of pain decreases Deep sleep is shortened, more awakenings during the night Brain cells are lost but intelligence remains intact unless disease is present Decreased sensitivity of nerve receptors in skin (heat, cold, pain, pressure)
Sensory	More difficult to see close objects Night vision may decrease Cataracts (clouding of the lens of the eye) are more common Side vision and depth perception diminish Hearing diminishes in most elderly persons Smell receptors and taste buds are less sensitive, so foods have less taste
Musculoskeletal	Less muscle strength Less flexibility Slower movements Arthritis and osteoporosis common Body becomes more stooped
Respiratory	Breathing capacity lessens
Urinary	Kidneys decrease in size Urine production is less efficient Emptying bladder completely may become more difficult Stress incontinence may develop
Digestive	Primary taste sensations of salt, sweet, and sour decrease Constipation increases Flatulence increases Movement of food through the digestive system slows
Cardiovascular	Blood vessels less elastic, more narrowed Heart may not pump as efficiently, leading to decreased cardiac output and circulation
Endocrine	Decrease in levels of estrogen, progesterone Hot flushes, nervous feelings Higher levels of parathormone and thyroid-stimulating hormone Weight gain Insulin production less efficient / Diabetes mellitus more likely

Reproductive

Females:

Ovulation and menstrual cycle cease
Vaginal walls are thinner and drier

Males:

Scrotum less firm
Prostate gland may enlarge

Physical ailments, far more common in the elderly because of slowed body processes, are superimposed (layered on top of) upon the changes brought about by the natural ageing process. Change of body image and loss of the vigour and vitality (lively character) of former years are major losses the older person must accept-losses that further alter their self-image and self-esteem. The Care Giver can make an important contribution by promoting the self-esteem of those being cared for.

In old age, some accommodations must be made in the attitudes or psychological outlooks of all persons. The healthiest emotional responses are based:

- On philosophies that accept ageing as a natural progressive stage
- In life attitudes that recognise the strengths as well as the limitations of the body
- On a form of behaviour that demonstrates interest in living here and now

Healthy psychological adjustments mean both a realistic appraisal of the present circumstance and building on the positive values while coming to terms with the negative aspects.

Some of your long-term care residents will have already made these adjustments. Some will be in the process. Your supportive caring will be important and helpful to each.

Emotional adjustments to ageing

Emotional adjustments to ageing are basically extensions of the adjustments the individual has made throughout life to the many changes in circumstances. Personality characteristics and ways of reacting to stress are developed-fairly early in life and tend to become a constant in an individual's personality. As a person ages, personality traits become even more pronounced. The stress produced by the circumstances and illnesses that accompany old age do not drastically alter the individual's personality, but they do tend to magnify and in some cases, distort, the basic traits.

Old people have the same emotional needs and require the same supports for good mental health as young people. They need:

- To be loved
- To have a sense of self-worth
- To feel a sense of achievement and recognition
- To have a degree of economic security

Although these needs are common to all human beings, regardless of age, the means for achieving satisfaction and gratification of these needs are greatly reduced for older people. The opportunities for social exchange and sexual expression, the two-major means of gratification, are lessened as the years advance. The need for them does not change, however. The attitude of the Western World toward old people tends to relegate (place) them to positions of lesser and lesser significance. The older people become, the more their self-image is depreciated (devalued), both in their own eyes and in the eyes of others.

Specific Emotional Responses.

The elderly experience some common emotional responses. Frustration is an emotion frequently experienced by the elderly-frustration at physical limitations and at having less control over their own lives. That is why it is important to allow the elderly the opportunity to make as many decisions as possible. Signs of frustration are often demonstrated by:

- Aggressive behaviour
- Anger
- Hostility
- Demanding behaviour
- Complaining

- Crying

Some residents even resort to manipulating families, staff; or other residents in an attempt to relieve their feelings of helplessness.

Anxiety and fear may be expressed in periods of depression and withdrawal. The depression experienced by the elderly is easily understood. In many instances, they:

- Are cut off from their social support systems
- Have had to make major adjustments in their lifestyles
- May have lost loved ones and friends
- May have very limited finances
- May truly feel that they no longer have any control over their destinies or even of their day-to-day activities
- May have stretched their coping ability to the breaking point because of physical weakness and disease processes

Withdrawal, a common frustration response, is shown by:

- Lack of communication
- Temporary confusion
- General disorientation as to time and place

You can play a major role in helping residents move successfully through these periods by:

- Reassuring them that they will not be abandoned now that they are no longer able to care for themselves
- Treating each person with respect to reinforce self-esteem
- Calmly helping your residents keep in touch with reality while conveying your own feelings of compassion and caring
- Reporting changes in behaviour, mood swings, and emotional responses to your supervisor so that the entire staff can form a supporting network
- Responding to the residents' negative attitudes by being willing to listen and interact with them and emphasising the positive

Ageing - sexuality

Ageing has a powerful impact on the quality of relationships and sexual functioning. Although it is generally believed that sexual desires decrease with age, researchers have identified that sexual desires, thoughts, and actions continue throughout all decades of life. Human touch and healthy sex lives evoke sentiments of joy, romance, affection, passion, and intimacy, whereas despondency and depression often result from an inability to express one's sexuality. Health care providers play an important role in assessing and managing normal and pathological ageing changes in order to improve the sexual health of older adult.

Older age can be seen as a time of cultural devaluation which includes the need and desire for sex and intimacy.

Support can be provided through:

- Education and communication
- Health management

Communication and Education

- Discuss normal age-related physiological changes
- Address how the effects of medications/medical conditions may affect one's sexual function
- Facilitate communication with older adults and their families regarding sexual health as desired, including:
 - Encourage family meetings with open discussion of issues (if desired)
 - Teach about safe sex practices
 - Discuss use of condoms to prevent transmission of sexually transmitted infections (STI's) and HIV
- Enable discussions to take place about effects of ageing and sexual enhancements available to support this

Health management considerations:

- Perform a thorough patient assessment
- Conduct a health history, review of systems, and physical examination
- Effectively manage chronic illness
- Improve glucose monitoring and control among diabetics
- Ensure appropriate treatment of Depression and screening for Depression
- Discontinue and substitute medications that may result in sexual dysfunction (e.g. Hypertension or Depression medications)
- Accurately assess and document older adults' ability to make informed decisions
- Participation in sexual relationships may be considered abusive if an older adult is not capable of making decisions

Older people have provided researchers with reports of high-quality life through being able to discuss sexual needs. Providing individuals with privacy, dignity and respect surrounding sexuality is empowering.

For further reading, visit:

<https://academic.oup.com/ageing/article-lookup/doi/10.1093/ageing/afr049>

Ageing and gender

Even though many of the diseases or conditions common to later life are experienced by both men and women, the actual rates, trends, and specific types differ between the sexes. While some of these differences are the result of physiological differences, to fully understand ageing and health a gender perspective is required. Gender can be understood as the complex and differing pattern of roles, responsibilities, norms, values, freedoms, and limitations that defines what is thought of as "masculine" and "feminine" throughout the life course and which all play a role as determinants of ageing. For example, social and health factors such as poor education, less access to good nutrition, to health and social services, to property and to the labour market, generally disadvantage women in comparison with men during their lifetime.

To illustrate, almost everywhere in the world, cardiovascular diseases are the main killer of older people of both sexes, yet, it is commonly thought of as a male disease and as a result, often goes undiagnosed in women, particularly in low and lower middle-income countries. On the other hand, men are more likely than women to avoid seeking medical help, at least until a disease has progressed. Further, men's life expectancy is shorter than women, however, in most countries, the combination of various health and social factors result in a lower quality of life for women in later life. As widowers, older men tend to be more isolated than women due to perceived lack of male skills in developing social and familial ties. On the other hand, in some countries, traditional practices relating to widowhood place older women at risk for violence, abuse and poverty.

As efforts are directed at improving our understanding of ageing and health, the Department of Ageing and Life Course (ALC) advocates for an approach that takes into account the differences and commonalities of women and men and considers their differing circumstances and specific problems.

For more information about gender age ageing, visit: <http://www.investigage.com/2010/12/13/gender-and-ageing-what-do-we-know/>

Nutritional Needs

Malnutrition is a problem for the aged because the older person may develop apathy toward food that becomes progressive. Factors that contribute to lack appetite are:

- Decreased activity
- Inadequate teeth
- Bad dentures
- Decreased saliva
- Diminished smell and taste
- Poor oral hygiene
- Eating alone



all
of

The diet for the elderly person should:

- Be easy to chew and digest
- Contain decreased amounts of refined sugars, fats, and cholesterol
- Have adequate proteins and vitamins to provide for best bodily function and repair
- Have many complex carbohydrates, found in fruits, vegetables, and grains. These foods also are good sources of vitamins and minerals, which tend to be deficient in the elderly diet.
- Be monitored for weight control. Obesity is a major nutritional problem among the elderly and those who are inactive. The excess weight increases the stress of existing conditions. Calories are generally limited to about 2,000 calories for the average woman and 2,400 to 2,500 calories for the average man.

Because of loss of muscle tone, three intestinal problems are seen. They are:

- Constipation-difficulty in eliminating solid waste
- Flatulence-gas production
- Diverticulosis-small pockets (diverticula) of weakened intestinal wall

Dietary adjustments can help reduce these problems.

- Soft bulk foods, such as whole-grain cereals and fruits and vegetables, are helpful in overcoming the constipation.
- Skins and seeds should be avoided to prevent Diverticulitis, which is an inflammation of the diverticula.

Elderly people require complex carbohydrates for a healthy diet. From 'How to Eat for Good Health', Courtesy of National Dairy Council. The presentation and service of food are important in stimulating appetites. Keep in mind the following:

- Several smaller meals seem to be more easily tolerated than three large meals
- Residents should be allowed to feed themselves as much as possible. You may assist by cutting up the food into bite-sized pieces. Even if you must do most of the feeding, allow the resident to participate as much as possible.
- Adequate liquid is essential. This need is frequently neglected, leading to dehydration. You must encourage fluid intake and be sure that the resident actually drinks the fluids, fruit and vegetable juices, egg-nogs, and soups can serve the dual purpose of providing both nourishment and fluids.
- Fluids must be offered at frequent intervals between meals to ensure adequate intake.

Identify strategies and opportunities that maximise engagement and promote healthy lifestyle practices

Arthur Hayward, MD, a Geriatrician and Clinical Lead Physician for Kaiser Permanente believes there are 10 essential steps that all older people should take to ensure they maintain a healthy lifestyle. These include:

1. Stop smoking
2. Keep active - do something each day that is enjoyable and maintains; strength; balance and flexibility and promotes cardiovascular health
3. Eat well - eat nutritious food
4. Maintain a healthy weight
5. Prevent falls
6. Stay up to date on health screenings
7. Prevent skin cancer
8. Get regular dental, vision and hearing check-ups
9. Manage stress - try relaxation techniques, make time for friends and social contacts and have fun, learn the role of positive thinking
10. Fan the flame - learn about physical changes that come with ageing and consider maintaining sexual enjoyment

Strategies that may be applied to maximise engagement and promote healthy lifestyle practices may include:

- Utilising external support agencies, for example, quit line to help someone achieve giving up smoking
- Organising activities to engage and motivate individuals to get active, improve fitness and mobility
- Gain support from a Nutritionist
- Set goals
- Limit risks associated with falls
- Implement schedules for health checks
- Organise tools that can assist in relation such as iPod, stereo
- Provide information on external services that can support the promotion of a healthy lifestyle.

This may include yoga and meditation classes, engagement with a Psychologist to help implement strategies to reduce negative effects of stress or depression

For more information on Kaiser visit;

https://www.brookings.edu/wp-content/uploads/2016/07/KaiserFormatted_150504RH-with-image.pdf

Identify and utilise aids and modifications that promote individual strengths and capacities to assist with independent living in the older person's environment

Aids and equipment help people maintain their independence, increase and support the achievement of a supported lifestyle and most of all increases and maintains safety. There is a multitude of gadgets and equipment available that can be utilised in a facility, at home or during an outing. These aids can range from things such as hearing aids to eating utensils, lifting machines and other permanent fixtures to homes such as railings. Despite the benefits, older people are sometimes reluctant to consider using aids and equipment. Commonly they believe the equipment will reduce their independence, rather than help it - and that it will be a visible sign to others that they are not coping.

The range of aids and equipment that are available to older people include:

Mobility aids

Walking sticks or frames, wheelie walkers, manual and motorised wheelchairs, scooters - even car accessories and modifications. Mobility aids can help prevent falls.

Personal care aids

Shower stools or chairs, shower hoses, bath seats and boards, over-toilet frames, commodes, urinals, continence pads and supplies, aids to assist with dressing, aids to manage medications and much more.

Personal safety aids

Personal alarm-call systems provide 24-hour monitoring. An alarm can be discreetly worn on a neck chain or like a watch. In an emergency, family or an ambulance can be notified immediately. Identification bracelets are also a good idea for those who may wander.

Safety aids in the home

Handrails, ramps, tap turners, non-slip mats, easy-grip utensils, easy-pour kettles - just about anything to do with day-to-day activities in and around the home.

Seating

Pressure care cushions, height-adjustable chairs, recliners, tilt chairs, day beds. The right seating will minimise pressure and keep your family member's skin intact, while making caring easier for you.

Bedding and lifting equipment

Back rests, bed sticks, tables and trays, pressure care mattresses, manual and electric beds,

mobile hoists and fixed wall hoists

Communication aids

Communication boards and books, audio and large print books, magnifiers and telephone accessories. A huge range of specialised devices are also available and can be tailored to individual needs.

Other personal items

Hearing aids including teletext television, modified fire alarms, modified telephones and specialised clocks, watches and eye wear to help vision, phones and computers that support communication for people with speech impairments.

Once you have identified a suitable aid or modification you will need to determine where to access these from. Equipment may need to be purchased or may be available through community centres or Organisations that enable hiring. You will need to consult with your Supervisor and follow Organisation Policies and Procedures relating to obtaining equipment and aids. There may be; funding implications, cost allocations and budgetary requirements, along with preferred suppliers and ordering systems to abide by.

Equipment and aids can be the essential component that allows an aged person to achieve and enjoy a quality lifestyle.

Discuss situations of risk or potential risk associated with ageing

The medical achievements in the past few decades are such that Australians are living longer and healthier than ever before. Australian life expectancy is amongst the highest in the world. It's important to acknowledge this and to support the innovative work that's allowed it to happen.

The international evidence suggests that health will continue to improve, but that certain causes of disability will become more prominent. Chronic diseases such as Diabetes and Heart Disease are common in the older population. Older clients should be empowered to manage their own health problems, with assistance from their GP, through the development, funding and implementation of self-management programs.

The provision of oral health care is critical to the general health of older Australians because of its impact on nutrition. There remains an inadequate recognition of the importance of oral health for older people.

Where a worker is aware that an older person may be placing themselves 'at risk' or is in a position of imminent danger, that worker has a duty of care to act to minimise harm or injury.

The Aged Care Worker cannot be expected to be able to predict when and where someone will get hurt. When determining whether injury is likely, you must rely on:

- What you already know about the older person's capabilities to carry out similar tasks
- What you know about the person's awareness of the risks involved and how to avoid the same risks
- How well-equipped the person is to deal with the risks as they arise
- What you can learn from relevant assessments or reports regarding the person and their ability to manage the task
- Fact and not on rumour; there should be no assumptions made without checking all the facts as to what can or cannot be done

Ultimately, you must use knowledge and skills to assess the degree to which injury to an older person is foreseeable. In determining what precautions should be taken to minimise risk and possible harm it is advisable to consider what precautions the general community would think reasonable.

Situations of risk or potential risk may include;

- Self-neglect
- Impaired judgement
- Isolation
- Abuse
- Cognitive impairment
- Impaired judgement and impaired problems solving abilities
- Displaying inappropriate behaviours
- Mobility and increased potential for falls
- Sensory loss
- Forgetfulness
- Loss and grief

When deciding on precautions, or a line of action, make sure you guard against letting your own values intrude on the situation. People are entitled to make their own decisions. What you think of as being a risk may not be seen as such by an older person in your care.

For example, some older people would consider horse-riding a risky pastime, while others would consider this to be a reasonably safe past-time given the right precautions. People have the right to choose activities they wish to be involved in.

In establishing reasonable precautions, the aged care worker must be alert to the fact that the rights of older people should not be diminished. If a right is encroached upon, the worker must look for the solution that upholds 'duty of care' but lessens the interference with the rights of the client.

Consider this: It is illegal to lock the doors of a Hostel for people with disabilities, but what if there are people in the Hostel who are known to wander aimlessly? There are several busy roads in the immediate area.

If the door is not locked and a person does leave and becomes seriously injured has there been a breach of 'duty of care'?

In such situations, we must consider what is reasonable and we must always look for the course of action which involves the least possible restriction on people's rights. It is never reasonable, in protecting people from injury or harm, to restrict people or to violate their rights or freedoms any more than is necessary in the circumstances.

Ask Yourself

- Would failure on my part to take care be likely to lead to some sort of injury or damage to the person?
- What would be reasonable to do in this situation and choosing the action with the least restriction?

Older people and risk

Consider how you would respond if an older person you are providing support to is engaging in behaviour you believe to be dangerous or risky.

- Who would you seek guidance from?
- How would you approach the older person concerned?
- When do you report unusual behaviour that has been observed?

There are a number of risk factors to be aware of when dealing with an aged person:

- A medical disorder e.g. epilepsy or an aged related disease e.g. Dementia
- Anxiety from conflict
- Past or current substance abuse
- Grieving or distress
- High levels of frustration or stress

Many of these factors may be confidential. Some aspects of an aged care person's history may only be released on a need-to-know basis. This means some facts may be private. However, there may be behavioural changes that relate to a known condition.

Report any changes in behaviour that concern you to your supervisor. If the behavioural changes are slight, you may consider:

- Naming the problems, writing a brief note e.g. Mrs. R. appeared disoriented today, she did not seem herself
- Look for possible causes and think about possible solutions
- Report to your Supervisor

It is important not to act in isolation. A team approach ensures appropriate decisions are made. Other family members may need to be involved. Inappropriate behaviour may have a reasonable explanation. It may also need to be looked at with the knowledge of past events. If immediate action is required to safeguard the older person, be sure to document and report your actions as soon as possible. You may also need to consider the preferences of the individual and put in place risk preventative strategies in consultation with the individual.

HLTWHS002 - Follow safe work practices for direct client care

Welcome to the learning resource for the unit follow safe work practices for direct client care.

This unit applies to all workers who require knowledge of workplace health and safety (WHS) to carry out their own work, in both centre-based and home-based service provision.

On completion of this unit you will have covered the requirements for:

1. Follow safe work practices for direct client care
2. Follow safe work practices for manual handling
3. Follow safe work practices for infection control
4. Contribute to safe work practices in the workplace
5. Reflect on own safe work practices

You will be able to demonstrate your ability to:

- Contribute to a workplace WHS meeting or inspection
- Conduct a workplace risk assessment and recorded the results
- Consistently apply workplace safety procedures in the day-to-day work activities required by the job role, including:
 1. Infection control
 2. Hazardous manual tasks
 3. Use of personal protective equipment
 4. Reporting incidents

Follow workplace procedures for at least one simulated emergency situation.

You will be gain knowledge about the:

State/territory legislation and how it impacts on workplace regulations, codes of practice and industry standards, including:

1. State/territory WHS authorities
2. Rights and responsibilities of employers and workers, including duty of care
3. Hazardous manual tasks
4. Infection control

Safety symbols and their meanings, including signs for:

- Poisons
- Emergency equipment
- Personal protective equipment (PPE)
- Specific hazards such as sharps, radiation

Hazard identification, including:

- Definition of a hazard
- Common workplace hazards relevant to the industry setting including hazardous manual tasks, Infection control risks and personal safety risks
- Workplace procedures for hazard identification
- Strategies minimising risk

Safety considerations when working in a home-based environment, including:

- Rights and responsibilities of workers and clients
- Basic home fire safety including high-risk groups, behaviour that contributes to fire injury and fatalities, and smoke alarm placement, installation and maintenance.
- Risks to personal safety
- Common sources of infection and means to minimise transfer of infectious diseases
- Fundamentals of the musculoskeletal system and practices to minimise injury to self and clients
- Workplace emergency procedures
- Workplace policies and procedures for WHS

A copy of the full unit of competency can be found at: <http://training.gov.au/Training/Details/HLTWHS002>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

Element 1: Follow safe work practices for direct client care

In Australia accidents in the workplace cost millions of dollars a year in direct costs and loss of production. You could suffer a long-term injury which could affect your whole life as well as your ability to work.

While employers have legal responsibilities to keep workplaces safe, as an employee you have an essential part to play in preventing accidents to yourself and others by being alert and applying the correct safety procedures.

You can do this by being aware of the common causes of workplace accidents and injuries, reducing the risks by using safe work practices and knowing how to respond in emergencies.

Safe work practices and the aged care sector is governed by regulations and laws. The table below provides a brief summary of these laws and the purpose of each.

The Purpose of Regulations and Laws

Regulations and laws	Purpose
The Aged Care Act 1997 including the Quality of Care Principles and the Aged Care Accreditation Standards.	To provide quality care to older people accessing aged care services To provide providers and workers with information on how to achieve the care
State and territory OHS legislation	To promote and protect the safety of all people in the workplace.
Infection Control Guidelines	To provide organisations and workers with a framework for
Manual Handling Guidelines	To prevent injury experienced as a consequence of manual handling To provide guidelines for safe manual handling

Workplace Policies and Procedures

Policy

A policy is a statement of agreed intent that clearly and unequivocally describes and organisations views with respect to a particular matter. It describes the principles that provide the direction for the organisation. It is a set of principles or rules that provide a definitive direction of an organisation and embraces the general goals and acceptable procedures in its area of influence.

Procedure

A procedure is a clear step-by-step method for implementing an organisations policy or responsibility. A procedure describes a logical sequence of activities or processes that are to be followed to complete a task or function in a correct and consistent manner. It can be a manner of proceeding; a way of performing or effecting something or it can be a series of specific steps to be taken to accomplish a given result or product.

Organisations have policies, procedures and performance standards (or expectations). The procedures you follow in order to do your own work, often called Standard Operating Procedures (SOP) should be compliant with and take into consideration any health and safety legislation and requirements. Your workplace should also have, in place, specific policies on how to handle incidents and accidents and clear procedures to be followed if either an accident or incident occurs. An incident is a distinct event or occurrence that carries the possibility of causing harm. An accident is an event or occurrence where harm has actually occurred. Safe work practices prevent both incidents and accidents.

These should be communicated to employees, initially via the induction process that all employees should receive when starting work, and through ongoing health and safety training and information sessions. The employer has an obligation to provide information on health and safety legislation and appropriate training for all employees.

Who's Responsible?

Workplace health and safety is everyone's responsibility. However, there are usually designated people within organisation who have reporting responsibilities. It is very important that you know who these people are within your organisation.

Designated personnel for WHS referrals may be:

- Your employer
- Your supervisor
- An occupational health and safety (OHS) nominee
- An OHS Committee chairperson
- An elected OHS representative/employee representative
- Or other personnel with OHS responsibilities

It is your employer's responsibility to ensure the health and safety of all employees and residents. This may be done by:

- Providing a safe workplace
- Providing safe equipment that is well maintained and fit for purpose
- Establishing and implementing OHS policies and procedures
- Providing training to staff
- Communicating responsibilities
- Documenting issues and actions taken
- Monitoring, reviewing and improving OHS policies, procedures and practices

You and your colleagues have legal responsibilities. These include:

- To follow lawful instructions
- To work safely
- To report hazards
- To complete documentation such as incident/accident reports and progress notes.

Clients are responsible for;

- To follow OHS policies and procedures
- To report hazards
- Not to act in a way that harms others

Dealing with emergencies:

Fire

Most workplaces have periodic fire drills. These often include a full practice building evacuation. If a building evacuation alarm sounds, the fire warden of the building or of the section or the building will direct the evacuation. Staff members, regardless of their employed position within the organisation, need to be trained in how to respond to a fire emergency. Staff should employ the fire emergency procedure protocol of RACE.

Remove	non-essential people from immediate danger
Alert	the fire brigade, switchboard and nearby staff
Confine	fire and smoke, close doors if safe to do so
Extinguish	the fire, if safe to do so

STAGE ONE: Remove people from immediate danger.

STAGE TWO: Remove people to another safe area within the complex (through fire/smoke doors)

STAGE THREE: Remove of all personnel from the building.

At all times keep quiet and calm, do not rush or push past others. Keep to one side of escape routes. Once residents and staff have assembled at the designated place, a roll call should be taken to ensure all people are accounted for.

Practice Fire Drills

As a care worker in an Aged Care Facility you will participate in practice fire drills from time to time to ensure you know how to carry out a fire drill and react appropriately should the need arise.

Personal Protective Equipment (PPE)

For some workplace tasks, hazards have been identified that require care workers to use Personal Protective Equipment. Where PPE are issued or when it forms part of the organisation's policy the care worker must utilise it.

Disposable PPE

If you are using disposable PPE, these must only be used once and then disposed of correctly. For example, you can't wash disposable gloves and use them on the next client.

Fire extinguishers

Most work building will have fire extinguishers in accessible places. The following page shows the class of fire and the extinguisher type to use:

Type of extinguisher	Class A –wood, paper and plastics	Class B – flammable and combustible liquids	Class C – flammable gases	Class E – fire involving energised electrical equipment	Class F – fire involving cooking oils and fats
Powder ABE 					
Powder BE 					
Carbon Dioxide 					
Water 					
Foam 					
Wet chemical 					

Chemical spills

Chemical exposure can be long-terms or short-term – from routine work duties or caused by accidental chemical releases. The effects of chemical exposure can also be short-terms or long-term, based on the duration, amount of exposure and toxicity exposure. People have varying degrees of sensitivity to chemical exposure and different chemicals.

Workers should exercise caution and good judgement and utilise personal protective equipment. In the case where chemical exposure is known and assessed hazard, the employer has a legal obligation to provide and maintain in good order, protective equipment, as part of the risk control process.

Bomb threats

Standard procedures to follow in the event of a bomb threat via telephone include:

- Keep calm
- Try to keep the caller talking
- Obtain as much information as possible about the alleged bomb and about the caller;
 - Where is the bomb?
 - What time it will go off?
 - What does it look like?
 - How is the bomb fused?
 - Why you are doing this?
 - Who are you?
- Do not put the handset down or cut off the conversation
- When the call is finished, immediately contact your manager/security officer

In most instances you will be required to submit a detailed report of any emergencies. You should know who the report should be passed on to and the correct format for making such reports.

Information that should form part of a report will include:

- Names of relevant details of involved people
- Times
- Dates
- Numbers of people involved
- A full description of the emergency
- A summary of any injuries or conditions (i.e. stress) that are the result of the emergency
- A description of all actions taken to overcome the problem/s
- Details of any external personnel involved
- A summary of the outcome
- Recommendations to prevent further emergencies of a similar nature occurring

Identify and report potential and existing hazards in the workplace

Under the health and safety legislation the workplace includes all sites and environments that the employee visits during the course of their work. This will mean that clients' homes are classed as the workplace in situations where home-based care is being carried out. In each workplace there are different hazards that need to be identified and addressed. While you might not be able to eliminate all the hazards in the work environment, with careful planning, protection and training of staff, risks can be minimised.

A hazard is any source that has the potential to harm life, health, property or the environment. A risk is the chance of something harmful occurring – the likelihood that harm will occur as a result of a hazard.

Safety inspections and audits identify hazards and assess the associated degree of risk; that is, the likelihood that the hazard will cause harm, the type of exposure that might cause harm and the degree of harm might be caused by the hazard.

In a nursing and community services environment, some hazards include:

- Unsafe use or handling of medicines and waste
- Corrosive chemicals
- Moving furniture
- Moving patients/clients
- Faulty electrical appliances and cables
- Unsafe home of patients/clients
- Physical or mental health problems that may impact on the workplace

Workplace hazards should, therefore, be subject to:

- Identification
- Assessment and estimation of potential damage
- Evaluation
- Control
- Monitoring and review

Various methods of hazard identification can be used:

- Walk-through surveys
- Reports from external consultants
- Reports or suggestions from employees
- Daily observations
- Formal inspections
- Reviewing previous injury/ illness reports
- Conduction safety audit

Safety audits

Safety audits are usually conducted by a safety inspector. A safety audit is extensive and looks at every area within the workplace in great detail. Depending on the industry, an audit may be completed monthly, quarterly or annually. Once the auditor has completed the inspection, a report will be given to the employer. If the auditor finds particular criteria of the inspection to be non-compliant, the employer will be given a specified timeframe to rectify the issue.

- Documented health and safety information must be:
- Clearly written so that it can be easily read
- Written in language which is not legalistic or technical that staff cannot understand it
- Formatted so that instructions follow logical steps or sequences
- Kept in a fixed place so that it can always be located
- Regularly updated to ensure currency
- Stored within a well-managed system to ensure integrity

What are risk assessments?

Risk assessments aim to recognise and reduce hazards in the work environment. Environmental risks to both the client and support worker may include:

Home Environment	<ul style="list-style-type: none">• Bathroom• Toilet• Kitchen• Dining area• Bedroom• Safety of access issues, such as steps and limited space in rooms like bathrooms• Infection• Uncontained animals• Manual Handling, such as injury to the support worker in transferring the client
Environmental hazards	<ul style="list-style-type: none">• Slippery or uneven floor surfaces• Physical obstruction (e.g. furniture and equipment)• Poor home maintenance• Poor or inappropriate lighting• Inadequate heating and cooling devices• Inadequate security

Assessing risk

Conducting an environmental assessment before you begin your tasks will identify potential sources of risk to personal safety both to yourself and your client. Your working environment will vary from client to client depending upon the type of service being provided. There are no hard and fast rules as to how Environmental Risk Assessments should be carried out, as every organisation is different and may require a slightly different approach. It's important that Risk Assessments are carried out systematically and all of the foreseeable risks considered.

Factors which present risk to clients

Risk assessment also includes addressing risks to the client. These may include looking carefully for:

- Evidence of self-neglect, such as poor personal hygiene
- Evidence of abuse, such as bruising or withdrawal
- Social rights infringements, such as being told what to do, rather than asked for their input
- Impaired judgement and problem-solving abilities
- Impaired cognitive function, such as poor memory
- Behaviours of concern, such as aggression
- Poor skin integrity
- Weight loss
- Infection
- Poverty

Making changes to risk assessment plans

The personal support plan may require amendment after this risk identification process. When potential hazards in the work environment are identified, the support plan may require alteration. Tasks may need to be performed in a different manner, and possibly omitted if resolution cannot be achieved. The plan will need to reflect safe work practices.

Ideally an environmental risk assessment would be conducted before the plan is documented and in place. The reality is that this may not occur, and therefore changes may need to be made. At the end of the day work place safety is a shared responsibility. Employers are legally required to provide a safe work environment to workers. Employees are legally required to undertake their work in a way that does not place their own health and safety at risk.

The four steps to assessing and reducing workplace risks

Step 1. Identify the hazard	Hazard identification is the process used to identify all the possible situations in the workplace where people may be exposed to injury, illness or disease. "Find it"
Step 2. Assess the risk	Risk assessment is the process used to determine the likelihood that people may be exposed to injury, illness or disease in the workplace arising from any situation identified during the hazard identification process. "Assess it"
Step 3. Control the risk	<p>Risk control is the process used to identify all practicable measures for eliminating or reducing the likelihood of injury, illness or disease in the workplace, to implement the measures and to continually review the measures in order to ensure their effectiveness. "Fix it"</p> <p>Risk control measures may be:</p> <ul style="list-style-type: none">• Substituting the plant or substance with another one that is less hazardous• Using engineering controls (e.g. modifying the design of the workplace or plant, or environmental conditions)• Isolating people from the source of exposure• Changing the objects used in the task involving manual handling• Using mechanical aids for manual handling tasks
Step 4. Follow workplace procedures and protocols	Your workplace will have many documented policies and procedures for you to follow. It is Important that you understand and follow these, for your own safety and for the safety of others.

Communicating risks to clients

When potential risks have been identified, they should be documented on the appropriate forms and discussed with the client and your supervisor. Clients may well resist having areas of their home or belongings labelled "unsafe". This is quite understandable, and workers should be mindful to communicate well with clients during this process. The greatest confusion for clients may arise from family, friends and the client feeling that things have been working well before, and they may reason that an able-bodied support worker should be just fine in their house as it currently is.

Sample Risk Assessment Tool

Client:			
Date:	___/___/_____	Reassessment date:	___/___/_____
Potential Risk	Causes increasing risk	Report to (circle)	Agreed date risk to be reduced/eliminated by/ strategies
Unsafe Hoist/Mobility Equipment	<ul style="list-style-type: none"> Broken equipment Untrained in use of equipment Brakes not working Harness damaged Battery low/uncharged Uneven floor surface 	<ul style="list-style-type: none"> Supervisor RN OH&S Rep Facility Manager 	<ul style="list-style-type: none"> 18-05-2014 RN to educate all staff how to use hoist Hoist brakes to be fixed, battery replaced. New harness Non-slip mat for floor
Unsafe medication administration assistance	<ul style="list-style-type: none"> Expired medication Medicines not in Webster pack PRN medications Inadequate labelling Staff untrained in safe admin. 	<ul style="list-style-type: none"> Supervisor Pharmacist RN Doctor Facility Manager 	<ul style="list-style-type: none"> Pharmacist to fill and organise delivery of weekly Webster pack PRN Webster pack All staff to have minimum qual. Cert III to assist with admin of meds
Unsafe Environment	<ul style="list-style-type: none"> Unleashed dog 	<ul style="list-style-type: none"> Client Supervisor 	<ul style="list-style-type: none"> 09-02-2014 Client will lock dog in backyard before support worker arrives and until they leave
Inadequate Nutrition	<ul style="list-style-type: none"> Client reports losing 6kg in 8 weeks Evidence of little food in house. Client has difficulty using oven 	<ul style="list-style-type: none"> Supervisor RN Facility Manager 	<ul style="list-style-type: none"> 11-02-2014 RN to organise GP Review, dietician referral. Family contacted and will pay for meals on wheels daily until funding made available. Family will visit weekly with groceries for client.

Step 1. IDENTIFYING THE POTENTIAL HAZARDS

Hazards are things that have the potential to cause harm.

Once the hazards have been identified, the level of risk they pose needs to be assessed.

Step 2. ASSESS THE LEVEL OF RISK

Risk is the likelihood that a harmful consequence (e.g. injury) will occur when exposed to a hazard. As such, a risk level is made up of two elements, the:

- Likelihood** of an incident happening, and
- Consequence** if it did happen.

Risk = Likelihood x Consequence

There are many factors that influence the likelihood and consequence of an incident. A few examples include the:

- Duration or frequency of the exposure to the hazard (e.g. sun or chemical exposure)
- Competence of those undertaking the activity (no training or inexperience may lead to an accident)
- Environmental conditions (e.g. water in the vicinity of electricity, getting injured in an isolated area)
- speeds, heights and weights of objects being used. The greater the force, the greater the impact.

To assess the level of risk, consider the likelihood of an incident happening in combination with the seriousness of the consequence.

Use the matrix below as a guide to assist with the risk assessment.

Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Critical
5 Almost Certain	Medium	Medium	High	Extreme	Extreme
4 Likely	Low	Medium	High	High	Extreme
3 Possible	Low	Medium	High	High	High
2 Unlikely	Low	Low	Medium	Medium	High
1 Rare	Low	Low	Low	Low	Medium

Consequence Rating	Description of Consequence
1. Insignificant	No treatment required
2. Minor	Minor injury requiring First Aid treatment (e.g. minor cuts, bruises, bumps)
3. Moderate	Injury requiring medical treatment or lost time of four or fewer days
4. Major	Serious injury (injuries) requiring specialist medical treatment or hospitalisation, or greater than four days lost time
5. Critical	Loss of life, permanent disability or multiple serious injuries

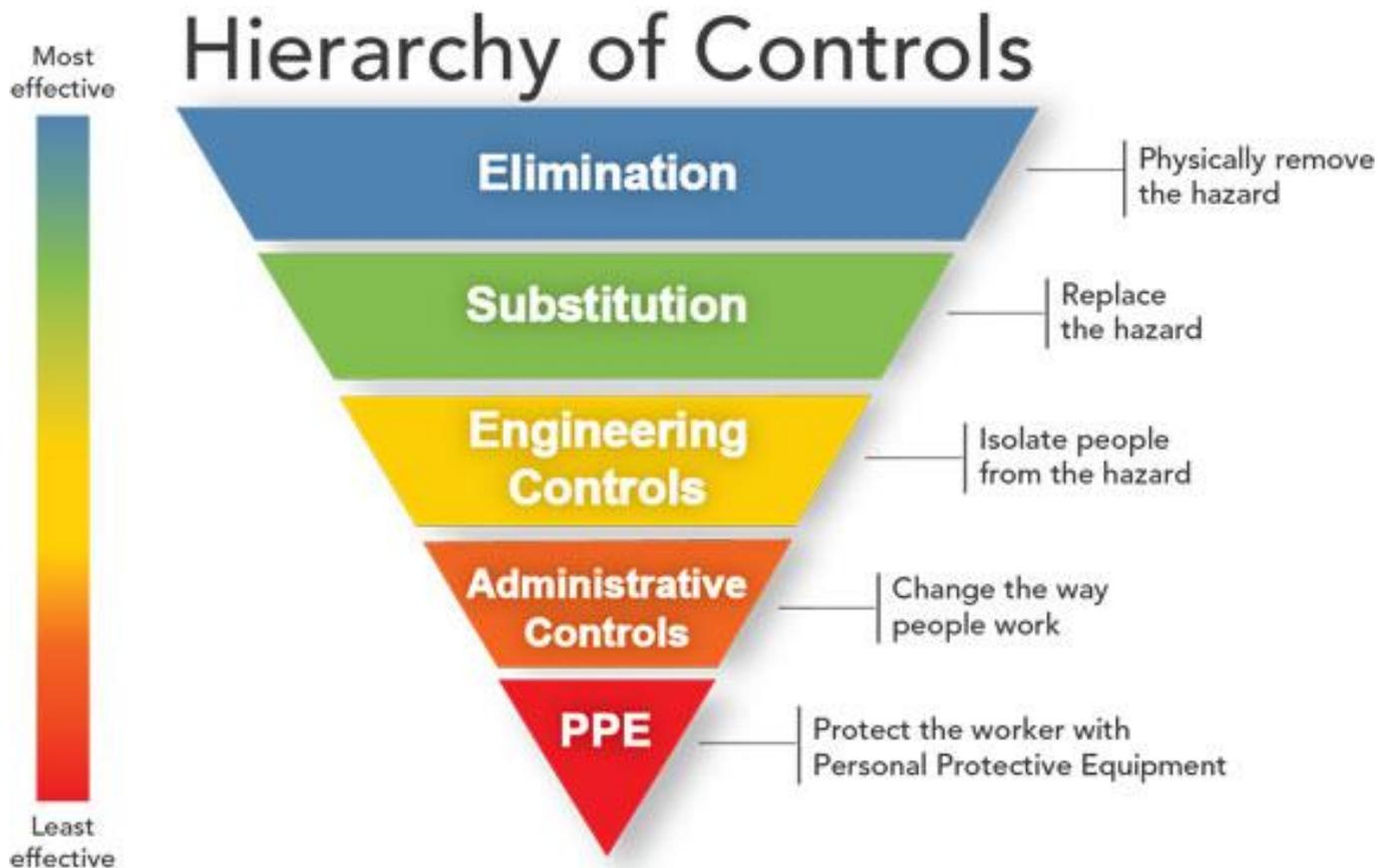
Step 3. DECIDE ON THE CONTROL MEASURES

The assessed inherent risk level will determine the degree of planning and approval required.

Risk Level	
Low	Little chance of incident or serious injury.
Medium	Some chance of an incident and injury requiring first aid.
High	Likely chance of a serious incident and injury requiring medical treatment.
Extreme	High chance of a serious incident resulting in highly debilitating injury.

Control measures

Control measures are methods used to lower the level of risk to an acceptable level. The hierarchy of control should provide the guidelines when planning for safety and designing hazards and risk controls. Compliance with the hierarchy assumes that resources will be available to implement safety procedures as and where they are required, and that inadequacies in current risk control measures will be mapped against the hierarchy to determine where improvement can and should be designed and implemented in consultation with workers and middle management. The types of control measures are listed below in the 'hierarchy of control' - they should be considered and used in this preferred order:



Safety Checklist

Safety checklists are a useful tool that helps you to determine the safety requirements you need to be aware of and assess whether the processes, safety support put in place is effective and reduces the risk of harm to both you and the individual you are working with.

Below is an example checklist used within aged care facilities which may also be used in home based care?

Manual Tasks Safety Checklist			
Check	Yes	No	N/A
<p>Have all manual task hazards been identified?</p> <ul style="list-style-type: none"> • Driving vehicles • Loading/ unloading vehicles • Carrying equipment to homes • Client transfers (bed, wheelchair, car, commode, shower chair, hoist) • Client movement (in wheelchairs, wheeled equipment, bed mobility) • Unsafe equipment • Change in client function • Bariatric care issues • Moving furniture • Cleaning, gardening, shopping, food preparation tasks • Other? 			
<p>Has a risk assessment been completed for all identified hazards, in consultation with workers?</p>			
<p>Are control measures in place for risk factors?</p> <ul style="list-style-type: none"> • Adequate lumbar support in vehicles • Equipment to store items in vehicles and/or load equipment (e.g. wheelchair loaders) • Trolleys for movement of equipment to/from and within homes • Sufficient and adequate client handling equipment as per assessed needs • Regular maintenance of home-based equipment • Reporting mechanisms for unsafe equipment • Procedures for clear response and action to client function changes. 			
<p>Are implemented control measures regularly reviewed, in consultation with staff, to ensure continued appropriateness & effectiveness of control over time?</p>			
<p>If client provides equipment for domestic support workers (e.g. vacuum cleaners, mops), is information given to clients regarding appropriate equipment choice?</p>			
<p>If employer provides equipment for domestic support workers, is it appropriate for minimising manual task risks? (e.g. light weight, easy to use, regularly maintained)</p>			
<p>Is training provided to all staff for manual tasks and regularly refreshed on a yearly basis?</p>			
<p>Does training in manual task follow a risk management and competency-based approach?</p>			
<p>Is training regularly reviewed/ evaluated?</p>			
<p>Does training allow for workers to raise manual task issues (as a method of hazard identification)?</p>			

Slips, Trips and Falls Safety Checklist

Check	Yes	No	N/A
Does pre-service client home assessment cover: <ul style="list-style-type: none"> • Presence & condition of stairs, ramps and steps? • Presence & condition of rails or other safe guards on steps, ramps, stairs etc? • Surface type (slippery vs. slip resistant)? • Surface condition (any holes, wear, tears or other issues)? • Presence of any obstructions in walkways (mats, electrical leads, furniture, hoses)? • Adequate lighting of internal & external areas? • Any issues with changes between floor surface types? • Sufficient space to complete tasks? 			
Does the organisations dress code specify that footwear should be well fitting, supportive, fully enclosed (heel and toe) with a slip resistant sole?			
Are workers provided with adequate information and training in management of spills?			
Do past incident investigations of slips/trips identify all relevant risk factors (floor surface, lighting, footwear, contaminants, floor condition etc) with action identified to prevent future incidents?			
Are workers trained in slips, trips and falls? Does training cover risk factors and controls to manage risk factors?			

Occupational Violence and Aggression Safety Checklist

Check	Yes	No	N/A
Are there systems in place to identify potentially aggressive clients?			
Does care contract/ service agreement specify implications of aggressive behaviour on continued services?			
Are workers trained in recognition of, communication for and management of aggressive behaviour?			
Is there adequate communication with referring agencies/ parties regarding potential aggression risks?			
Are procedures in place to ensure timely and appropriate counselling is provided to workers following a violent/ aggressive incident?			
Is there a policy in place regarding pets in the home? Are clients advised of policy/procedures?			
Is there a policy in place regarding restrictions to visitors at the home during support visits?			

Psychosocial Issues/Interpersonal Conflict/Stress Safety Checklist

Check	Yes	No	N/A
Have hazards related to stress been identified in the workplace, in consultation with workers?			
Is there a grievance resolution procedure in place for workplace/ interpersonal conflicts?			
Are workers provided with information regarding resolution of conflict and grievance procedures?			
Are there clearly identified contact people in conflict resolution/ mediation roles?			
Do people with responsibilities/ roles in resolving conflict have appropriate skills and training in this area?			

Hazardous Substances Safety Checklist

Check	Yes	No	N/A
Are systems in place to control cleaning products used in clients' homes? (e.g. employer provides safe substances OR guidelines given to clients about appropriate selection of chemicals)			
If hazardous substances are used, is there a register of hazardous substances, including MSDS sheets no more than 5 years old?			
Is register readily available to staff? (do they know where to find it)			
Has the risk management process been applied to control of hazardous substances (ID, Assessment and Control)?			
Is staff trained in hazardous substances? Does training cover: <ul style="list-style-type: none"> • identification of hazardous substances • health effects • controls • safe work methods • appropriate PPE and clothing 			
Are there policy/procedures in place for smoking in the workplace? (both by clients and workers)			

Biological Hazards Safety Checklist

Check	Yes	No	N/A
Have workers been provided with adequate information on communicable diseases? (e.g. symptoms, long term health effects, risk factors and controls to minimise risk, including immunisation)			
Are workers trained in universal infection control procedures?			
Have all at-risk workers been advised to have Hepatitis B vaccination, as protection against Hepatitis B infection?			
Does the employer have an employer-managed vaccination protocol in place, to ensure at-risk workers are vaccinated against Hepatitis B? (vaccination funded by the employer)			
Does the employer maintain records of vaccination of workers?			
Does the employer provide adequate PPE (e.g. range of gloves for both personal and domestic support workers), at no cost to workers?			
Is there a sharps procedure in place to manage the handling of sharps in clients' homes?			

Electrical Hazards Safety Checklist

Check	Yes	No	N/A
Are electrical hazards assessed in clients' homes? (pre-service assessment)			
Are regular inspections completed to re-assess electrical hazards?			
Are portable RCDs provided to all staff for use with handheld equipment? (at no cost to employees)			
Are portable RCDs regularly maintained and tested by an appropriately qualified person? (yearly testing is recommended)			

External Hazards Safety Checklist

Check	Yes	No	N/A
Does the organisation provide external services (e.g. gardening, general maintenance)?			
Are external workers provided with appropriate PPE, such as steel capped boots, sunscreen and hats?			
If pesticides are used, is information provided to workers for safe use? (see Hazardous Substances checklist)			

Working Alone Safety Checklist			
Check	Yes	No	N/A
Is there a system in place for communication with workers working alone?			
Does the system ensure that employees have means of communicating in the event of emergency (e.g. mobile phones, duress alarms)?			
Does the system ensure regular contact is maintained with workers to ensure safety and supervision?			
Does the employer have a system to ensure knowledge of the location of all workers at all times during work shifts?			

Vehicle Hazards Safety Checklist			
Check	Yes	No	N/A
Is there a motor vehicle policy in place?			
Does motor vehicle policy cover: <ul style="list-style-type: none"> • Use of mobile phones while driving? • Disclosure of changes to license status? • Regular checking of car registration and insurance details for privately-used vehicles? • Insurance/ theft of personal belongings from vehicles during work hours? • care seat adjustments to maximise comfort? • Procedures in case of motor vehicle accident? • Regular servicing, maintenance and care repair procedures? • Maximum driving time before break (to prevent prolonged sitting)? • loading/unloading of vehicles? • Equipment provided to minimise vehicle hazards? (e.g. wheelchair loaders, storage crates, lumbar supports) 			
Do employer-owned vehicles provide adequate lumbar support and other cushioning?			

Identify environments, situations and client- related risk factors and behaviours of concern

Employees also need to behave in a manner that will not put anyone, including themselves, at risk of harm. This duty extends to all environments within which work is carried out. Employees should be trained basic risk and control measures so that they are able to protect their own welfare off site.

Health and safety regulations stipulate a number of factors from which hazards must be identified. These include the work premises, work practices and systems, shift working arrangements, hazardous substances (such as cleaning products) and potentially aggressive animals.

In the course of care work there is the potential for injury to the care worker or their client due to hazards in the work environment.

Aged care workers need to ensure that they can identify sources of risk to their personal safety can assess the level of risk and follow risk minimisation processes.

Workplace security

Security in the workplace is everyone's responsibility. In the care industry we are also concerned with creating a safe and secure living environment for clients.

Security includes:

- Physical and emotional security for clients, visitors and staff
- Security for information for privacy and protection of intellectual property
- Security for property of clients, staff and the organisation

Workplace violence can be described as any incident where an employer or employee is abused, threatened or assaulted in situations related to their work.

Threats to the personal security of care workers or their clients might arise from the client themselves, the client's family or friends or the general public. The issue presents a problem, as workers are often required to work alone or at times when there is a greater chance of harassment. Examples of possible threats to security are:

- Physically or verbally aggressive behaviour
- 'Break ins', 'hold ups' and/or 'bomb scare'
- Destruction or theft of property

Behaviours of concern: a potential hazard

Most of the time, you will find working with the frail aged or people with a disability to be a most rewarding experience. Many of these people have a good sense of humour. However, like all of us, they may experience difficulties that cause them pain, or to feel angry or fearful. At these times, it may seem as if they are difficult to get along with.

Behaviour of concern refers to any behaviour that causes physical harm to the person with a disability or another person, or destroying property resulting in the risk of harm to the person or any other person.

A clear description of behaviour of concern should be observable and measurable and include:

- Exactly what the person does
- How often the behaviour occurs (its frequency)
- How long the behaviour lasts (its duration)
- The harm or risk of harm that results (its intensity)

Occasionally you may find yourself in a situation of conflict or tension with a client, because the client may be angry, fearful, confused or experiencing pain. These feelings may be expressed as direct verbal or physical aggression towards you. This means you may be at risk of being injured emotionally or physically.

To avoid finding yourself in a situation of risk, be alert to the fact that any client could become aggressive. It doesn't happen very often - but you need to be prepared.

Verbal aggression

If the client is verbally aggressive, it is important not to respond with harsh words. There will be a reason why the person is behaving this way. Report the behaviour to your supervisor and seek advice on how to manage the situation. There may already be instructions in the care plan that explain how best to sensitively respond to this person.

When you meet new clients, ask your supervisor if the client has any history of aggression. If the client does have a history of verbal aggression, it is easier to respond appropriately if you are prepared.

It is important to report and record the situation. Of equal importance is for you to remember that this is the person's response to their own difficult situation. It is not necessarily about you personally. Seek support and guidance from your supervisor for yourself.

Sometimes you may hear clients using obscene language as a result of some physical changes in their patterns of thinking, and/or language. Should this occur, remember it may be part of the person's medical condition. Discuss this with your supervisor.

Physical aggression

Physical aggression may occur in people who feel under pressure to do things they don't want to do. If staffs try to encourage or force a person to have a shower or change their clothes, when the client doesn't want to, the client may hit out at staff. This is a naturally occurring response to a threat. Given similar circumstances we would very likely respond in the same way.

If a client feels that they are being treated as a child by others, an instinctive response to this is hurt and anger. Sometimes the person will express their feelings by physically lashing out at staff.

To increase the likelihood of safety for clients and staff, our goal is to prevent or reduce the possibility of pain, confusion, fear and anger for clients.

Prevention and/or reduction of pain, confusion, fear and anger is achieved through the carer thinking about the person's needs; speaking to the person with respect and kindness; reporting and recording pain and agitation.

It is important you are alert to the possibility of physical aggression in clients. If you notice that a client is becoming agitated, consider following the actions listed below:

- Back off
- Alert others (if possible)
- Consider safety of self, others and client
- Reduce the threat
- Allow person to regain control

Working in new or unstable environments

Working in new or unstable environments will provide many challenges as the work site has not been assessed for risk. Risks can be environmental or human. Following the four steps to minimising work place risks will ensure that you provide yourself and the client best possible outcome for working in a safe environment. Following organisation policies and procedures will also ensure that your duty of care will be maintained.

Apply practical strategies and organisation procedures to minimise risk

All organisations should have procedures and guidelines available that address situations that minimise risk of injury to harm to workers, visitors and clients. These procedures should be followed by all employees. To minimise the risk of workplace violence it is a good idea to carry out an audit at the beginning of work.

Factors that may contribute to workplace violence include:

- Poor management of mental illness
- Delirium
- Epilepsy
- Drug and alcohol withdrawal
- Humiliation, rejection
- Anxiety
- Racism
- Confusion

Violent acts may include:

- Verbal abuse
- Written abuse
- Discrimination
- Bullying and harassment
- Stalking threats
- Armed robbery

Everyone is capable of an aggressive outburst with the most common causes being frustration or fear. Everybody has their own unique pattern of signals to let you know their tolerance is being stretched. Speech becomes louder as the frustration increases along with increasing colour in the face.

Violence at work

Violence at work may be internal to work or external, such as a client or visitor. Violence may be verbal, physical and psychological.

Dissatisfaction with a service

This is one of the most recognised and widely researched categories of occupational violence. It is generally experienced by staff providing social services.

Disturbed people

Includes violence committed by those with a mental or intellectual impairment. Offenders may be psychotic.

Occupational violence

Refers to violence occurring between any people at work and includes bullying, abuse of power, isolation etc. This type of violence is difficult to assess as many organisations experiencing it may not recognise it.

Identifying sources of violence

Identify the tasks, work areas instances and environments where employees or others are likely to be exposed to some form of violence. Procedures for identification may include:

Performing a work place violence audit:

- Review existing accident and incident reports
- Gather additional information from people at the workplace on current or potential incidents
- Gather information from the industry on potential incidents
- Provide information to staff to increase awareness of violence and to encourage reporting of incidents
- Provide a confidential method of reporting violent incidents

Assessing sources of violence

Employers should take action to prevent foreseeable harm to employees. Even if violence is not a common feature of an industry or organisation, a violent incident may still occur. It may be foreseeable for employees to be exposed to violence one day.

Regularly review the effectiveness of violence control strategies. Assess changes to the workplace for their potential to make a violent occurrence more likely. Consultation with workplace participants is likely to lead to a more comprehensive result. Developing procedures to reduce the number and severity of violent incidents can help to make the workplace a safer and healthier place for employers, employees and visitors.

Below is an example of a workplace violence audit:

Clients

	Yes	No
Are there procedures for referring clients to other services for psychiatric, drug and alcohol and behavioural reasons?		
During admission is referral information being verified?		
Are there written admission criteria for clients?		
Are written admission procedures used in assessment of clients?		
Are clients made aware of their responsibilities and those of staff?		

Staff Rosters

	Yes	No
Do staff always work in pairs?		
Specify sole worker times:		
How many staff are available for each 24-hour period?		
Does the roster avoid back-to-back shifts for staff?		
Does the current staff level prevent excessive overtime?		

Staff Training

Have all staff been provided with the following training:

	Yes	No
Client service skills?		
How to identify, assess and resolve conflict?		
Negotiation skills?		
Armed hold-up survival skills?		
Anger management?		
Crisis communication?		
Basic self-defence?		
Post trauma debriefing procedure?		
Accident and incident reporting?		
Fire drills and emergency procedure?		
Callout procedure?		
Name of the staff needing additional training:		

Callouts

	Yes	No
Are there written procedures for callouts?		
Are there code words, which alert staff by phone that staff members on a callout are in trouble?		
Are home-base staff familiar with support emergency procedures?		

Security Equipment and Facilities

Do the premises have the following equipment and facilities?

	Yes	No
Duress alarms in offices and interview rooms		
Security and fire alarms		
Sprinkler systems or smoke alarms		
Firefighting equipment, which complies with Victorian Fire Department guidelines		
Security screens for windows and doors		
Master key locking systems		
Outdoor security lights triggered to operate after dark		
Hidden safes		
Interview rooms with two exits		
Staff exits from office areas		
Parking facilities, which are close by, well-lit and with minimal shrubbery		

Environment

Throughout the premises:

	Yes	No
Is there diffuse, glare-free lighting?		
Is there adequate space for staff and clients?		
Are noise levels within a reasonable limit?		
Are the interior wall colours subdued?		

Communication

	Yes	No
Is there one telephone that cannot be accessed by clients?		
Do staff members on duty have the capacity to contact each other easily?		
Are mobile phones, intercoms, duress alarms and beepers available and in good working order?		
Are telephone numbers of all emergency services displayed prominently above all telephones and on automatic dial?		
Is there one telephone that can be used by clients?		

Procedures

Is there a set procedure for?

	Yes	No
Handling disputes between clients		
Confiscating items, which could be used as weapons, from clients		
Cash handling		
Securing the premises		
The safe storage of personal property		
Responding to alarms		
The issue of medication including record keeping		
After major and minor violent incidents		
Dealing with bomb threats		
Post trauma debriefing procedure		

Element 2 : Follow safe work practices for manual handling

Manual handling results in thousands of injuries every year. Injuries most commonly linked with manual handling include sprains and strains, damage to the back and hernias. The ways in which manual handling causes an injury is complex; however, in general, the injuries are caused by wear and tear and damage to the joints, ligaments, muscles and intervertebral discs which occur during manual handling activities.

Code of Practice

Each state and territory has its own Manual Handling Code of Practice. Approved codes of practice provide minimum standards for health and safety. They are designed to be used in addition to health and safety legislation and regulations. A code of practice provides practical guidance on how a particular standard of health and safety can be achieved by using preferred methods.

An approved code of practice:

Should be followed unless there is another solution that achieves an equal or better standard of health and safety.

These codes provide information about:

1. **Hazard identification—identifying all hazards associated with manual handling.**
2. **Risk assessment—assessing the risks arising from hazards.**
3. **Risk control—deciding on and using appropriate control measures.**

Regulations require that an employer/ PCBU must assess the risk of injury or harm to a person resulting from each hazard, if any, that has been identified as likely to arise from manual handling at the workplace.

Manual handling can be described as any activity requiring the use of force exerted by a person to:

- Lift
- Lower
- Push
- Pull
- Carry or otherwise move
- Hold, or
- Restrain
- A person, animal or thing.

Identifying manual handling hazards

A manual handling hazard is an actual activity requiring the use of force. Hazardous tasks in aged care may include;

- Assisting a resident to transfer
- Assisting a resident who is unwilling to move
- Supporting a resident while ambulating
- Moving a resident who is in pain
- Coping with a resident with unpredictable behaviour
- Supporting a resident while performing activities of daily living
- Lifting a heavy box
- Carrying heavy trays/pots
- Moving furniture
- Vacuuming and mopping floors

Manual handling and the spine

Back injuries at work are the most frequent and some of the most severe injuries amongst workers in Australia. Occupational back injuries account for a large number of workers' compensation costs with more than 100,000 cases a year in Australia. Once an injury happens, it can cause the worker much suffering and might also lead to lifelong disability.

Posture and spine

The spine, or backbone, is the central support of the skeletal system, which supports body weight and allows flexibility in movement. A healthy spine is S-shaped with three natural curves and requires strong and flexible muscles in the back, leg and abdomen in order to maintain good alignment. The spine is a prize piece of engineering design. It acts as:

- A shock absorber
- A support
- A spring
- A shield
- A communication channel

Causes of back pain

Lower back pain is caused by over-stretching and poor posture. The following activities can cause over-stretching of the spine and potentially lead to back pain and injury:

- Lifting heavy objects with a bent back
- Bending over to transfer a heavy resident
- Carrying a weight too far away
- Reaching up high with a heavy load
- Twisting without turning feet
- Strenuous or jerky movements
- Holding or carrying an object for a long time
- Bending over sideways
- Carrying a heavy weight in one hand
- Repetitive movements
- Declining physical fitness (weakness)
- Loss of flexibility
- Stressful living and working habits
- Accidents

What to do if you injure your back

If you suffer from symptoms of back injury, seek medical treatment immediately. Describe your work task to the doctor; inform your employer and also the health and safety representative at work. Early reporting allows the workplace to take action to prevent further complaints and can reduce the likelihood of long-term disability.

Principles of safe manual handling of clients

We've looked at ways you can minimise some general manual handling risks in the course of your work. The following is accepted practice when manual handling involves lifting or transferring a client.

<p>1. Assess</p>	<ul style="list-style-type: none"> • Is the person well/is the person experiencing pain? • Does the person understand your request? • Can the person support or control part/all of their body? • How predictable are they in their movements? • Are they likely to be aggressive? • Is there any equipment or clothing attached to the client that will impact on manual handling? • Is there any equipment you may need? • Is there furniture or mats in the area that are hazardous?
<p>2. Plan</p>	<ul style="list-style-type: none"> • Read the care plan for transfer/mobility need • Does your assessment differ? If so, report to your manual handling contact person • Check for any environmental hazards • Ensure adequate number of staff for the procedure • Plan the move • Position equipment if necessary
<p>3. Prepare and Position</p>	<ul style="list-style-type: none"> • Ensure you are well balanced • Ensure a safe hold with your hands, bend your knees, not your back • Brace abdominal muscles
<p>4. Communicate</p>	<ul style="list-style-type: none"> • Communicate with the resident • Communicate with team member if two or more staff are required (e.g. "1, 2, 3, move,")
<p>5. Complete</p>	<ul style="list-style-type: none"> • Ensure resident is well positioned and secure • Remove any hazards - for example, secure dressings and appliances and have any necessary mobility aids e.g. walking sticks, frames, close by. • Don't rush - support the person to move at their own pace • Use a wide base of support • Ensure you are well balanced • Ensure a safe hold with your hands • Bend your knees, not your back • Brace abdominal muscles and maintain correct spine curves • Rearrange furniture • Reverse your posture if necessary

REMEMBER: Bend your knees, not your back. Preventing back injuries is better than fixing them.

Safe use of equipment

You may be required to use pieces of equipment in your job, for example a hoist. It is important that you are shown how to safely use and maintain equipment. Then you must be able to demonstrate your competency with using this piece of equipment. Please request training if you are not competent to use equipment safely.

Using wheelchairs

Assisting a client to transfer INTO the wheelchair

1. Make sure that both of the brakes are 'on', and the front casters are swivelled forwards.
2. Fold up both footplates and swing them to the sides and out of the way.
3. If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible then stand behind the chair and hold the handles yourself.
4. Ask the client to stand then, with both hands on the front of the armrests, get them to lower him/herself onto the seat.
5. Swing the footrests to the front and fold down the footplates. If required, assist the client to place their feet on the footplates, with their heels well back.
6. Ensure that the client's elbows are not sticking outside the wheelchair when going through doorways. Also ensure that their hands are on their laps and not hanging outside the chair where they can catch in the spokes etc.

Assisting a client in transferring OUT of a wheelchair

1. Back the wheelchair so that the front casters swivel forwards.
2. Make sure that both the brakes are on.
3. Fold up both footplates and swing them to the sides, out of the way.
4. If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible then stand behind the chair and hold the handles yourself.
5. Ask the client to move forwards on the seat.
6. Ask the client to place both feet firmly on the ground, slightly apart and with one foot further back.
7. Ask the client to place both hands on the front of the armrests, and then get them to lean forwards with their head and shoulders over their knees to give balance. From this position they should be able to push themselves to standing. Always encourage the client to take their time with each step of the procedure.

Assisting a client in transferring sideways from a wheelchair to another form of seating

1. Place the wheelchair alongside, and at 45°, to the chair/toilet/bed/car etc. that they wish to transfer to.
2. If possible back the wheelchair up slightly so that the front casters swivel forwards.
3. Ensure that both the brakes are on.
4. Fold up both footplates and swing them to the sides out of the way.
5. Remove the armrest on the side to which the client is transferring.
6. If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible then stand behind the chair and hold the handles yourself.
7. Ask the client to place one hand on the remaining armrest and the other palm down, on a stable area of the surface they are transferring to.
8. Ask the client to move forwards on the seat.
9. Ask the client to lean slightly forwards, push up and slide their bottom across to the other surface.

Negotiating gutters

Whenever possible, it is best to avoid gutters. Instead, always try to use dropped gutters or ramps. If a gutter is unavoidable, then the following precautions should be taken:

1. Pushing an occupied wheelchair down a gutter. It is safer to go down a gutter backwards. It requires less strength and gives a gentler ride. Care should however be taken due to the weight of the chair and because the task involves stepping backwards into a road.
2. Practise with an empty wheelchair first.
3. Always keep the wheelchair user informed about what you are intending to do.
4. Make sure the road is clear, and then back the wheelchair to the edge of the gutter.
5. Ensure that the chair is lined up at 90° to the gutter.
6. Slowly roll the rear wheels down from the gutter and onto the road surface, making sure that both wheels touch down at the same time.
7. When the front casters are at the edge of the gutter, push down and forward on the tipping lever with your foot whilst gently pulling back on the handles and at the same time. This will balance the wheelchair and its occupant on the rear wheels. Do not tip the wheelchair back more than necessary.
8. Carefully pull the wheelchair further back into the road and, when the occupant's feet are clear of the gutter, gently lower the front to the road. Check that the road is clear before turning around and crossing.

Pushing an occupied wheelchair up a gutter

It is safer to go up a gutter forwards; it requires less strength and gives a gentler ride.

1. Practise with an empty wheelchair first.
2. Always tell the person in the wheelchair what you are about to do.
3. When the occupant's feet are nearly touching the gutter, push down and forwards on the tipping lever with your foot whilst gently pulling back on the handles and at the same time. This will balance the wheelchair and its occupant on the rear wheels.
4. When the front casters are just clear of the gutter, push the wheelchair forwards until the casters rest on the pavement. Do not tip the wheelchair back more than necessary.
5. Push the wheelchair forwards until the back wheels just touch the gutter and then lift up on the handles as you continue pushing forwards to place the rear wheels on the pavement. The occupant can help with this stage by pushing forwards on the hand rims (if they are capable of doing so).

Putting a wheelchair into a car

1. Remove any cushions or backrests
2. Remove footplates, armrests and wheels (if wheels are quick release)
3. Fold the wheelchair and engage the brakes
4. Bend your knees, keep your back straight and lean the wheelchair frame into your thighs
5. Straighten your legs to lift the chair up and into the boot.
6. Remember to use your leg muscles, not your back.
7. Always read and follow the instructions for safe use of any piece of equipment. If you are unsure, always ask.

Note: your organisation may have specific workplace health and safety policies regarding lifting wheelchairs into cars. Some organisations have strict "two-person lift" rules. Check with your supervisor.

Control measures for manual handling risks:

Eliminate hazards Example: This aims to eliminate the risk at its source and should always be the first choice. The source of the risk is the hazard, so this usually means removing hazardous material or abandoning hazardous work practices. For example: automate the manual task (such as using remote controls) or deliver goods directly to the point of use to eliminate multiple handling.

Substitution Example: If elimination is not practicable, the next best control is to substitute the hazard with something of a lesser risk. This is also likely to be a less expensive measure to implement. For example: replace heavy items with those that are lighter, smaller and/or easier to handle or replace hand tools with power tools to reduce the level of force required to do the task.

Isolation Example: This involves physically separating the source of harm from people by distance or using barriers. For example: isolate vibrating machinery from the user, by providing fully independent seating on mobile plant.

Use of engineering controls Example: The next best possible solution is to implement engineering controls that involve changing equipment or tools. For example: use mechanical lifting aids or provide workstations that are height adjustable.

Use administrative controls Example: This relates to work procedures and work organisation. For example: rotate workers between different tasks or train workers to use control measures implemented when carrying out manual tasks.

Element 3: Follow safe work practices for infection control

What is infection control?

Infection control is the prevention of the spread of micro-organisms. Infections can spread through contact with body fluids that are airborne, ingested, on the skin, or on other surfaces.

Infection control is an important risk management consideration for all aged and community care services. The spread of infection can have seriously negative consequences for the health of clients and workers, as well as on the ability of the organisation to deliver services.

Residential and community care services are required to have effective infection control programs in place, including policies and practices that cover:

- Implementation of 'standard precautions' where applicable
- Appropriate PPE e.g. gowns, gloves, masks
- Safe handling, use and disposal of sharps
- Hand washing and hand care
- Monitoring and instituting health surveillance where appropriate
- Keeping accurate health and immunisation records (where appropriate) for each member of staff
- Identifying and assessing the risks to staff and patients of microbiological and chemical hazards
- Appropriate control measures to avoid transmission of infection, including a suitable immunisation policy and post exposure protocols
- Ensuring staff are informed and trained with regard to safe working procedure
- Safe preparation, transportation and service of food
- Planning for the management of infection control incidents

Infectious agents

The presence of infectious agents creates an infection. Infectious agents may be:

- Bacteria – e.g. Escherichia coli (E coli), a common cause of Gastroenteritis;
- Virus
- Fungi – e.g. Candida species which can lead to Thrush; or
- Parasites

Infectious diseases

Infectious disease can be a hazard for workers and clients. Infectious diseases can be transmitted through:

- Infected blood entering the bloodstream e.g. a cut or needle-stick injury
- Faecal contamination e.g. gastroenteritis
- Sneezing or coughing e.g. influenza

All people potentially harbour infectious agents. Standard precautions refer to those work practices that are applied to everyone, regardless of their perceived or confirmed infectious status and ensure a basic level of infection prevention and control. Implementing standard precautions as a first-line approach to infection prevention and control in the healthcare environment minimises the risk of transmission of infectious agents from person to person, even in high-risk situations.

Factors that reduce resistance to infection

There are factors that increase the risk of a person contracting an infection. Some of these are:

- Poor nutritional state
- Age (very young and elderly)
- Stress
- Hereditary conditions
- Living conditions
- Life style factors, past and present

The clients you work with will often present with one or more of these risk factors, so infection control is very important.

Standard Precautions

A set of standards known as Standard Precautions have been developed to reduce the possible transmission of infection from one place or person to another place or person. It is important for care workers to treat all client body substances (e.g. blood, semen, tears, saliva, urine, faeces) as potentially infectious, regardless of the client's perceived infectious state.

Standard precautions include:

- Aseptic technique
- Personal hygiene practices especially washing and drying hands (e.g. before and after client contact)
- Use of personal protective equipment
- Techniques to limit contamination
- Surface cleaning and management of blood and body fluid spills
- Safe handling of sharps
- Safe disposal of sharps and other clinical waste
- Appropriate reprocessing and storage of reusable instruments

Additional Precautions

Additional precautions are designed to interrupt transmission of infection by these routes and should be used in addition to standard precautions. Additional precautions should be tailored to the particular infectious agent involved and the mode of transmission and may include:

- Allocation of a single room
- A dedicated toilet
- Additional use of PPE (personal protective equipment)
- Dedicated client equipment (e.g. to each client or as appropriate to work function)
- Special ventilation requirements
- Restricted movement of clients and health care workers

Safe Disposal of Contaminated Items

It is your responsibility to find out the correct procedures to dispose of contaminated items safely. This is part of your preparation for your workplace assessment. Read the relevant documents in your organisation's policy and procedure manuals. Ask your supervisor for guidance.

Examples of contaminated items that may need to be disposed of include:

- Body fluids and waste
- Continence pads
- Soiled linen
- Sharps

Cleaning

Effective cleaning and sanitisation routines contribute toward effective infection control. To ensure the health and safety in a clinical setting, cleanliness and hygiene must be considered as a high priority. Each organisation will have policies and procedures in place to ensure cleaning occurs on a regular basis and to a certain standard.

Staff need to work together to ensure clients are safe and that the environment in which they live or receive care is comfortable, clean and not likely to contribute to further infection or illness. Cleaning standards must be high and reflect the regulations specified for community health services.

Regular cleaning should include:

- Cleaning, disinfecting and assisting treatment areas after each use
- Maintaining the cleanliness of floors
- Cleaning and sanitisation of kitchen and dining areas
- Sanitising toilet and bathroom facilities
- Cleaning of communal areas
- Washing and sanitation of client bedding
- Cleaning and sanitation of bedpans

Personal Health and Hygiene

Maintaining our own personal health and hygiene is important for three reasons:

1. It reduces the likelihood that you will pick up an infection from someone else or an object;
2. It reduces the likelihood that others will pick up an infection you may have; and
3. It reduces the likelihood that you may infect or re-infect yourself or clients from one body site to another.

Hand Care

- Intact skin is a natural defence against infection.
- Cuts and abrasions must be covered with a waterproof dressing.
- Care workers with dermatitis on their hands must seek medical advice.
- Hand lotion is to be used to prevent dryness, small tubes for individual use or a pump dispenser (not to be refilled) should be used.

Hand washing is the single most important procedure for preventing health care associated infections. It is prudent to encourage hand washing when health care workers are in doubt about the need to do so. Health care workers should be able to easily access hand washing facilities. When clean running water is inaccessible, non-water cleansers or antiseptics, such as alcohol-based hand rubs or foam provide an appropriate alternative. However, hands should be washed with soap and water if visibly soiled.

Element 4: Contribute to safe work practices in the workplace

Workplace accidents and injuries cost organisations millions of dollars and thousands of hours lost every year. They also have a profound, often lifelong impact on workers. Society has expectations that organisations will operate in a way that maintains contemporary ethical, moral and environmental standards. One of the highest community expectations involves managing risks to protect employees, clients, volunteers and the general public from harm. This cannot be achieved without health and safety being part of the 'core businesses of the organisation.

A safety culture within an organisation, where safety is valued as an integral part of operations, not only saves the organisation time and money, it also builds a committed, loyal, and healthy workforce. Workers and volunteers who are secure, safe, healthy and supported tend to stay in the service longer, and are better able to cope with the demands of client-centred work.

It is a requirement of all places of employment that certain health and safety procedures be undertaken. Everyone in the workplace has a role to play in occupational health and safety.

Safety should not be viewed as a single program, a quick fix, or an overnight project. In order for your workplace to be truly safe, safety must be part of your own and your organisation's culture and value system.

Duty of care

Generally speaking, most workplace health and safety legislation contains statutory general duties of care, which describe the responsibilities of employers and employees. They also define the responsibility of others such as people who control workplaces, design and construct buildings, or manufacture and supply plant.

The following is a very basic outline of some of the fundamental concepts concerning duty of care:

- Duty of Care is part of the larger legal concepts of negligence which belongs to the domain of Common Law.
- Common Law (judge made law) is different from Statute Law (Parliament made Law.) Common law is determined by such things as past cases (precedent) and the court's interpretation of current community attitudes and expectations of what is/is not reasonable.
- A duty of care exists when your actions, or failure to act, could reasonably be expected to affect another person and where, if you are not careful, it is reasonably predictable (foreseeable) that the other person might suffer harm or loss.

Employers duty of care

Your employer has a duty of care to ensure, as far as is reasonable practicable, that you are safe from injury and risk to your health while at work. They have obligations to:

Provide and maintain:

- A safe working environment (clear working area, non-slip floors)
- Safe methods of working (e.g. manual handling procedures and infection control)
- Safe plant, equipment and substances (e.g. safe lifting devices and cleaning chemicals)
- Provide adequate facilities, e.g. first aid, tea room
- Provide information, instruction, training and supervision to ensure safety. It should be in an understandable language and form.
- Monitor working conditions e.g. Safety audits
- Monitor the health, safety and welfare of employees
- Keep records of work related injuries and illnesses
- Identify hazards; conduct risk assessment and control risks
- Prepare OHS policies and procedures and ensure everyone is aware of them
- Consult employees and their representatives about OHS issues
- Appoint a responsible officer to ensure the OHS legal obligations of the organisation are met.

Workers duty of care

All workers have a duty of care to work under Occupational Health and Safety guidelines in their work. You can contribute to OHS by:

- Maintaining personal physical and mental health and hygiene following OHS policies and procedures for manual handling
- Complying with infection control requirements
- Using chemicals safely
- Ensuring you know fire and emergency procedures
- Disposing of waste materials safely, including disposing of sharps safely using Personal Protective Equipment provided
- Reporting and recording hazards correctly
- Knowing your OHS representative and reporting problems to your representative
- Reporting and recording unpredictable and aggressive behaviours observed in clients not being intoxicated or under the influence of drugs whilst performing your duties not adversely affecting the health and safety of others.

Duty of care for residents and clients

Aged care clients are at greater risk for falls and other accidents. The entire aged care team must provide for client safety, to decrease the client's risk of accidents and injuries without compromising their mobility, independence or dignity.

How to contribute to safe work practices

All care workers should be active in contributing to workplace safety practices. You may be asked to attend and be involved in meetings (formal and informal), information sessions, and committees. The types of issues, which may be raised by carers with designated personnel include:

- Hazards identified
- The changing condition of clients and the impact on WHS
- Problems encountered in managing risks associated with hazards, in particular, manual handling (e.g. availability and appropriateness of handling and mobility equipment) and client aggression (effectiveness of strategies)
- Clarification of understanding of WHS policies and procedures
- Communication and consultation processes, including carer input to care plans follow up to reports and feedback
- Effectiveness of risk controls in place training needs

All workers are required to support workplace health and safety processes that are in place. Supporting these processes may involve:

- Complying with policies and procedures
Following written and verbal instructions
- Reporting hazards and incidents
- Taking appropriate measures to reduce risks
- Completing and submitting forms.

Documentation of the WHS management process in your setting will depend on your workplace policies and procedures. It could include:

- Information on safe work procedures, e.g. manual handling, infection control, and emergency procedures.
- Clearly defined roles and responsibilities. It is important that you understand your position, as well as that of others.
- Records of accidents, incidents and hazards, as well as subsequent control measures taken.
- Records of activities such as equipment maintenance and safety audits (formal inspections).
- Training records and induction checklists.

Your participation in discussion of documentation is important. You can ask questions to clarify anything you do not fully understand, and put forward suggestions as a team member.

Finding the right consultative arrangements

Some workplaces may need a mix of consultation arrangements to suit the different types of workers and work situations within the organisation. For example, if there are a number of full-time workers in an organisation, structured arrangements involving a health and safety committee may be suitable. An organisation may also engage contractors, on-hire workers or volunteers to carry out specific tasks. In these situations 'toolbox talks' (short discussions on specific health and safety topics relevant to the task) may be the most practical way to consult.

Your organisation might already have established ways of talking to its workers, including volunteers, about work health and safety. This can continue under the Work Health and Safety (WHS) Act if your organisation and its workers, including volunteers, are happy with the arrangements. Ways your organisation might consult with its volunteers include:

- Sending out regular newsletters via mail or email which feature work health and safety news, information and updates
- Regularly updating the volunteer section of its notice board or website with information, including its latest safe work policies and procedures
- Having a 'suggestions' email box for workers, including volunteers to send suggestions to about ways to work safely and other matters
- Holding regular meetings to talk to volunteers about the work they do and how to do it in the safest way
- Holding short 'toolbox talks' where specific health and safety topics relevant to the task at hand are discussed, and
- Through Health and Safety Representatives (HSRs), if requested by workers.

When managers and supervisor notice improvement in attitude and work practice, they should acknowledge them. For example, suppose that a few days after a safety meeting on forklift, you notice a formerly not-so-conscientious worker inspecting the safety device on a forklift. Recognition and reward for this kind of behaviour acknowledges the employee's contribution to workplace safety and acts to encourage further improvement.

Safety incentive programs

Safety incentive programs are designed to promote enthusiasm about your organisation's safety efforts. Improperly run, incentive programs can turn into cut – throat, win-at-all-costs competitions that destroy any feelings of either safety or team unity. It is best to promote a positive work environment.

Safety reminders

You can provide reminders that you and the organisation place a high priority on safety by simply making comments about good practices during daily walk – throughs.

Using posters which can be put on wall where they are visible and easily read. Posters should be direct, informative and eye – catching. Diagrams, charts or flow charts indicating step-by-step procedures for finding information or basic principles for following health and safety procedures would be very valuable.

Providing opportunities for consultation and participation

If you work as a team leader, you will be directly involved in consulting with team members about WHS matters and in particular hazard identification and risk assessment.

Generally, there are three ways that employers can consult with employees and encourage their participation and involvement in WHS:

How the employer can consult with and encourage employees	Explanation
Reporting on hazards	Employees can identify actual and potential hazards in the workplace either by: Direct observation and reporting these to their team leader or WHS representative Using standard checklists Being involved in audits
Monitoring risks	Employers can provide information on changes to the work environment where the risk of accident or incident may subsequently increase.
Making suggestion for improvements	Management should welcome all employee suggestions for WHS improvements. This can occur through WHS meetings (or segments of regular staff meetings) where staff can discuss issues and suggest improvements Individuals reporting to their team leader or WHS representative Suggestion boxes

Element 5: Reflect on own safe work practices

Critical reflection occurs when a worker analyses and challenges the validity of the ideas or common-sense beliefs that underlie in their thoughts and actions. Reflective practice is an essential professional skill for all workers in the community services industry. Regular critical reflection and self-assessment allows you to consider what you are doing and how you could improve or develop your skills, behaviour or attitudes. Use professional and management standards and data collected through feedback from colleagues, service users and your managers to reflect on how well you are meeting expectations and goals and to provide supportive leadership and to manage stress and emotional wellbeing in your colleagues and yourself. You can also support workers to critically reflect on their performance and general way of thinking. Critical reflection is an ongoing process of reflection and change.

Practising critical reflection and self-evaluation will sharpen your self-awareness and help you improve your effectiveness as a supportive supervisor. Here is an outline of the difference between critical reflection and self-evaluation:

Critical reflection allows you to assess the appropriateness of your thinking according to real-life experience and to use this reflection to inform your future actions and practices. As a supervisor, critical reflection should involve an ongoing process of reflection and change as you adapt your ideas and behaviours in light of your reading, listening and thinking.

Self-evaluation involves considering what you are doing, analysing your effectiveness and developing more suitable outcomes or practices. Conducting an evaluation of your own performance motivates you to take responsibility for your actions and your own development.

Debriefing

Critical incidents sometimes occur in the workplace. There may be an accident, the sudden death of a person or rapid workplace change. Incidents like these cause stress that has the potential to affect the whole work team. To minimise the psychological effects of such events and to help staff avoid the possibility of prolonged trauma, many organisations offer carefully structured debriefing sessions. Debriefing sessions are usually group sessions offered soon after a critical incident.

The primary aim of debriefing sessions, are to give people the opportunity to clarify what happened, share concerns and to unload stress and anxiety. It is important that people running a debriefing session have the skills to conduct the session in a sensitive and in a way that is helpful to the participants.

Health and community service work often means involvement with people with support needs, some of which can be complex, and some people may exhibit behaviours of concern. Incidents and situations can occur in this sector that can be stressful and at times frightening. These incidents can occur in an office space or in the "field", which is often the workplace of the community sector employee. Organisations must have policies that outline the course of action required when staff have been involved in or witnessed an event that is stressful to them. Procedures outline the step-by-step process to allow workers to discuss the events of such an incident and to receive support in overcoming any emotional or physical trauma they may have experienced.

The standardised debrief flow consists of the following four-step procedure:

1. **Re-state the Objectives:** This will frame the debrief and draw attention to the specific intent of the session. The objectives, (which would have been developed during the planning cycle) should all be Specific, Measurable, Achievable, Realistic and Time bound, and should not be a surprise to anyone in the team.
2. **Determine the facts of what happened:** The facilitator will next identify what really happened during execution. This needs to be done efficiently without emotion and without anybody hiding behind their rank or position in the team. This is not the time for excuses or reasons for why things occurred, but to simply state the facts.
3. **Compare the outcome to the plan:** With the facts on the table, the team next compares what actually happened to what was supposed to happen (in accordance with the plan). When there is a difference between the outcome and the plan, then that becomes a 'Focus Point'. It is important to identify the complete list of 'Focus Points' prior to analysing them because it is often the case that one focus point is caused by another focus point. It becomes frustratingly inefficient when the core 'Focus Point' is ignored and the resultant 'Focus Points' are debriefed to death!
4. **Debrief the Focus Points:** As alluded to in the previous paragraph, always starts the process with the core 'Focus Points'. Generally speaking there are only one or two of these that resulted in all of the issues. Each 'focus point' will almost always fall under one of three broad categories – they being:
 1. BRIEFING – or poor communication: Team members were unaware of specific requirements required to achieve their task;
 2. EXECUTION – Failure to follow standard or expected procedure; or
 3. PLAN – the standard procedures are insufficient or incorrect.

Each Focus point must include a clearly stated 'FIX'. This is a tangible piece of information, procedure or practice that the team will commit to implementing in the future.

At the conclusion of the debrief, the facilitator or leader of the group must ensure that the session concludes on a positive note.

Debriefs are the perfect vehicle for leaders to 'lead by example' and admitting mistakes and taking on board suggestions and feedback provided by more junior members of the team. Additionally, the debrief is an ideal location for the more experienced team members to share information and coach the more junior members of the team in a positive environment. Organisations that successfully implement regular debriefing sessions into their workplace report impressive outcomes both in actual performance and in employee satisfaction.

Work related stress

Work-related stress is a growing problem around the world that affects not only the health and well-being of employees, but also the productivity of organisations. Work-related stress arises where work demands of various types and combinations exceed the person's capacity and capability to cope. Work-related stress is the second most common compensated illness/injury in Australia, after musculoskeletal disorders.

Work-related stress can be caused by various events. For example, a person might feel under pressure if the demands of their job (such as hours or responsibilities) are greater than they can comfortably manage. Other sources of work-related stress include conflict with co-workers or bosses, constant change, and threats to job security, such as potential redundancy.

Symptoms of work-related stress

The signs or symptoms of work-related stress can be physical, psychological and behavioural. Physical symptoms include:

- Fatigue
- Muscular tension
- Headaches
- Heart palpitations
- Sleeping difficulties, such as insomnia
- Gastrointestinal upsets, such as diarrhoea or constipation
- Dermatological disorders

Psychological symptoms include:

- Depression
- Anxiety
- Discouragement
- Irritability
- Pessimism
- Feelings of being overwhelmed and unable to cope
- Cognitive difficulties, such as a reduced ability to concentrate or make decisions

Behavioural symptoms include:

- An increase in sick days or absenteeism
- Aggression
- Diminished creativity and initiative
- A drop in work performance
- Problems with interpersonal relationships
- Mood swings and irritability
- Lower tolerance of frustration and impatience
- Disinterest
- Isolation

What are the main work-related stressors?

The following issues have been identified as potential stressors within the workplaces. A risk management approach will identify which ones exist in your own workplace and what causes them. They include:

- Organisation culture
- Bad management practices
- Job content and demands
- Physical work environment
- Relationships at work
- Change management
- Lack of support
- Role conflict
- Trauma.

Causes of work-related stress

Some of the factors that commonly cause work-related stress includes:

- Long hours
- Heavy workload
- Changes within the organisation
- Tight deadlines
- Changes to duties
- Job insecurity
- Lack of autonomy
- Boring work
- Insufficient skills for the job
- Over-supervision
- Inadequate working environment
- Lack of proper resources
- Lack of equipment
- Few promotional opportunities
- Harassment
- Discrimination
- Poor relationships with colleagues or bosses
- Crisis incidents, such as an armed hold-up or workplace death

Self-help for the individual

A person suffering from work-related stress can help themselves in a number of ways, including:

- Think about the changes you need to make at work in order to reduce your stress levels and then take action. Some changes you can manage yourself, while others will need the cooperation of others.
- Talk over your concerns with your employer or human resources manager.
- Make sure you are well organised. List your tasks in order of priority. Schedule the most difficult tasks of each day for times when you are fresh, such as first thing in the morning.
- Take care of yourself. Eat a healthy diet and exercise regularly.
- Consider the benefits of regular relaxation. You could try meditation or yoga.
- Make sure you have enough free time to yourself every week.
- Don't take out your stress on loved ones. Instead, tell them about your work problems and ask for their support and suggestions.
- Drugs, such as alcohol and tobacco, won't alleviate stress and can cause additional health problems. Avoid excessive drinking and smoking.
- Seek professional counselling from a psychologist.
- If work-related stress continues to be a problem, despite your efforts, you may need to consider another job or a career change. Seek advice from a career counsellor or psychologist.

Benefits of preventing stress in the workplace

- Reduced symptoms of poor mental and physical health
- Fewer injuries, less illness and lost time
- Reduced sick leave usage, absences and staff turnover
- Increased productivity
- Greater job satisfaction
- Increased work engagement
- Reduced costs to the employer
- Improved employee health and community wellbeing

Work-related stress is a management issue

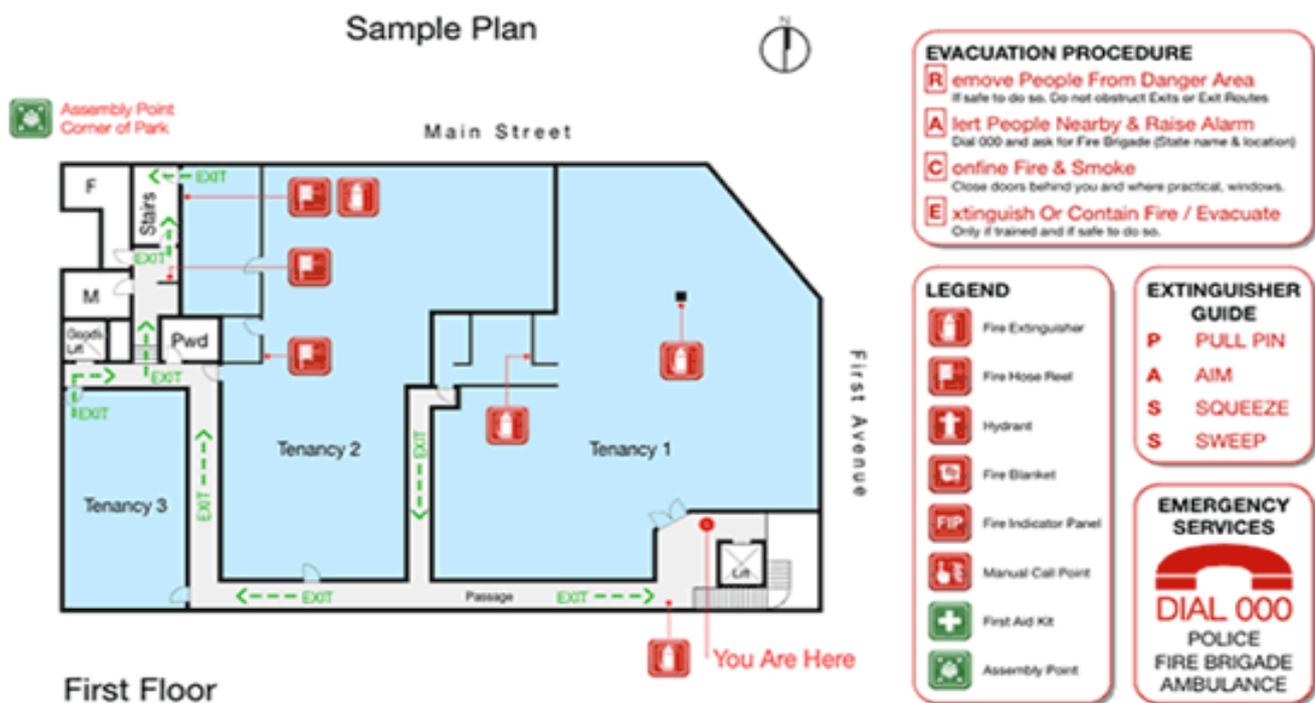
It is important for employers to recognise work-related stress significant health and safety issue. A company can and should take steps to ensure that employees are not subjected to unnecessary stress, including:

- Ensure a safe working environment.
- Make sure that everyone is properly trained for their job.
- De-stigmatise work-related stress by openly recognising it as a genuine problem.
- Discuss issues and grievances with employees, and take appropriate action when possible.
- Devise a stress management policy in consultation with the employees.
- Encourage an environment where employees have more say over their duties, promotional prospects and safety.
- Organise to have a human resources manager.
- Cut down on the need for overtime by reorganising duties or employing extra staff.

Emergency procedures and safety signs

Each organisation should have emergency procedures clearly displayed around the facility, this is to ensure staff, clients, volunteers and visitors are all aware of the procedure to following case of an emergency.

Below is a sample fire evacuation:



Hazardous substances

Hazardous substances are those substances that have the potential to harm the health and safety of persons at a place of work. Hazardous substances include:

- Toilet bowl cleaner
- Bleach
- Detergent
- Adhesives
- Petrol
- Snail bait
- Medications

It is important that all staff receive the correct training before operating mechanical cleaning equipment or handling hazardous substances. All equipment must be checked to ensure that it is in good working order and that no faults are detected. For safe use and set-up of cleaning equipment and products you should:

- Read warning labels and instructions before use of cleaning chemical
- Do not use powered/mechanical cleaning equipment unless it is tested and tagged
- Obey all safety signs
- Use the correct equipment or chemical for the particular cleaning task

Employees must work in ways that do not endanger their safety, that of any other worker or that of other stakeholders including the general public and the environment. They must:

- Follow instructions in relation to health and safety regulations
- Use PPE and equipment provided to comply with regulations
- Undertake induction/training prior to starting new or unfamiliar work
- Obey the approved Codes of Practice

When preparing cleaning agents:

- Read manufacturer's instructions
- Check MSDS (Materials Safety Data Sheet) information
- Use correct chemical and equipment for job to be performed

Safety signage

You should check with your supervisor that the area to be cleaned is available at the time agreed upon. Conduct a site inspection prior to starting work.

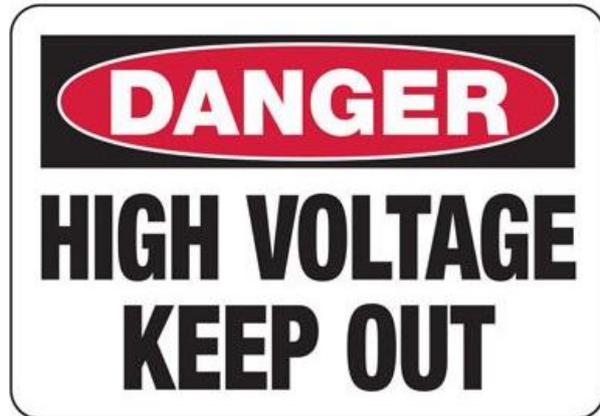
- Check for example:
- Electric or other cabling, which could cause danger
- That you have the correct equipment and that the correct chemicals are labelled and in useable condition

If you are using strong chemicals, you must consider the danger to clients (patients) carers, other staff and to the general public. It might be necessary to clear a work site or to barricade it so that other people are unable to enter until chemical fumes, odours or effects have fully cleared.

When vacuuming floors, you should be considerate of clients and if possible complete this task when clients are not in their room.

In every work place you will find different hazard signs and symbols displayed to let people know of any potential hazards which may be in the area. It is extremely important that you are aware of what the hazard signs and symbols mean at your workplace and what you should and shouldn't do in that area to reduce risk of an accident.

Some examples of signage that you may find within your workplace:



CHCAGE004 - Implement interventions with older people at risk

Welcome to the learning resource for the unit CHCAGE004 Implement interventions with older people at risk

This unit describes the skills and knowledge required to work in partnership with older people and their carers to implement interventions in the context of an individualised plan to reduce risk

On completion of this unit you will have covered the requirements for:

1. Assist with the preparation for a risk assessment
2. Contribute to the identification of risks
3. Implement risk minimisation strategies
4. Monitor risk minimisation strategies

You will be able to demonstrate your ability to:

- Assist with the assessment of risk and the implementation and evaluation of risk minimisation strategies for at least 2 older people, 1 in a simulated environment and 1 in the workplace, in a manner that is respectful of the older person's dignity and privacy

You will gain knowledge about the:

- Tensions which may exist between an individual's rights and the organisation's responsibility to individuals legal and ethical considerations for working in aged care:
 - Duty of care
 - Human rights
 - Privacy, confidentiality and disclosure
 - Work role boundaries – responsibilities and limitations
 - The major issues, trends and policies relating to the health and wellbeing of older people
 - Standardised tools for risk assessment and the management and monitoring of risks
 - Major risk areas for ageing population:
 - Depression and anxiety
 - Isolation
 - Abuse (sexual, emotional, physical, financial, system)
 - Falls
 - Medication
 - Dehydration and malnutrition
 - Dysphagia
 - Continence
 - Documentation requirements including the importance of accurate and appropriately detailed records

A copy of the full unit of competency can be found at: <http://training.gov.au/Training/Details//CHCAGE004>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

Element 1: Assist with the preparation for a risk assessment

People and organisations involved in providing care to older people have a duty of care to find ways of removing or reducing hazards that can contribute to risk. Reducing hazards can be done by conducting a structured needs assessment to systematically identify and record risks. To do this, you should use recognised assessment tools, so health professionals can comprehensively identify, record and promote a person's health and wellbeing.

Work role boundaries

When assisting with the assessment process, it is imperative that the worker, client, and carer are all aware of their roles. It is not uncommon for an older person to mistakenly believe you are a nurse or even a doctor; therefore, it is important that you clarify your role, responsibilities, and accountabilities with clients. If you do not clarify your role, it may cause undue stress on the client and yourself. It may also result in you undertaking a task that you are not qualified to do, cause confusion and can hinder the level of care that is provided to clients.

There are many other reasons why you should clarify your role, responsibilities, and level of accountability. These include:

- The older person may not be familiar with the role of a coordinator or support worker and may mistakenly believe you are a nurse or even a doctor
- To ensure that you don't inadvertently:
 - Undertake a task you are not qualified to do
 - Upset others in the organisation by not following the appropriate chain of command
 - Cause information to be lost or overlooked
 - Disappoint older people who may not understand why you refuse to complete nursing duties

The client

The client's role is to ensure that the assessment can be conducted safely and as easily as possible. They should be available and ready for the assessment to occur and treat workers with respect. It is expected that a client informs workers of any changes in their situation, abilities and support needs.

If the client is in their own home, they need to make sure that the tools and equipment they require to provide support are available and that the environment where care is to be provided is well maintained. If there are any hazards, these should be removed or minimised to the best of their ability or brought to the workers' attention to prevent accidents. Example of such hazards may include broken tiles, rubbish, power cords, or obstacles on the floor.

The carer

The carer's role varies depending on the client's ability to carry out their role. The less independent a client is, the more support the carer will need to provide, and the more the client will rely on the carer. The carer also has the responsibility in ensuring the environment is as safe and hazard-free as possible and that any changes that may impact on the provision of personal care support is communicated to the appropriate people.

The personal care assistant

The personal care assistant's role during an assessment is to deliver personal care support to the client as outlined in the client's individual care plan. This means being aware of and understanding the details of the support to be provided. The worker must be aware of any changes noted by others providing support to the client, as documented in the client's progress notes or as informed by their supervisor. Workers should understand the level of support they are allowed to provide and should report any change in condition or concerns they may have to their coordinator or supervisor.

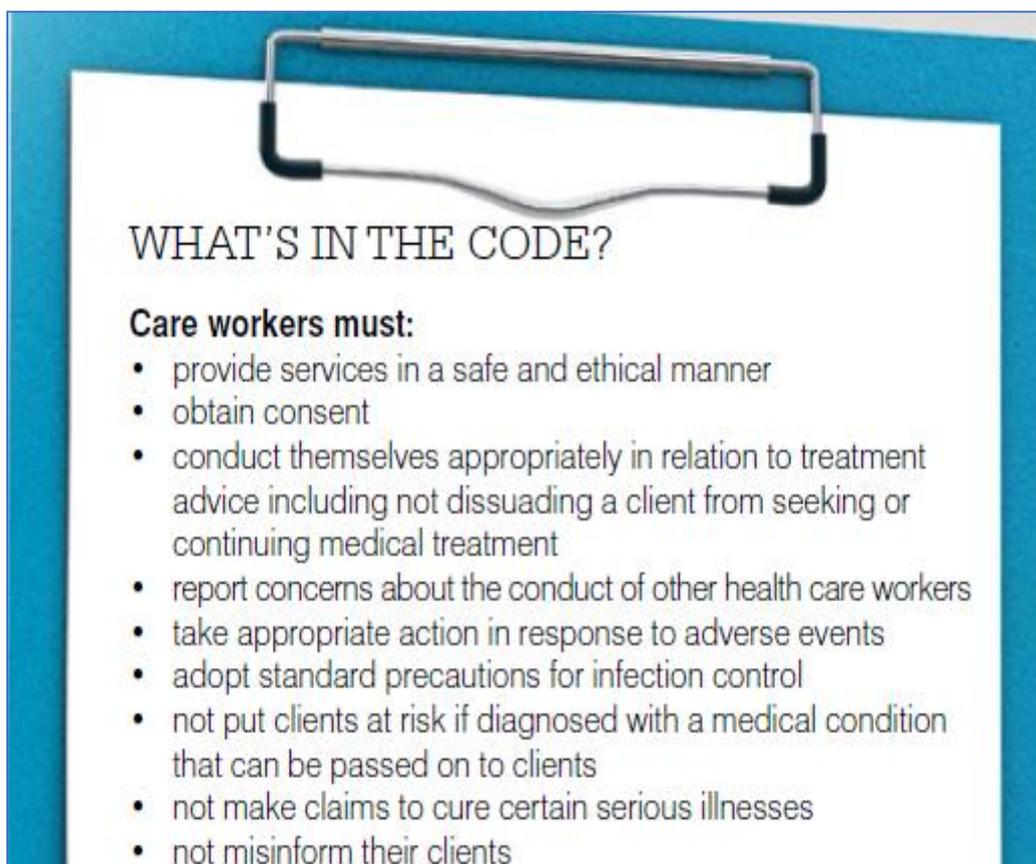
Limitations of your role

You have a duty of care to your clients and your employer to work safely and ensure your work does not harm anyone. Make sure you understand the limitations of your role and your level of authority. You are in breach of your duty of care if you provide care or support which is outside your skills, knowledge, and authorisation.

Aged care coordinators and support workers are often involved in initial assessment during intake which is designed to uncover if there is a need for further assessment. For example, it is appropriate for a coordinator to ask an older person whether they have problems with their vision; however, they do not have the authority to undertake a sight test. Instead, if the answer is yes, they should refer the client to their general practitioner or an optometrist.

Your duty of care can also be breached if you fail to act. Your responsibility to the client does not end when you have identified assessment requirements that are outside of the scope of your role. You have a responsibility to report, record and act on additional assessments requirements where necessary. You must follow the correct process for reporting and referring assessment requirements to others. The following steps explain what you should do:

1. Conduct a preliminary assessment
2. Speak to your supervisor about the older person's needs
3. Check on other services available
4. Provide information to the older person about other services
5. Gain informed written consent to share information with another service provider
6. Write a referral letter to the provider or fill out a referral form
7. Help the client make the appointment
8. Follow up with both the client and the service provider after appointment



Confirming assessment requirements with supervisor

Before an assessment can be carried out, it is necessary to find out what is involved, and what your role is by confirming the following information with your supervisor or with the relevant health professional:

- When the assessment will be carried out?
- Who will carry out the assessment?
- Where the assessment will be carried out
- How the assessment will be carried out
- The assessment tools that will be used
- Why the risk assessment is required.

Once you know what is involved, you will be better equipped to discuss the assessment of risk with the older person.

Assessment requirements

Depending on the assessment requirements, assessments may be carried out by health professionals, aged care workers, coordinators, carers, the older person's family members or even the older person.

There are a variety of methods that can be used to assess clients. These include discussion, observation, demonstration and through the completion of forms, questionnaires, and checklists. The location of assessment also depends upon who is carrying out the assessment as well as the particular type of assessment.

The five main assessment tools which can be used include:

- Medical history
- Medication charts
- Blood pressure charts
- Balance and gait assessment
- Mental status evaluation

These assessment tools will be discussed further in the next section.

Providing assessment information

It is accepted in residential settings and by home and community care providers that no one service provider or health care professional can meet all of a client's needs. For this reason, information sharing between services and health professionals will be commonplace. This will be the case when completing an assessment for clients.

Particular care must be

- The older person's GP
- Your supervisor
- Allied health professionals involved in the care of the client
- The older person's legal guardian
- Paid carers directly involved in the care of the client
- Unpaid carers and family members

Before sharing assessment information with others, ask yourself who needs to know the information and why? Always make sure the client or their guardian have consented in writing to the release of their personal information.

Provide information to the older person

When providing information to the older person in regard to the assessment process, you should cover the following:

- The worker's role including what they can and cannot do
- The purpose of the assessment or what you hope to achieve
- The approximate duration of the assessment, which helps the older person understand how much time they need to allow
- The type of information needed to allow the older person to prepare
- Any specific assessment tools that will be used
- The role of others in the assessment process
- What will happen after the assessment?
- How results are stored, accessed, and used

Your organisation should have policies and procedures that explain how the assessment process is conducted. This includes information on its privacy policies and procedures for clients. You must make sure you have all the necessary information before discussing assessment with individuals.

You have a duty of care to clarify, add to the assessment, and act on the results of all assessments. When communicating results to the older person you should consider the following:

- Prepare any notes relevant to the assessment, and refer to these during the assessment
- Ensure that the area in which the assessment is being conducted is safe and comfortable
- Clarify the role of all people involved in the assessment
- Greet the older person and their family and/or carer
- Use brochures and fact sheets to assist when providing verbal explanation of the assessment

Communicating in a supportive and encouraging manner

Two-way communication can help older people and carers feel supported and encouraged. It also helps demonstrate respect for the older person, which can help enhance their feelings of self-worth. Make sure you demonstrate respect through all aspects of your communication. Communication involves language and paralanguage, which refers to:

- The volume of your voice
- Rate of speech
- Tone of voice
- The gestures we use as we speak
- Our facial expression
- The personal space between you and the other person

Listening is another way to communicate with respect. Stay focused on the client, give them time to answer, and show that you have heard them by asking questions that relate to the information they have just provided.

Developing a good rapport with clients and carers can assist you with the following:

- Determine needs
- Establish goals
- Review progress and plans
- Make decisions
- Understand the perspective of the client
- Collate evidence
- Receive information, grievances, complaints, questions/clarify processes being used in the organisation

If your client has communication difficulties, you will need to support them in feeling that they are involved in the assessment process, even though you may have to seek out information from others such as their family or carers. Allow the client time to communicate and provide whatever assistance necessary for the client. Seek the advice from your supervisor if you are unable to communicate sufficiently with your client.

Encourage participation

Older people and their carers may only prefer to be involved in the assessment process if they understand their role. To encourage participation in the assessment process you could:

- Make sure you have a clear understanding of the type of assessment and purpose of assessment being conducted
- Make sure you have all required documents
- Communicate the older person's rights
- Share information in a manner that the older person understands
- Maintain eye contact during the assessment process
- Allow the older person to speak and ask questions to clarify information

Seeking the older person's permission and cooperation in the assessment process

There are many laws and regulations that apply to the aged care sector. These laws and regulations are designed to protect clients and others as well as promote their health and wellbeing. Laws and regulations most relevant to gaining consent include privacy laws, Aged Care Accreditation Standards and Home Care Common Standards. The Aged Care Accreditation Standards and Home Care Common Standards make it clear that clients have the right to:

- Choose the activities that they do and do not participate in
- Privacy

For these reasons it is important to gain client consent before undertaking an assessment

Informed consent

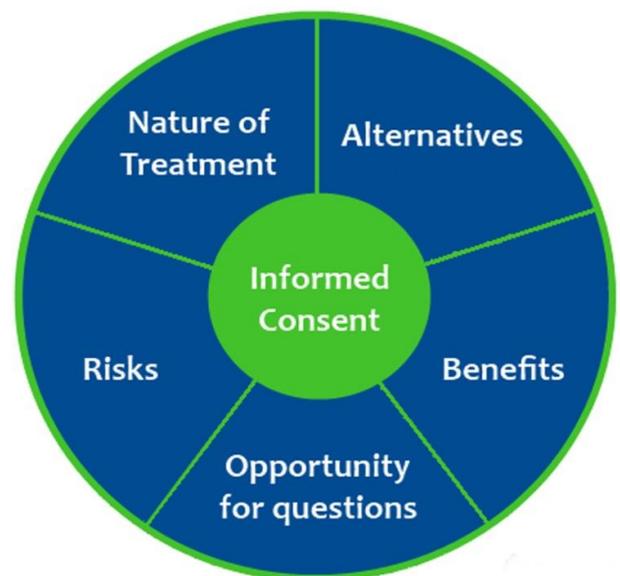
You must always protect the older person's confidential details. You require the older person's consent if you wish to talk about any information in regard to their situation. If the older person cannot provide informed consent due to their condition, consent must be given by their carer, an advocate or the person with medical power of attorney.

Informed consent has four parts:

1. The client must understand what they are consenting to
2. The client's consent must be freely given
3. The client's consent is specific to the activity or action
4. The client's consent is in writing prior to the assessment

Prior to the older person giving consent to the assessment you should ensure the following:

- Make sure the older person understands the assessment process and what they are consenting to
- Make sure the older person does not feel pressured into providing consent
- Provide the older person sufficient time to make choices
- Use the correct forms to document and record consent
- Store completed consent forms in the person's file



Element 2: Contribute to the identification of risks

There is a need to assess the client's level of risk, so care workers and their coordinators can develop and implement appropriate strategies to reduce these risks. When carrying out any assessments, measures must be taken to ensure there is a balance of the older person's right to safety and their right to independence and autonomy.

Factors that may affect an older person's level of risk

A risk is anything that may result in harm or injury. Older people are more likely to be at risk of injury or harm due to medical conditions, disease and illness. Behaviour, lifestyle, and external hazards can also contribute risk. As a senior aged care worker, you need to consult with your supervisor and relevant health professionals for guidance in identifying, assessing and interpreting a person's conditions and risk factors that may affect their health and wellbeing.

There may be a number of reasons why an older person is at risk. Identifying potential risk involves being mindful of and present during the behaviour of the older person. There are many changes in behaviour that may indicate that an older person is at risk or potential risk. These changes in behaviour include:

- Withdrawing from family/friends
- Not wanting to be left alone
- Not wanting to be touched
- Loss of interest in previously pleasurable activities
- Lack of concentration
- Lack of energy or motivation
- Saying goodbye to loved ones
- Impulsive or risk-taking behaviour
- Making final arrangements, for example giving away valued possessions
- Self-harm or suicide attempts

Lifestyle factors

Certain lifestyle factors that the client has can put an older person at a greater level of risk. These are summarised below:

Alcohol consumption

Long term consumption of alcohol can contribute to multiple medical conditions such as osteoporosis, reduced peripheral sensation and brain atrophy. Various factors decrease an older person's ability to break down and tolerate alcohol. Also older people are more likely to be taking medication whose affects are compounded by alcohol. For these reasons and many more, alcohol consumption puts older people at greater risk of losing their balance and the possibility of falling.

Physical activity

The older a person gets, the less they tend to exercise. There are many reasons for this, including having a lack of energy and worries about their increased risk of falling and disease. Exercising helps people maintain their muscle strength and reduce the loss of bone mass. A strong musculoskeletal system reduces a person's risk of falling and risk of developing disease and illness.

Diet and Nutrition

A person's diet can also contribute to a person's risk of falling and the consequences that come with it. Proper intake of Calcium and Vitamin D will play an essential role in maintaining healthy bones and muscles. Calcium can be found in dairy products as well as green leafy vegetables, nuts, and some seafood. Vitamin D can be found in oily fish and can also be sources from sunlight.

Medical conditions

It is also important to recognise and be aware of the medical risk factors that may be related to risks in older people. Medical causes may include:

- Stroke
- Incontinence
- Parkinson's Disease
- Dementia
- Arthritis
- Diabetes
- Osteoporosis
- Foot problems
- Acute illness
- High or low blood pressure
- Visual impairment
- Impaired cognition
- Degenerative joint disease
- Motor disorders

Many medical conditions may increase the risk of falling by impacting directly on a person's physical and sensory abilities such as their balance and posture. It should also be noted that the use of multiple medications can increase falls risk significantly.

There are many major risk areas which affect the ageing population. We will now discuss these further.

Depression and anxiety

Anxiety and depression in older people may occur for different reasons. Physical illness or personal loss can trigger or bring on depression and anxiety.

Factors that can increase an older person's risk of developing anxiety or depression include:

- An increase in physical health problems/conditions e.g. Heart disease, stroke, Alzheimer's disease
- Chronic pain
- Side-effects from medications
- Losses: relationships, independence, work and income, self-worth, mobility and flexibility
- Social isolation
- Significant change in living arrangements e.g. Moving from living independently to a care setting
- Admission to hospital
- Particular anniversaries and the memories they evoke anxiety

The symptoms of anxiety in older people are sometimes not all that obvious as they often develop gradually and, given that we can all experience some anxiety at some points in time, it can be hard to know how much is too much. Often older people with anxiety will experience a range of symptoms including:

- Avoiding objects or situation which cause anxiety
- Difficulty making decisions
- Feeling overwhelmed
- Constantly tense or nervous
- Having trouble sleeping
- Sweating and shaking

Depression

An older person may be depressed if, for more than two weeks, he or she has felt sad, down or miserable most of the time or has lost interest or pleasure in most of his or her usual activities.

Older people with depression tend to present with physical symptoms. This can include:

- Sleeping problems
- Slow movements
- Memory problems
- Loss or change of appetite
- Unexplained headaches, backache, pain or similar complaints

Below is a list of behaviours which older people who present with depression may have:

- Withdrawing from family and friends
- Decline in day-to-day ability to function, being confused, worried and agitated
- Indecisiveness
- Loss of self-esteem

Abuse

Elder abuse implies a relationship of trust with the abuser, such as that of relative, friend, practitioner, staff member or volunteer. It also implies that if actions cause harm to the older person, they are abusive regardless of the circumstances or intent.

Mistreatment or abuse by those from whom older people have every right to expect quality service includes care that is inadequate, inappropriate, and abnormal or which dishonours their culture, beliefs or rights.

Factors that increase an older person's risk of abuse include:

Carer stress

The carer may feel stress when caring for another person, and this may be a factor which triggers the abuse. Factors that contribute to an abusive relationship may include financial difficulties, inadequate support to provide high quality care an unfamiliarity with the caring role and its responsibilities

Dependency

The client is dependent on the carer due to physical frailty, disability or cognitive impairments.

Family conflict

Abuse can be a continuation of domestic violence or family violence that re-emerges as abuse in the caring situation. People are also at risk when two or more generations live together, and intergenerational conflict exists. In cross-cultural situations where two or more generations hold different cultural values or roles, tension and conflict can place dependent people at risk of abuse.

Isolation

The client or carer may be isolated and lack social contacts or support. The following factors increase the risk of abuse

- Misappropriation of property, money or valuables - a loss of money ranging from removal of cash from a wallet to the cashing of cheques for large amounts of money, loss of jewellery, silverware, paintings or furniture
- Forced changes to a Will or other legal document - the making of a new Will in favour of a new friend or another family member. Power of Attorney may be obtained improperly from a person without decision-making capacity.
- Denial of the right to access personal funds - A family member may take control of a person's finances or banking, while the older person is still capable of maintaining their affairs.
- Forging of signatures - on bank accounts or legal documents.
- Misusing Enduring Power of Attorney
- Going grocery shopping and not returning the change
- Physical isolation
- Social isolation
- Emotional isolation
- The absence of adequate support or relief for the carer

Medical/psychological conditions

In many cases of physical and psychological abuse, the mental health of the perpetrator is implicated as the major contributory factor. Abuse may occur when either party has:

- A period of mental illness
- A history of mental problems
- Difficulty in controlling anger and frustration
- Low self-esteem or feelings of low self-worth
- An older person may also be considered to be at risk when they suffer from cognitive decline, for example, an older person experiencing a dementia.

Addictive behaviours

Where the carer or family member has a dependency on drugs, both prescription and illicit, alcohol or a gambling problem, an older person can be considered to be at risk of abuse.

Categories of elder abuse

Elder abuse is often hidden and so its exact nature and extent are difficult to identify. Nevertheless, it is recognised that those who are very old and frail or living in a dependent relationship are at risk of experiencing some form of abuse. The following list gives some examples of elder abuse.

Type of abuse	Signs and symptoms	Example
Financial	<ul style="list-style-type: none"> • Reluctance to make a will • Loss of jewellery and personal property • Unprecedented transfer of funds 	<ul style="list-style-type: none"> • Denial of the right to access personal funds - A family member may take control of a person's finances or banking, while the older person is still capable of maintaining their affairs.
Psychological /Emotional	<ul style="list-style-type: none"> • Reluctance to talk openly • Helplessness • Withdrawal • Insomnia/sleep deprivation 	<ul style="list-style-type: none"> • Verbal intimidation - being forced into making decisions against your will.
Physical	<ul style="list-style-type: none"> • Seen by different doctors or hospitals • Unexplained accidents or injuries • Bruising and abrasions 	<ul style="list-style-type: none"> • Physical restraint such as tying a person in a chair, putting them in a chair they can't get out of, or locking a person in a room.
Sexual	<ul style="list-style-type: none"> • Torn, stained, or bloody underclothing • Bruising on the inner thighs • Difficulty in walking or sitting 	<ul style="list-style-type: none"> • Sexual harassment - Inappropriate comments/labelling about general appearance, attitude, and behaviour.
System	<ul style="list-style-type: none"> • Inadequate social housing • Neglect of care by family members • Medical neglect • Lack of advocacy services • Self-neglect 	<ul style="list-style-type: none"> • Failure to provide proper medical care • Neglect or abuse in the home or facility • Lifestyle choices causing risk and harm

Falls

As people age, the risk of falls becomes more common, and the likelihood of an injury may increase. Older people fall in and around the home, or in a residential facility. There are a number of factors which may increase the risk of falls. This includes:

- Home hazards
- Sensory and balance problems
- Medicines
- Chronic diseases

For someone who is at risk of falling, there are health professionals who can assist. These professionals can identify risk minimisation strategies to reduce the risk of falls. Some of these health professionals include:

- Doctors
- Physiotherapists
- Podiatrists
- Occupational therapists
- Optometrists

Medication

Older individuals are prescribed a number of medicines to assist in the treatment and prevention of disease, to increase life expectancy or to improve quality of life. As people age, the risk of experiencing side effects from medications may increase. An individual may experience difficulties with vision, hearing, memory or cognitive function making it harder to manage the use of medication safely. To assist older individuals, there are services available to help develop a plan for managing medicines. This can involve reviewing all the medicines you take to ensure you need them, checking your medicines are stored correctly and seeing if you will benefit from a dose administration aid or other system to remind you to take your medicines on the right day and at the right time.

Dehydration and malnutrition

Malnutrition and dehydration can lead to a number of serious health problems. A few examples are infections, confusion, and weight loss. Severe dehydration can be fatal. Many things contribute to malnutrition and dehydration in an older person. The following list indicates some risk factors that may interfere with getting an adequate amount of the vitamins, minerals, protein, calories, and liquids needed to maintain strength and health.

- Lack of individualised care
- Loss of appetite from a lack of exercise, exposure to fresh air, or sensory or mental stimulation
- Staff who are uneducated about proper ways to assist residents with eating and drinking, including proper positioning
- Reliance on liquid supplements
- Special diets or pureed food, which are often unappetising or regular food that is served cold
- Cultural differences that occur when an aged care facility does not serve foods that a resident is accustomed to eating; an unpleasant, chaotic dining room environment, which distracts residents and increases agitation
- Absence of fresh water within reach at the bedside and failure to open cartons of milk, juice, and supplements that are left out of reach

Dysphagia

Dysphagia is a condition in which an individual has difficulty swallowing. This means that it may take more time and effort to move food or liquid from the mouth to the stomach. There are a number of symptoms associated with dysphagia which include:

- Being unable to swallow
- Drooling
- Bringing food back up
- Having frequent heartburn
- Unexpected weight loss

The following are risk factors for dysphagia:

- Ageing: this may be due to the natural ageing process and normal wear and tear on the oesophagus
- Health conditions: Individuals with certain neurological or nervous system disorders

Incontinence

Older people who have serious health issues such as diabetes, mobility, and cognitive problems or impairment often experience incontinence. Changes in the bladder or urinary tract can be due to age-related changes in the body and can often cause urinary tract infections. Factors that increase the risk of developing urinary incontinence include:

Age:

As you get older, the muscles in your bladder and urethra lose some of their strength.

Changes with age reduce how much your bladder can hold and increase the chances of involuntary urine release.

Being overweight:

Extra weight increases pressure on your bladder and surrounding muscles, which weakens them and allows urine to leak out when you cough or sneeze.

Other diseases:

Neurological disease or diabetes may increase your risk of incontinence.

The risk assessment process

The Australian Aged Care Quality Agency has developed assessments and standards for managing key health challenges experienced by older people. These standards deliver the expected outcome for the older person as they receive care in a residential facility or home.

To work effectively in the aged care industry, you need to be aware of any changes in an older person's condition, and immediately inform your supervisor or a health professional. It is best to assess risk using a number of different assessment techniques, and to encourage the older person and their carer participate during the assessment process.

Risk assessment methods

Different methods of assessment can be used depending on the context, and the older person's specific needs. Using standardised assessment tools ensures consistency in the information which is collected during the assessment. When conducting the risk assessment, the following methods can be used:

- Strength-based assessment – focuses on an older person's strengths and competencies
- Domain-based assessment – focuses on a particular domain of health and functioning such as mental health, physical abilities or social needs
- Norm-based assessment – focuses on the older person in relation to a predefined population, known as a sample
- Competency-based assessment – the process of assessing a person's competencies in different areas

Risk assessment tools

There are a number of tools that can be used to assess and document the older person's level of risk. The following information describes some of the tools you may use.

Medical history

Community centres, residential care settings and home and community care services collect information about a client's medical history. Additional information is obtained from the person's GP or other health care professionals to assess whether or not the client's medical conditions increase their level of risk.

Medication charts

Certain types of medication can signal an increased level of risk. You may need to check the client's medication chart which communicates the medication a client should be taking, the dosage and route. It should be noted that clients who take more than one medication are also at increased risk of falling.

Blood pressure charts

Blood pressure charts are used to monitor blood pressure, which is calculated by the amount of blood at mid heartbeat (systolic) and while the heart is at rest (diastolic). When a person's blood pressure is low, they may become dizzy and lose consciousness which put them at a higher level of risk.

Fall risk assessment: Posture, balance, and gait assessments

There are many forms of balance and gait assessment. Examples of these include:

- The timed 'Up and Go' test where older people are encouraged to walk three metres; older people taking more than 12 seconds are deemed at risk of falling
- Romberg's test is where the older person stands with their feet close together and their eyes shut. Problems staying upright indicate that the older person is at greater risk of falling.
- The sterna push test is where the older person is pushed to gauge whether or not they can regain balance if they slip or trip.
- The Berg Balance Scale (BBS) was developed to measure balance among older people with impairment in balance function by assessing the performance of functional tasks. It is a valid instrument used for evaluation of the effectiveness of interventions and quantitative descriptions of function in clinical practice and research.

Resident Name: _____ Physician: _____
 Room #: _____ Diagnoses: _____

Key:

Low Risk	Moderate Risk	High Risk
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MEDICAL STATUS/ HISTORY:	CATEGORY	CHARACTERISTIC	Assessment Date				EVALUATION	
			#1	#2	#3	#4		
	Fall History	NO falls in past 3 months						
		1-2 falls in past 3 months						
		3 or more falls in past 3 months						
	Medications	<i>Respond below based on these medications: anesthetics, antihistamines, antihypertensive, antiseizures, benzodiazepines, cathartics, diuretics, hypoglycemics, narcotics, psychotropics, sedatives/hypnotics</i>						
		Currently takes none of these medications						
		Currently takes 1-2 of these medications						
		Currently takes 3-4 of these medications						
		A change in medication and/or dosage in past 5 days						
	Continance Status	Ambulatory/continent						
		Wheelchair or ambulatory aid/continent						
		Ambulatory/incontinent						
		Wheelchair or ambulatory aid/incontinent						
	Vision/Hearing	Adequate (with or without glasses/hearing aid)						
		Poor (with or without glasses/hearing aid)						
		Legally Blind or very hard of hearing/deaf						
Predisposing Diseases/ Conditions	<i>Respond below based on these conditions: hypotension, vertigo, CVA, Parkinson's, loss of limb(s), seizures, arthritis, osteoporosis, fractures, dementia, delirium, anemia, wandering, anger</i>							
	None present							
	1-2 present							
		3 or more present						
1. Assessor Name: _____ Date: _____		2. Assessor Name: _____ Date: _____						
3. Assessor Name: _____ Date: _____		4. Assessor Name: _____ Date: _____						

Document available at www.primaris.org

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Mental status evaluations

Mental status evaluation test people's orientation (being aware of who they are, the time period and where they are) as well as memory and thought processes. Problems with cognitive function can indicate dementia. Impaired spatial awareness can be a feature of dementia. If people are not able to judge distance, depth and the location of objects, they are more likely to trip and fall.

Hazard identification forms

The assessment approaches discussed so far focus on the individual. A hazard identification form focuses on the environment, identifying potential hazards that contribute to risk such as floors, lighting, space, noise, furniture, and fittings.

Multifactorial fall assessment forms

These tools are called multifactorial falls assessment forms because the form covers a number of factors. These forms differ slightly in their layout but typically gather information on a range of different factors including about a person's physical and mental health and their environment. Below is an example.

Risk factors	Notes/Action Required	Record of action taken/Referrals made
<p>1. Medical History Any recent or noticeable changes in condition? Any previous/recent hospital or GP attendance? What for? Any other unreported problems, e.g. chest pain, palpitations, pain, restricted mobility</p>		
<p>2. History of Falls Has a history of one or more falls in the past year? Are there any patterns to the falls? Do they keep a falls diary?</p>		
<p>3. Osteoporosis / Previous Fractures (due to falling) Has the patient had any previous fractures due to falling? A diagnosis of Osteoporosis? Possible undiagnosed Osteoporosis?</p>		
<p>4. Medications Has the client had a medication review within the last 3 months if they are taking regular medication? Does the client know what their medications are for? Does the patient/client know how to take their medicines?</p>		
<p>5. Postural Hypotension Feeling dizzy/light headed on standing or sitting up?</p>		
<p>6. Alcohol Is alcohol adversely affecting the clients' mobility?</p>		
<p>7. Nutrition Any weight loss or poor fluid intake? Any risk/history of osteoporosis?</p>		
<p>8. Continence "Does your bladder or bowel ever/sometimes cause you problems?"</p>		
<p>9. Vision and Hearing Does the client have difficulty reading a book or newspaper? Can the client recognise an object across a room? Does the client have difficulty hearing conversational speech?</p>		
<p>10. Footwear/foot care Is the client wearing inappropriate footwear? Does the client have problems with their feet?</p>		
<p>11. Balance and Walking Does the client complain of feeling unsafe or looks unsafe when walking? Does the client walk with a walking aid?</p>		

Risk factors	Notes/Action Required	Record of action taken/Referrals made
12. Transfers Does the client have difficulty transferring from standing/sitting/lying? Or from standing to walking?		
13. Environmental Hazards Is the home as safe as it could be?		
14. Reduced confidence Does the client fear further falls? Have they changed their lifestyle due to a fall?		
15. Coping Strategies Does the client know how to get up from the floor? Are they able to summon help if they fall?		
16. Memory/ Comprehension/ Depression Does the client have difficulty understanding or following advice given? Do they have an awareness of their own safety and a memory of events? Are they depressed?		

Recognising the older person's risk factors based on medical history, measurements, and findings

During the assessment process, you will gather a range of information about the older person from a variety of sources. Gaining knowledge of the older person's medical history will be valuable in analysing their current needs. This information can be collected from specialists who may be consulted during or following the assessment of an older person with specific health issues. These specialists can include:

- Cardiologist – to assess heart disease
- General practitioner – to gain an insight into the person's medical history
- Occupational therapist – to identify hazards in the environment
- Psychologist – to assess mood disorders such as depression
- Registered nurse – to check blood pressure and interpret health/medical information

Minimising discomfort during the assessment process

When conducting an assessment, care and consideration needs to be taken to ensure it does not cause any unnecessary discomfort to the older person.

The venue in which an assessment is taking place should be in a location that the client can reach with as much minimal inconvenience as possible. The location should be large enough to complete the necessary tasks and for any specialist equipment required. Steps to ensure the client's privacy and dignity are maintained should also be considered.

To make the process a little more comfortable, encourage the client to invite a support person. Make sure the client understands the purpose of the assessment process including how and why is being carried out. This will minimise any stress or fear they may be feeling. Throughout the process maintain a warm and welcoming demeanour and take steps to develop a positive relationship with the client.

Do not take longer than necessary nor should you rush the client. Give them ample opportunities to ask questions and where possible observe and respond to any body language or other cues that may indicate they are uncomfortable or under stress and if this becomes the case cease the assessment. Finally, allow sufficient time to discuss the results with the client and most importantly, what happens next.

Maximising participation during the assessment process

A risk assessment should be done in conjunction with the older person and if applicable a carer. It is best practice to involve clients in all aspects of their care as they are more likely to reduce risk actively if they have been involved in identifying them in the first place.

As discussed in the previous section, before an assessment is to be carried out, the client's role needs to be established. Older people and their carers will only be involved in assessments if they understand their role and if they want to be involved. Once the client understands their role, it may be your job to encourage and motivate the older person to participate in the assessment process.

There are many benefits to involving the client in the assessment process, these include:

- Older people are a good source of information about their health and wellbeing
- Older people who are involved in assessment are more likely to take responsibility for implementing treatments
- Older people who understand the reason for and the steps involved in assessment are less likely to find the process worrying
- A sense of control is vital to good mental health
- Client-centred care is now the preferred model of health care
- The regulations and standards that apply in the aged care sector dictate that where possible, older people should be actively involved in all aspects of care

As discussed, the key to motivating the client to get involved in the assessment process is to help them understand why the assessment is important and what the consequences are if the assessment does not take place. Discuss also the benefits they will gain by participating in the assessment.

Make sure when explaining the assessment process, you use plain language. Using specialist language is like jargon to the client and will not aid in getting them to understand. It may be useful to provide brochures and fact sheets that explain why older people may be at greater risk, the different causes of risks and what actions can be taken to minimise risks.

Using the support of carers to identify risks

A client's carer will provide invaluable insight into a client's care requirements and can also be of great assistance during the assessment process. The carer can provide information about the living environment, medical history, health, and behaviour the older person may have overlooked or may not think is significant.

A carer can also act in a support role for the client so that they feel more comfortable during the assessment process. They can often explain the assessment process to the older person in language they understand. However, remember that a carer should only be involved in the assessment process with the client's consent. Clients have a right to choose if they want to participate in the assessment process, and who else they want involved as well.

Identify issues outside of scope

As an aged care worker, you must be able to recognise when there is a need to ask for advice and refer to the relevant parties involved in the older person's care and support. Your organisation will have policies and procedures regarding reporting serious issues to an external source if the older person is at risk of harm or injury. Issues you may identify as beyond your scope of practice include:

- An assessment you are not qualified to conduct
- A person requiring medication to be administered
- A person experiencing assault or sexual abuse
- A person who is violent
- A person is in imminent danger

The following table provides a list of examples of situations outside your scope and what you should do.

Situation	What you should do
The older person shows signs of depression	Refer the older person to their GP who can organise a referral to a psychologist
The older person becomes angry and violent during the assessment	Remove yourself from the situation, remove other people from the area, call for your supervisor
The older person is in pain	Refer the older person to their GP who can organise further assessment
The older person refuses to continue with the assessment	Contact your supervisor

Conducting a client risk assessment

Coordinators must also assess and identify risks that are related to the provisions of personal care support that meet each client's individual needs. This means taking into account their condition or disability, their skills and abilities, their needs for support and other aspects of the person's physical and behavioural requirements that may cause risks in providing personal care support.

Weight

There are risk issues for overweight and underweight clients.

Overweight clients may have difficulty bearing their weight independently when performing tasks and may need support; for example, to transfer from bed to chair, into showers, onto toilets. Most workplaces have a 'no lift' policy meaning workers are not permitted to lift clients physically at all and must use lifting equipment. Coordinators should ensure lifting equipment is appropriate for the client's weight.

Skin integrity

Older people and some people with disabilities may have thinner skin. This means their skin may tear easily if knocked or scraped. It is important that this risk is identified, and personal care provided in a manner that manages risk. Clients with poor circulation or diabetes can be at high risk of infection from breaks or cracks in their skin.

Infection

Clients may have a condition that affects their immunity to disease and infection. Infection may be internal, such as lungs or kidneys, or external through breaks in the skin. Where a client has poor immunity and high susceptibility to infection it may be necessary to ensure workers have not been in contact with viruses or infections, that appropriate protective clothing is used, and waste is disposed of appropriately.

Evidence of self-neglect

Coordinators should look for signs the client is neglecting their self-care or that this may occur. For example, a client does not:

- Eat or drink even when meals and drinks are prepared for them
- Maintain their personal hygiene or appearance
- Wash their clothes
- Participate in social or family activities

Behaviours of concern

Clients who display behaviours of concern may pose a risk to themselves or to others. Behaviours of concern include:

- Physical or verbal aggression
- Inappropriate sexual behaviour
- Self-mutilation or abuse
- Eating or drinking dangerous substances

Impaired judgement and problem-solving abilities

Clients with intellectual or cognitive disabilities may have difficulty deciding the best or safest way to perform a task. Some examples include:

- Not knowing how to safely protect money or valuable goods
- Not knowing who to trust with their safety; approaching strangers
- Believing they can perform tasks or use equipment, such as electrical appliances, tools and cars safely

Impaired cognitive functioning

Some conditions and disabilities may affect the person's memory or thinking. Where this is the case the client may be at risk of placing themselves in a dangerous situation. Clients with memory problems may turn on an appliance and forget about it, go out of the home and become lost, or forget to perform personal care and other tasks.

Coordinators should be aware of situations where clients have impaired memory or thinking and the risks that is likely to pose to their health and wellbeing and that of others around them.

Element 3: Implement risk minimisation strategies

Once you have conducted an assessment and have identified the various factors related to an older person's level of risk, it is now time to identify the best options available to minimise the client's risk. Each client should have a risk minimisation strategy that best meets their needs.

Identify and explain the options to minimise the risk to the older person and carer

Clients have a right to make informed decisions about all aspects of their care. They can't make informed decisions unless they are aware of the different options available to them. Options to minimise the risk to the older person can be divided into five broad categories: diagnostic, therapeutic, preventative, rehabilitative and social support.

Diagnostic	Diagnostic activities focus on finding out why a person is at risk. Diagnostic strategies are more commonly called assessment.
Therapeutic	Sometimes medical conditions such as depression, delirium, dementia, and musculoskeletal problems may place on older person at risk. An example of a therapeutic strategy would be changing a person's diet or lifestyle.
Preventative	A preventative option is one that provides a risk-free environment. Preventative options are more cost effective and provide the older person with a better opportunity of maintaining good health.
Rehabilitative	Rehabilitative options focus on building people's physical strength and confidence to minimise risk to the older person. Rehabilitation is done with a health professional such as a physiotherapist.
Social support	Participation in social and recreational activities can reduce the risks of depression and help maintain muscle strength and stability.

Before explaining any risk minimisation options to the older person, make sure you ensure they understand the risk their condition or health challenge presents. Explain the consequences that may arise if no action is taken to remove or reduce risk. This will help reinforce why the risk minimisation strategy must be implemented.

The next step is to discuss the various options they have. Take care to use plain language and to provide the client with opportunities to ask questions or clarify when they do not understand. If there are language barriers present, ensure steps are taken to overcome this such as an interpreter or providing pamphlets that are available in a number of community languages. Providing the client with written information about possible options will also allow the client to refer to this information after your meeting if needed and can use it to explain the options to family members.

Checking that options are understood

It is important that the client and their carer understand the support options and their implications.

You must remember that clients have a right to determine their own service options. This means that coordinators must clearly explain the range of options available to provide the required support. The clients' right to choose must be explained and supported. There are ethical, legal, economic and practical reasons for this.

Ethical reasons: Many clients who require personal care support are vulnerable and dependant on others for a range of needs. Being empowered to make choices about support options can assist the client to remain independent, self-confident and assured.

Legal reasons: coordinators have a duty of care to clients under common goal. Aged and disability care legislation also required that clients are provide with information and choice about the services available to them, they have the right to make their own choice and to have their choices respected.

Economic reasons: clients are more likely to choose to participate in programs or use the service of agencies that respect the client's right to choose. Often service funding is based on client numbers. If clients choose to go elsewhere, the funding, the organisation receives may be reduced or withdrawn.

Practical reasons: usually clients or their carers are best placed to know their own preferences and interests. For practical reasons it is worthwhile ensuring that the client and carer understand the service options available to them in order to make a suitable choice.

Checking understanding

A clients' choice of service options can be acknowledged and facilitated in the following ways.

Listening

Clients and carers are more likely to become actively involved in understanding and choosing service options if they feel their question and opinions are being respected and valued.

Maintaining current knowledge

Services options may change depending on government priorities, funding requirements and service location. A coordinator must develop and update their knowledge about their services available.

Maintaining current knowledge about services can be facilitated by joining service organisation mailing lists, reading and filing the information appropriately and by establishing and sustaining good networks and attending network meetings to discuss information with others in the aged and disability network.

Identify risk minimisation strategies

Strategies selected should be safe and address the client's needs and requirements as best as possible. Discovering a person's needs and requirements is a step usually accomplished when developing an individualised plan for the client. Therefore, the information gained during this process can be utilised when trying to establish the best risk minimisation strategy. If need be, you can find out more information about the older person's needs by:

- Accessing their medical history
- Checking incident and accident reports
- Reading progress notes
- Speaking with the older person, their carer, and others

Risk minimisation strategies can include the following as outlined in the table:

Type of strategy:	Example:
Those directed towards the person	Use of medication to correct illnesses and disorders that increase the level of risk. Undertake rehabilitative therapy with a physiotherapist
Those directed to the person's behaviour	Encourage the older person to sit and stand slowly Eat a healthy range of food items Take vitamin supplements Spend time outside or participating in activities Use continence aids
Those directed at the environment	Clear obstacles from walkways Install grab bars Apply non-slip surfaces to all walkways Make sure floor surfaces are even Provide showering aids

Implement strategies safely and effectively

Take care to ensure risk minimisation strategies are safe as well as effective. Make sure the strategy you choose does not overextend the older person or require them to do something they are not physically capable of doing.

When implementing your chosen strategy, you must also take steps to ensure that it does not pose greater risks to the client. Conducting a risk assessment will help identify what may go wrong and reviews the types of hazards, their degrees of risk, and the consequences of the risk. From this information, steps can be taken to ensure the implementation of the risk minimisation strategy will pose no risk of harm or injury to the client.

Finally, consideration must be made to ensure any risk minimisation strategies do not cause any discomfort to the client. For example, implementing a risk minimisation strategy may make the client feel uncomfortable as they may not like the idea of a stranger coming into their home or may feel the presence of another person intrusive. You can avoid any discomfort caused by taking the time to listen to client preferences and incorporating these into your strategy.

Supporting the carer to participate in the strategy

The assistance of the carer in implementing the strategy can prove to be very useful. Some people living in their own home are supported by their carer full time and in this situation, the participation of the carer in the strategy will ensure its effectiveness. The following are some ways that you can support the carer to participate in the strategy:

- Provide as much information as possible. Fill in any gaps in their knowledge about the minimisation strategies.
- Assist the carer in gaining any required skills to participate in the strategy as relevant. This may include showing them how to complete tasks or arranging training for the carer.
- Listen to the carer and provide emotional support where necessary.

Implement risk minimisation strategies

As an aged care worker, it is important to improve your awareness of fall minimisation strategies and the options available to clients. To increase your awareness, you can:

- Ask experienced aged care coordinators for advice
- Attend networking events to interact and learn from other coordinators within the industry.
- Speak to health care specialists
- Read current medical journals and research articles on fall strategies

Strategies and options which are selected for the older person should be discussed with the client and carer. You need to make sure the strategies are safe and address the person's needs. Fall minimisation strategies fall into three categories:

- Those directed towards the person
- Those directed to the person's behaviour
- Those directed at the environment

When selecting the strategy for the client it must be appropriate for their needs. First identify what needs are a priority and any other specific requirements they may have. To help identify the client's needs, you may encourage them to keep a falls diary. This is a record of when the fall occurred, what happened prior to the fall and any injuries they may have sustained. A falls diary can be used to find out what caused the fall and what option is suitable to remove or reduce the risk of a fall again.

Fall minimisation strategies should be implemented safely and effectively. All employees have obligations under state and federal health and safety legislation to ensure a safe workplace. As mentioned previously, a risk assessment is to be carried out to identify and minimise hazards that may occur.

Once a risk assessment has been conducted, coordinators must take all reasonable steps to ensure the strategies are implemented safely and within their scope of practice. It is a legal requirement that you only implement a care plan if you have the required skill and knowledge to do so. Refer to the section in the learner guide to limitations within your job role.

When implementing the strategies, you should do it in a way that avoids discomfort for the client. You have a responsibility to act ethically which means,

- Improving the client's health and wellbeing
- Not doing anything that will harm the client

A dilemma faced by coordinators is that some measures to improve health and wellbeing can also physically and emotionally harm the client.

The table below gives a list of strategies; an explanation of how these strategies could cause a person physical or emotional discomfort and methods of avoiding discomfort.

Strategy	How it can cause discomfort	Avoiding discomfort
Changes to diet	Changes to diet may make a person feel uncomfortable	Introduce changes slowly to allow the older person time to adjust. Seek the support and advice of a dietician
Continence management	Older people may be embarrassed about incontinence	Reassure them that many people experience incontinence as they age Seek the support of a continence nurse
Treating depression	Older people may believe having depression mean that they are 'crazy' Medication used to treat depression may have adverse effects	Reassure the older person that many people experience depression and that it is treatable Seek immediate help if the older person experiences adverse effects

PREVENTING FALLS STEP BY STEP

IN THE HOME:

- Know about any side-effects of medication that could potentially lead to a fall.
- Use non-slip rubber mats in the bathtub and shower.
- Keep your home well-lit, placing lights in hallways, stairwells, and bathrooms.
- Clean up spills once they happen.
- Use handrails on the stairway and in the bathroom.
- Clear walkways of clutter, electrical cords, etc.
- Get rid of throw rugs or use double-sided tape to secure them.

YOURSELF:

- Exercise to improve strength, balance, and coordination. Always check with your doctor before starting a new exercise routine.
- Wear sturdy shoes and/or non-skid socks.
- If you live in a region that gets wintery weather, consider putting special cleats on your shoes to prevent you for slipping on the snow and ice.

The infographic features a cutaway illustration of a house with various rooms. Red and green dots are placed on the floor, stairs, and bathroom fixtures, with lines pointing to text boxes. A person is shown on the right with a green dot on their chest and another on their foot, also with lines pointing to text boxes. A small circular inset shows a shoe with a cleat.

Element 4: Monitor risk minimisation strategies

At times, a risk minimisation strategy may not produce the desired results. It may prove to be ineffective or have negative effects on the older person. Aged care services have an obligation to monitor risk minimisation strategies and report on how effective they have been. Establishing how successful or not successful a strategy has been, will help you identify if any modifications need to be made.

Monitor the effects of the strategies on the older person

By monitoring the effects of a strategy, you may identify that is not working for whatever reason. For example, you may monitor the implementation of grab bars in a client's bathroom and find that due to a lack of upper body strength, the grab bars are placing the client in greater risk to falling. As a result of this, timely action must be taken to prevent the client and others wasting their time or from injuring themselves unnecessarily.

In some cases, the client or their carer may be able to let you know if a strategy is not working. However, they may not want to complain or may not even be aware there is a problem. Therefore, the responsibility lies with the coordinator to make sure the older person receives care that meets the client's needs. A variety of methods should be employed to monitor a strategy's effectiveness. The following table covers the different methods that can be used to monitor the effects of the risk minimisation strategies:

Incident and accident reports	These can be used to identify if an older person has had an accident or been at risk. They provide information about: <ul style="list-style-type: none">-What happened before the incident or risk-What the person was doing at the time of the incident-When and where the incident occurred-Injuries as a result-Follow up action taken
Reviewing progress notes	Workers should update progress notes about: <ul style="list-style-type: none">-If the strategy is meeting the person's needs-If the client has complied with the strategy-If there were any problems with implementing the strategy
Asking relevant others	Team meetings provide support workers with the chance to explain and discuss the client's progress or any concerns they have. The carer and the client may be able to provide you with insight into any problems they faced
Communication diary	This can be used to log any concerns the older person or carer has with the particular strategy

Tools to monitor risk

An older person receiving care will have their health risks monitored using assessment tools. Depending on the strategy, the older person will be monitored to indicate the level of success and progress being made. Most organisations will have standard procedures and tools for collecting and assessing a person's information. Using these ensures the information you obtain is comprehensive and covers all the issues which are needing to be covered. Within your organisation's assessment protocols, you may use a range of tools and methods which include, reviewing care plans, direct observation, consulting with others and administering specialised screening.

There are a number of common assessment tools for monitoring risk which include:

- Contenance aids assessment
- Pain management assessment
- Mobility assessment
- Diet diagnosis
- Health directive assessment
- Depression assessment
- Medication management assessment

Identify indicators of increased risk

A risk minimisation strategy may need to be adjusted and reviewed if the client's health and wellbeing is at risk. For example, if a client's condition changes, you will need to reassess the plan or strategy to reduce the risks associated with their changing condition. There are a number of indicators which can indicate a client is at increased risk. These are demonstrated in the following table:

Adverse reactions	An adverse reaction is a consequence of an intervention that is undesirable. These reactions can be physical, cognitive, or psychological.
Contra-indicators	A contra-indicator is a condition that makes a strategy inadvisable. This means that a particular strategy may not match the person's needs. For example, a doctor may not prescribe a certain medication if the older person is allergic to the medication or is taking another medication that is known to interact badly with the first medication.
Withdrawal of consent	A person withdrawing their consent means they no longer want to participate in the strategy. As a worker, it is important to encourage the client to participate in the strategy, but they cannot be forced to do so. You should ask the client to consider alternative ways of reducing the level of risk
Non-compliance	It is rare that an older person would resist following a risk minimisation strategy. However, sometimes they may simply neglect to carry out their responsibilities, especially if the strategy is not monitored sufficiently by a healthcare professional. The older person may find it difficult to comply if the strategy is unsuitable for their needs.

Many of the strategies of identifying increased risk have been discussed. Incident and accident reports, progress notes, feedback from clients and diaries are some of the ways you can not only monitor the effectiveness of a risk minimisation strategy but to also identify increased risk.

Feedback from medical professionals such as General Practitioners, Pharmacists, and Gerontologists, can help you identify contra-indicators as indicated by the example in the table above. Observation is a good tool for assessing any non-compliance. It is useful to watch the older person to see whether they are following instructions set out in the strategy.

Reassess and identify more appropriate strategies

There are many reasons why a risk minimisation strategy may be unsuccessful. The most prominent reason is the changing needs of the older person. Often, the older person's condition changes between the time the strategy is developed and when it is implemented. It may also be the result of not completing a comprehensive enough assessment of the older person's needs, conditions and risk factors in the first place. Therefore, it may become apparent that the strategy is inappropriate.

Another reason is a lack of understanding on what all people in the strategy are required to do. Poor communication of the plan may mean that those involved do not understand exactly what is expected of them. Communication should be verbal and in writing, and the understanding of all involved must be confirmed before the plan is implemented. Not gaining an understanding from those involved in the strategy may also mean that they don't support the strategy and will not participate fully as a result.

Evaluate strategies

You have a responsibility to take quick and appropriate action when a risk minimisation strategy is not working. In the evaluation stage of a strategy, you should ensure that the service continues to meet the older person's needs and is affordable and accessible.

Risk minimisation strategies will be successful when:

- The strategy meets the needs of the older person
- All relevant stakeholders involved in the care of the older person understand the support and care they are required to provide
- All people involved in the process and the implementation of the strategy carry out their responsibilities consistently
- The required resources and equipment are available and accessible

Identify ineffective strategies

To identify ineffective strategies, you may collect information from incident reports, progress notes and feedback from the older person. Information on assessing and reporting on current strategies can include general observation and reviewing documentation.

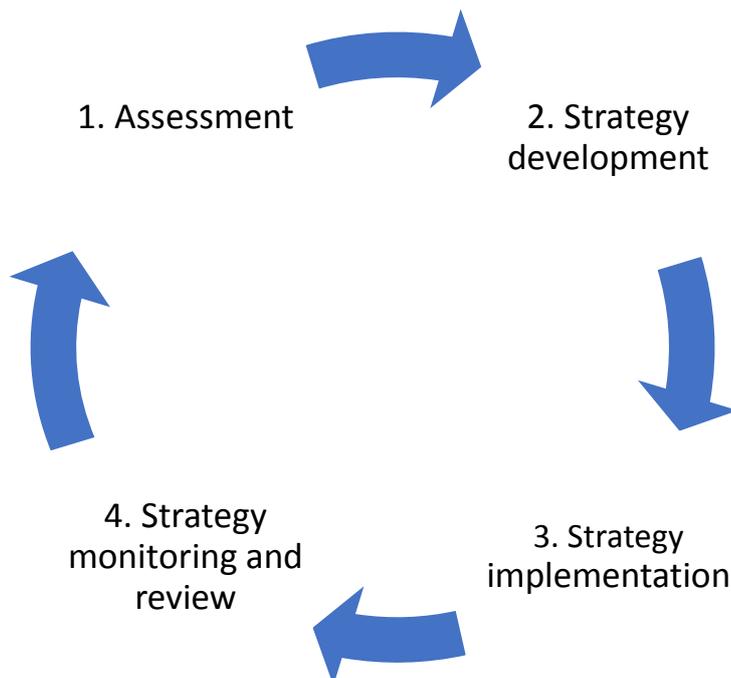
Some risk minimisation strategies also rely on the use of certain resources and equipment. If these are unavailable for whatever reason, it may become difficult for the strategy to be properly implemented. Signs that suggest a strategy is not working include:

- No change to the older person's health condition
- Increased level of risk
- Complaints by the older person and others
- Feedback from carers, workers, and others

It is your responsibility to be aware when a strategy is not working and to take quick and appropriate action. Report to your supervisor immediately if you notice a strategy is ineffective.

Assessing the outcomes of risk minimisation strategies

Assessing the outcomes of a risk minimisation strategy is a cyclical process as demonstrated in the diagram below. Once you have monitored and reviewed a strategy, it does not signal the completion of care. The original plan modified or replaced with a more appropriate strategy and then the situation then needs to be re-assessed, and the cycle continues. These steps may be repeated on a number of occasions depending on the older person and their situation.



When assessing the outcomes of fall minimisation strategies, you should ask the following questions:

- Does the strategy continue to meet the older person's needs?
- Is the older person satisfied with the delivery of the strategy?
- Are all stakeholders involved in the care of the older person satisfied with the older person's progress?
- Have the older person's needs changed?

If the answer is no to any of the questions, then a re-assessment should take place to identify a more appropriate strategy. Re-assessment is essential as the person ages and their condition changes. As discussed in the previous page, it is possible that the original strategy is inappropriate or was not followed correctly. Re-assessment should focus on:

- The factors placing a person at risk
- The strategy or strategies developed
- Whether people are fulfilling their responsibilities
- Other barriers preventing the fall minimisation strategy from working

If the answer to the question above is yes, the next step is to determine if the level of risk or potential risk has decreased completely or just partially. If the level of risk has only partially decreased, you should reflect on:

- The aspects of the strategy that did not work
- The aspects of the strategy that did work
- Ways to improve the strategy and its implementation

Reporting and documentation requirements

Completing documentation and reporting is an essential role of support coordinators and the staff they supervise. Information that is documented should be complete, factual, and easy to read. There are legal requirements and organisational procedures to follow when completing paperwork. The requirements include when information is to be completed and how it should be stored.

Reporting and documentation requirements have two main purposes: communication and accountability. Records and documentation may identify client needs; act as a guide for planned action and as a reference point to ensure the client is receiving the required services, particularly if several workers support a client.

Demonstrating accountability to service users, funding bodies, government, and other stakeholders is another reason for complying with organisational reporting and recording requirements. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Inaccurate or ineffective reporting and documentation may, therefore, have a significant impact on an organisation's professional reputation.

It is imperative that all legislative requirements and organisational protocols about how documentation and reports are completed, maintained, and stored are followed. Policies in the workplace dictate how information is gathered, who receives information about a client's progress, how the information is stored and who may access the information. These policies are designed to meet legislative and regulatory requirements which include privacy laws, freedom of information legislation and aged care services standards and principles.

All support provided to clients must be documented by the person providing the support. Workers must be aware of their responsibilities in regard to completing, maintaining and storing documentation. The following example shows progress notes written after personal care support has been delivered to a client at home.

Attended Mr. Babel at home today. Provided support with showering and dressing as per support plan. Mr. Babel was being picked up by his daughter and taken out for lunch, so I did not prepare his meal as usual. Signed - Lea Gardner 2/6/13

Any changes to a client’s condition must be documented so action can be taken to assess why the change has occurred and what impact it is having on the client’s needs. If information is passed on verbally, it must be documented in writing in progress reports or case notes.

As part of work health and safety requirements in the workplace, all incidents and hazards should also be reported and documented. If you witness a workplace accident involving a client or another person, you may be required to fill out an accident report form. All near misses should also be documented as this will assist in making improvements in the workplace.

Protocols of recording information

The protocols of recording information may be inferred from or detailed in organisational policy or procedures. Issues such as confidentiality and record management must meet legislative requirements. As an aged care worker, you must meet all organisational standards and requirements when recording information. Most government funded organisations undergo regular audit evaluations where records are examined to ensure work is being carried out to standards. Some common standards and requirements are listed below.

Be objective and factual	Objective language describes what has been observed or heard, not what someone feels or has an opinion of. Objectivity is important for accuracy and accountability; ensuring individuals are described in ways that are not affected by judgements, stereotypes, assumptions or opinions.
Be timely	The nature of a report or document along with the expectations of the organisation determines the timelines and protocols for the completion of reports. For example, client notes or case notes should regularly be completed, so the most current information is always available.
Maintain the confidentiality of other parties	Confidentiality of clients and others must be maintained when writing notes or reports that are recorded in one client’s file or records.
Be aware of language, jargon, acronyms	To ensure clarity and accuracy use complete words rather than abbreviations or acronyms, plain English instead of jargon. Ensure language matches the needs of the intended audience.
Use correct spelling and write legibly	Spelling is an important aspect of recording information. Incorrect spelling can lead to confusion or duplication of records. Writing must be legible and comprehensible.

Maintain documentation

It is important that documentation is maintained appropriately. Recording and documenting information is an ongoing task and can often be repetitive. Your workplace will have procedures and guidelines about how and when documentation is to be completed and kept up to date.

When maintaining client records, you must ensure that they reflect the changing care needs of the client. Unless client records are regularly updated, wrong decisions about a person’s care can be made based on out of date information which can put the client at risk of harm or injury.

In addition to ensuring documentation about a client’s care needs is up to date, it is also important to ensure that documentation is complete, and the right forms and documents are used. Using superseded forms may result in a failure to collect and record the information required for the client’s support.

Filing documentation appropriately

In any organisation, there will be policies, procedures, and guidelines about where reports and documents should be filed and stored. Privacy and confidentiality considerations also dictate how information will be stored. For example, there are various guidelines on file retention times. Information should always be kept in safe and secure areas.

Once reports and documents have been filled in, these must be filed away. Records must be stored in the correct place, so they can be easily located and referred to when required. Within client files, each type of record or document is stored in the same place. For example, in a client file, you may find personal information is always at the front, progress notes next, assessments behind that and payment records at the back. Many community agencies use electronic systems that allow users to input all client details, referrals, assessments, and case notes directly into a client database. These systems can be password-protected, which limits access to authorised staff only.

The table below gives examples of different types of information which should be stored and how it is stored.

Information to be stored	Why it is stored	How it is stored
Legislation and standards	As a reference for obligations of the organisation and workers. To ensure currency and accessibility of information about legislation and standards.	In some organisations, this information is stored within policy documents.
Policies and procedures	As a reference for obligations of the organisation and workers. To ensure information about policies and procedures is accessible and up to date.	May be in a hard copy and provided to staff. May be accessed only online on the intranet.
Client files and information	To have information about clients stores so, a plan can be developed and implemented to meet individual needs To meet duty of care and other legal requirements.	In a locked filing cabinet or password-protected database.
Staff information	To have information about staff stored so human resources functions can be implemented such as performance appraisals.	This information is stored in a locked filing cabinet or a password protected database or electronic files with limited access.

You must always follow organisational procedures for filing information to ensure nothing is lost and it can be readily retrieved by authorised personnel.

Disclosure of client information

There are common circumstances in which disclosure of personal information is permitted, and where requests for client information are given realistic consideration. Disclosure is permitted when:

- The disclosure is made under the compulsion of law
- The interests of the client require disclosure
- There is a duty of care to disclose
- The disclosure is made with the consent of the client
- A guardian appointed by the Guardianship Board gives consent on behalf of the client

It is important that all staff understand the situations in which disclosure of information applies and where it does not apply. Any new and existing information is communicated to staff via policy and procedure documents, training sessions, induction processes, and performance reviews.

CHCCCS011 - Meet personal support needs

Welcome to the learning resource for the unit CHCCCS011 Meet Personal Support Needs

This unit applies to workers who provide support to people according to an established individualised plan in any community services context. Work performed requires some discretion and judgement and may be carried out under regular direct or indirect supervision.

On completion of this unit you will have covered the requirements for:

1. Determine personal support requirements
2. Maximise participation
3. Provide personal support
4. Complete reporting and documentation

You will be able to demonstrate your ability to:

Safely support at least 2 individuals by performing the activities outlined in the performance criteria of this unit. This includes following support requirements of an established individualised plan and supporting each of the following activities:

- Bed bathing
- Dressing, undressing and grooming
- Eating and drinking using appropriate feeding techniques
- Oral hygiene, shaving, showering
- Toileting and the use of continence aids
- Using aids and equipment including devices used by the person performing the following hazardous manual handling scenarios at least once:
 - Transferring a person between bed and chair
 - Transferring a person in and out of car
 - Falls recovering

You will gain knowledge about the:

- Different contexts for provision of personal support and impacts on the way services are provided
- Roles and responsibilities of the personal support providers and workers
- Concepts of enablement and re-ablement
- Legal and ethical requirements related to the provision of personal support, and how these are applied in an organisation and individual practice:
 - Privacy, confidentiality and disclosure
 - Duty of care
 - Work health and safety, including manual handling
 - Basics of: body hygiene, grooming, oral hygiene, human body system
- Personal safety and security risks associated with provision of personal support and strategies to minimise those risks
- Features, functions and safe use of equipment and aids used in provision of personal support and devices used by the person including the importance of adjusting equipment and aids to the needs of the individual
- Techniques for completing physical support routines
- Infection control procedures
- Organisational reporting technologies

A copy of the full unit of competency can be found at:

<http://training.gov.au/Training/Details/CHCCCS011>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

Element 1 - Determine personal support requirements

Personal care workers provide practical support to people who have difficulties conducting their activities of daily living. While they also work with people with physical or learning disabilities, the majority work with the elderly. They either look after clients in their homes, or they work in aged care facilities.

In each workplace, the needs for each client in care are documented. This is commonly referred to as a 'Individualised plan'. The Individualised plan is the most common method used. An Individualised plan provides the guidelines for the care of the client. It shows the client's needs on entry to the facility and the nursing actions or interventions needed to manage those needs. It includes many different categories of needs, for example meals and drinks, behaviour and bowel management. It is updated regularly. A care worker unfamiliar with the client should be able to find all the information needed to care for this person in the Individualised plan.

Review individualised plan

An individualised plan is a document to enable clients to reach their goals and help carers to provide quality care. It is made up of the statement of problems determined in assessment, along with resident-centred goals and strategies, interventions to help residents achieve the goals and evaluation.

The individualised Plan helps the clients and carers to work towards goals in the some of the following ways:

- Promoting an individual and consistent approach to quality care for each resident
- Partnership in approach to caring
- Helping coordinate efforts of all members of the healthcare team
- Directing the path of care on an individual basis and providing for evaluation
- Guiding and coordinating actions towards the stated goals

Establishing goals is a vital part of the planning stage. Goals need to be:

- Person-centred
- Clear and concise
- Observable and measurable
- Linked to a time frame
- Achievable
- Decided in partnership between client (family or friends) and care team

Alongside establishing goals, the care team will implement intervention strategies which will address any specific problems with the resident.

The individualised plan identifies:

- Client problems
- Goals or expected outcomes
- Intervention strategies in care
- Evaluation processes

Using the individualised plan

- Read the individualised plan
- Follow instructions in the plan
- Use information in the plan
- If you are unsure ask your supervisor
- If you are untrained in a procedure do not do it
- Maintain a consistent approach

What makes a good individualised plan

- All involved parties negotiate to formulate goals and timelines for service delivery. The expertise of all service providers is considered in formulating goals and in defining roles and responsibilities
- Long-term goals are discussed, defined and agreed upon
- Short-term actions or objectives are derived from these long-term goals
- Strategies for achieving short-term goals are discussed and further defined as measurable tasks
- A range of strategies is discussed and considered in terms of practicality, cost and the likelihood of their success.
- Available resources are located and discussed in terms of their merit for the current purpose
- Indicators for success are matched with each defined goal. These are described as desirable outcomes
- The client is involved in the process to an optimal degree, and aware of their roles and responsibilities.

Review the individualised plan

Evaluation is the final phase of the individualised plan. The evaluation requires that the initial documentation was appropriately developed, and that ongoing data was collected in order to measure outcomes and obtain future directions for care provision.

Review the individualised plan involves looking at the following:

- What are the current needs?
- Has there been any changes?
- What specialised equipment/aids needed?
- What are the desired outcomes/goals?
- Are the outcomes/goals being met (or on progress)?
- What support is needed?
- Are the risk assessments up to date?

Review of an individualised plan is an on-going and constant process. It is completed in a holistic manner, which takes into consideration all aspects of the client's life and health.

The review process:

- Reflects the fact that individualised planning is dynamic, as each patient/client is an individual with different responses to care strategies, and changing needs
- Determines the extent to which the desired goals or outcomes of care have been met or achieved
- Reviews both the negative and positive results of all actions, strategies or, interventions directed towards each resident
- Is the final phase, in the process of care provision?
- Is an integral, part of professional, accountable care practice
- Is an accepted procedure of quality practice?

The following are example entries in an individualised plan:

Jack Browns individualised plan			
<ul style="list-style-type: none"> Mrs. Brown occasionally becomes angry and speaks in German. Care workers should ask her gently to speak in English, and she will usually comply. Mr. Ryan has difficulty using a knife and fork and uses a spoon instead. Care workers should assist in with cutting up his food. Mrs. Kale has Diabetes but often puts sugar in her tea. Workers should make sure that the sugar bowl is out of her sight. Mrs. Cameron suffers from fluid retention in her feet and legs. Workers should ensure that her legs are raised as much as possible. 			
Name: Jack Brown	MRN: 34213	D.O.B: 12/04/1931	
Diagnosis	Goal	Care worker intervention	Evaluation
Personal hygiene			
Resisting with attending to personal Hygiene related to depression	To ensure personal hygiene needs are met.	Assist with shower daily. Assist with dental hygiene 3 times daily.	23/6 Agreeing to have shower. Washing own face and hands and peri-anal areas. RW. (RN)
Mobilising			
Reluctant to mobilise outside room area	To encourage mobilisation outside room.	Assist client with mobilisation and encourage the use of a walking frame. Ensure client/patient mobilises at regular intervals-every 4/24. Remove any obstacles from walk areas.	

Confirm required equipment, processes and aids

Personal care items can range from aids to assist with dressing, for managing incontinence, maintaining hygiene and other personal care needs. Some chemists stock a good range of personal care items for older people and will often have a staff member trained to give advice about their suitability and use.

Aids for clothing and dressing

Pick-up-sticks, which are long lightweight poles which attach to the person's wrist and which have a claw and maybe hooks on the end; so that the user can pick up objects as well as push or pull objects into other positions.

Others include: dressing sticks which help adjust clothing, buttoning and zipping aids and sock and stocking pullers. Custom-made shoes might be necessary, while shoe horns and alternatives to shoe laces, such as spring or elastic laces and Velcro can all make the tasks of dressing easier.

There are a large number of aids available for incontinence including absorbent pads for beds and chairs, waterproofing protection for beds and chairs, disposable pads and pants, alarms, catheters and drainage bags and collectors. For washing and grooming there are aids for hair washing and drying, long handle combs and electric toothbrushes. For people with difficulties reaching and bending there are aids for washing feet, scrubbing backs and washing other parts of the body which can be difficult to get to with limited mobility.

Household aids

Household aids are any items that assist the user to carry out daily activities, particularly in their own homes but also in residential care settings. These may include tap and handle turners, stabilising and slip resistant aids and some washing and cleaning equipment.

For people with grasping difficulties there are can, jar and container openers, slicing, peeling and cutting aids and kitchen utensils. Eating utensils include moulded plates or plate guards which attach to the edge of a plate or bowl, and which the person can use to help guide the food onto their fork.

Cutlery can have soft foam handles and may be angled to make grasping and manipulating easier. An alternative is a specially designed holder that attaches to the back of the hand with Velcro straps. It has hinged halves that lock together, to hold an implement, forming a built-up handle.

Other aids include:

- Ramps
- Stair banisters
- Special lighting attachments for beds, chairs or over kitchen appliances
- Remote control systems for television, stereos, video players, DVD, curtains, lights, Air conditioners
- Strip lighting under wall units and shelves
- Plugs with handles
- Long handled window catch openers
- Curtains with pulleys.

Eating and drinking aids

Specialist eating and drinking aids can assist older people who are physically impaired to make the preparation and consumption of food and drink more relaxed and comfortable.

Food preparation aids include:

- Devices which hold food in place for cutting and spreading
- Cooking aids, e.g.: steamers and metal strainers
- Opening aids, e.g.: grooved, rubber jar openers or expandable jar openers.

Eating aids include:

- Specialised cutlery designed for digit physical limitations including for people who have a weakened or stiff grip, the use of only one hand, tremors or a loss of motion.
- Weighted spoons
- Knife/fork combination
- Spoon/fork combination
- Angled spoons, knives or forks, swivel spoons
- Rocker knives
- T-handled knives
- Lightweight cutlery with extra-large or thickened handles
- Ripped or moulded handled cutlery
- Vertical handled cutlery
- Lengthened utensils with straight, bent or adjustable handles
- Universal cups with a palmar pocket that holds an eating utensil and is attached to the hand with Velcro.

Appropriate processes providing assistance to older people

The type of assistance or level of assistance that each client requires will vary according to:

- The mental health of the client
- The physical health of the client
- The ability of the care worker.

Information about the current health condition of the client can be found by consulting the individualised plan. The plan is vital in providing the care worker with the essential information that will enable the most appropriate assistance to the client.

The ability of the care worker will be dependent on many factors. These may include: the length of time they have been working as a care worker, their skills, knowledge and experience, the length of time they have been working with that particular client, and the amount of information about services available to assist the client. The level and type of assistance you provide to a client may be the result of temporary or ongoing medical or psychological conditions that have developed during the ageing process or as a result of a change in circumstances.

In order to be able to assist your clients effectively you need to:

- Be prepared
- Take into account your role
- Respect the client's privacy
- Consider your communication methods.

Being prepared

When you are assisting a client in their own home, or in an aged care facility, it is important that you are prepared and know what to expect before you arrive. You need to find out what services the client needs, exactly what your role is, how much time you have and if the client has any special needs. In order to work effectively, you also need to know the guidelines, policies and procedures of your organisation.

Take into account your role

It is important when working with clients that you remember you have a timetable to keep to. Therefore, it is not possible to take on duties that are not your responsibility. If you are requested to do so, you need to tell your client that you will refer the matter back to your supervisor who will then deal with it.

Identify requirements outside of scope of own role

Your job description will set out the requirements of your position and your scope of knowledge. Personal support requirements can include a range of activities, some which can be undertaken by one person, others require the assistance of other carer or personnel

These activities include but are not limited to:

- Personal hygiene care such as washing and bathing, mouth care, hair care, preventative skin care, routine hand or foot care and catheter care (not including insertion or removal of tubes)
- Transferring or positioning into chairs, vehicles, baths or beds
- Dressing and undressing
- Assistance with cooking / eating / Hydration and nutrition including dysphagia
- Assistance with toileting and use of continence aids
- Bed Baths
- Assisting with house work, laundry and gardening
- Escorting to appointments
- Assisting with social activities – knitting, reading
- Escorting to social activities - bowls, cinemas
- Monitoring medications as appropriate to work role.
- Assistance with pain relief, rest and adequate sleep

Seek support from relevant people

One of the most important things you can learn while working with older people with is to accept any limitations you have in your skills and abilities and also to be able to weigh up the effectiveness of your existing abilities. You have already learnt about the importance of duty of care, which makes it very clear that it is your responsibility to ensure that you use your skills, knowledge, experience and abilities in the best interest of the client.

Although you may wish to do everything for your client, the organisation and its guidelines, your job role and tasks will place limits on the work, which you can do. You need to accept that it is not wrong to say 'no' to completing any task; you do not feel competent in. You should not feel inadequate in situations such as these; instead you should contact your supervisor and express your need for further training.

It is part of your role, while delivering services to residents/clients to be accountable for your actions. This means that not only should you provide services to the level and standard expected of you, but your actions should also be subjected to scrutiny from others. Do not fear; this is not a method to identify any inadequacies in your skill base or personality; rather, it is a method to continually seek improvement in the delivery of services to clients.

Being accountable for your work, means you are taking responsibility for the decisions you make and the action you take. Being accountable allows you, the worker, to continually question your method of service delivery in the search for improving its quality and efficiency. Remember that it is not only you who is accountable for your own actions; this is an expectation of all individuals who provide services to clients with complex needs and the organisations that employ them.

Assistance should be sought at any time in which you are unsure about any aspect of service delivery. The regular practice of a task or procedure may increase your level of experience; however, this does not mean that you are working efficiently or that you are completing the task or procedure according to accepted standards. Therefore, regular practice should always be accompanied with ongoing training.

In your place of work there may also be particular items of machinery or equipment that you are asked or expected to use. You should only use this equipment when you have been trained to do so. If you are asked to use equipment that you do not know how to operate properly, you must let your supervisor know immediately so that you can receive training. This is particularly the case if you are using equipment that may be dangerous to yourself or your clients if used incorrectly. Again, the important issue to remember is to seek assistance where necessary.

Consider the potential impact that provision of personal support may have on the person

Aging is a normal part of living that affects everyone physically, socially and psychologically. As a person matures, there are structural and functional changes to the human body, which are both normal and anticipated. The physical changes in the body are a result of changes in cell structure, chemical activity and hormone production.

Psychological changes impact behaviour, thinking, functioning and personality. After retirement, these changes impact social interactions, roles and status. They also have a bearing on leisure time and recreational activities. Tagged to the physical and psychological facets are sociological, health and economic aspects, which can all influence how and how well an individual travels along the aging highway. While growing older is inevitable, the rate at which people age varies greatly from person to person, as does their ability to cope.

Some factors that influence how an individual cope with aging include:

- Social support systems
- Status of health
- Financial resources
- Education and,
- Life experiences.

Physical and health problems associated with ageing

Wrinkled skin and grey hair are usually what we first think of when we think of an older person. However, there is much more going on inside than outside the body. Let's look closely at these physiological changes below.

Cardiovascular system

Around 80 years old, individuals will begin to experience less blood flow. This causes a decrease in the size of the heart and deposits of calcium to form in the heart valves, making valves hard and less flexible.

As we get older, we often experience reduced stamina since less oxygen is being exchanged, making the person tired more often and more easily. This is obvious when we watch children at a park and compare them to people in their 50's. It's hard to remember having as much energy as a six-year-old.

Other cardiovascular risks that increase as we age include hypertension with an increased risk of stroke, heart attack, and congestive heart failure.

Respiratory System

Airways and lung tissue become less elastic, causing more restricted breathing. Your intercostal muscles, which are muscles within the rib cage that assist in breathing, become weaker making it difficult to take deep breathes and cough.

These changes result in decreased stamina, shortness of breath, and reduced oxygen levels and can increase feelings of anxiety. There is a greater tendency to develop pneumonia as a result of reduced lung capacity.

Strategy to support the older person through the change

- Maintain appropriate exercise
- Correct posture

Urinary system

Kidney function decline may result in fluid retention, less efficient storage of essential body salts and less efficient removal of toxic waste.

Urinary incontinence may result from chronic coughs, muscle weakness, menopause (in women), enlarged prostate (in men) or loss of sensation to nerve endings.

Strategy to support the older person through the change

- Toileting, regulation of fluid intake, aids

Muscles

Muscles often become weaker and are replaced with fat, causing a loss of muscle tone and strength. This can cause reduced gastro-intestinal tract function, leading to constipation and bladder incontinence. However, regular exercise, such as walking, can greatly reduce these problems at any age.

Bones

Around age 35, men and women begin to lose bone density due to the loss of calcium. This can lead to: osteoporosis, possible spontaneous bone fractures, and a reduction of height and changes in posture.

Arthritis, the inflammation of the joints, is a very common condition among the elderly. One form of arthritis is osteoarthritis, which is the wearing away of the joint cartilage. The second type is rheumatoid arthritis, which is a disease of the connective tissues

With aging comes a reduction in digestive enzymes, saliva, and taste buds. This can result in impaired swallowing and slower emptying of the stomach. Food is not broken down or absorbed as effectively. This often results in vitamin B, C, and K deficiencies and even malnutrition. Such deficiencies can cause muscle cramping, bruising, and reduced appetite.

Metabolism is the rate at which food is changed into energy useable by the body. After age 25, the human metabolism is reduced by about 1% every year and food and medication are absorbed less well.

Strategy to support the older person through the change

- Encourage bone density screening
- Encourage weight bearing exercise
- Encourage the establishment and maintenance of a healthy weight
- Provide a safe environment

Vision

It is estimated that the elderly requires three times the amount of illumination to see as well as a young person. An increase in near-sightedness requires more time to focus and makes small print harder to read. The lens of the eye often thickens and yellows. This results in increased sensitivity to glare, decreased depth perception and more difficulty seeing pastel colours, especially blue and green. There is an increased incidence of cataracts, macular degeneration, glaucoma, and diabetic retinopathy with age.

Strategy to support the older person through the change

- Adaptive aids and devices
- Environmental modifications

Hearing

With age, there are changes to the bones and cochlear hair cells of the inner ear causing a decrease in sensitivity to high frequency tones and reduced ability to distinguish between similar pitches. Hearing loss is common among the elderly with about 30% of the elderly experiencing some form of hearing impairment.

Skin

Skin loses fat layers, oil glands, and elasticity which changes its appearance. Skin appearance is also affected by nutrition, hormones, sun exposure, and heredity. The loss of fat layers causes skin to bruise more easily and causes a person to become cold more often.

Strategy to support the older person through the change

- Gentle bathing
- Use moisturiser
- Frequent turning in bed

Sleep Disturbances

Ageing individual's often experience problems of sleep disturbances. The patterns of sleeping tend to change in the older person, with increasing time spent in naps in the daytime, particularly for those aged 75+. This may be due to age related phenomena or to non-age related physical problems.

Sexuality and reproductive system

The reproductive systems begin to slowly change as people age, their physical abilities, disabilities, can cause not only intimacy issues but also emotional stress.

For both men and women, they may suffer from a low sex drive (low libido) due to the changes in with the sexual organs. Men gradually over a period of time lose their ability to have an erection and woman can be at risk of increased levels of estrogenic can cause wanted hair on parts of the body like the breasts and face, menopause can cause weight gain and vaginal dryness.

Strategy to support the older person through the change

- Organise social activity/interaction that encourages residents to leave their rooms.
- Refer the residents to the appropriate health professionals who support their changing needs
- Regular health checks

Psychosocial changes associated with ageing

In addition to the physical aspects of ageing, there are many psychosocial changes that an older person may experience. As a support worker you have a duty of care to ensure the health and wellbeing of individuals and apart of this care is to be aware of the psychosocial changes and the impacts this can have on an individual.

Psychosocial changes can include:

- Grief and loss
- The psychological effects of experiencing stereotypes and ageism
- Feeling inadequate
- Social devaluation
- Memory loss
- Loneliness
- Depression and mental disease such as Alzheimer's/Dementia
- Level of independence (financial, community access, self-care)
- Living arrangements
- Social interaction

Depression

Depression is a common issue in the ageing population. Individuals often are faced with many changes in their lives that can contribute to anxiety and depression. It is crucial that staff and support workers have a clear understanding of how depression and anxiety impacts the quality of the individual's lives.

There are many factors to the changes as we age and below is a list of possible reasons for the onset of depression.

- The death of a spouse
- The death of friends and/or family
- Illness
- Increase in disability
- Social isolation
- Financial concerns
- Lack of mobility
- Change in friendships
- Ongoing mental illness

"Research from the National Ageing Research Institute shows almost 35 per cent of older people in individual care will experience depression, and around 30 per cent of frail older people who are still living at home (but require significant in-home care), will also experience the condition. These rates are at least double that of the general population"

The more you become knowledgeable about depression the more you will be able to assist individuals. Organisations such as beyond blue are dedicated to improving services for people with depression and anxiety and their family and friends throughout Australia.

They are working closely with support workers, organisations, and education providers to actively provide crucial information through workshop programs on depression and anxiety to assist with the management and care for those suffering to enhance their emotional health and wellbeing.



To learn more about depression and ageing individuals follow the link below.
<https://www.beyondblue.org.au/about-us/programs/older-adults-program/aged-care-education>

Identify needs of the person

Cultural needs

Many individuals as they grow older suffer diminished short-term memory and an increase in acuteness of long-term memory. As a result, those who spent earlier years of their life in another country will often revert back to the habits, lifestyles and language of that country.

Although they have adapted to life in Australia they may return to the familiar and traditional ways. For many older people in this position, the life and lifestyle in Australia may be different from what they might have expected in the country of their origin.

Cultural background will also influence individual preferences in relation to social activities, diet and lifestyle. These preferences would have been established from a very young age and maintained throughout the course of the individual's life. The individual would, quite reasonably, expect to maintain these preferences in old age, e.g.: cultural backgrounds are often associated with religious preferences. Religious preferences also are often accompanied by dietary requirements. It is important that these beliefs and dietary requirements are fulfilled right through old age, in order for the individual to have a healthy and positive approach to life. Older people from ethnic communities, especially minority groups, face all of the same problems as other older members of society. However, they are also concerned with many problems that they didn't expect. These could include:

Loss of family support: immigration laws can prevent relatives from joining family members and in later life this becomes a significant issue

Racism: which may affect every aspect of their life, however, as the individual becomes older they begin to feel more fear for their safety due to their increased frailty language and communication difficulties occurring because they have reverted back to their original language or have never fully grasped English difficulty claiming benefits if communication or language barriers exist – this can also affect the ability of services to adequately assess their preferences or needs loneliness or isolation which can affect all members of society, but tends to be increased in those from ethnic minority groups. When an older person feels lonely or isolated this may lead to depression

Specific Cultural needs may be related to a client who may need a carer / service provider or a medical practitioner who speaks their desired language. They may also have a request for services to be provided by a specific gender.

Special dietary and cultural requirements include therapeutic and contemporary eating regimes as well as customer requests and preferences, and specific cultural and religious needs

Skills and knowledge required to prepare and cook foods to meet both basic and specific dietary and cultural needs, generally under instructions from others is an essential part of the caring process.

Sensory needs

Sensory stimulation is important for overall emotional wellbeing. It can convey emotional support, affection and respect. Along with opportunities for sexual expression, it can improve quality of life and wellbeing.

Specific strategies

Touch

- Massage hands, head, back and shoulders.
- Offer manicures and hair care.
- Hold hands.
- Offer spa baths.
- Offer different tactile opportunities in the rugs, throws, cushions and clothing you provide.
- Provide daily life experiences like gardening, food handling and animal therapy, for example hens on-site or visitors with pets.
- Provide exercise and movement to music.
- Enjoy activities in sunshine in moderate amounts.

Sight

- Provide appropriate lighting and views to outside.
- Use bright colours in activity rooms and restful colours in lounge and dining areas.
- Take care with food presentation, contrasting colours on the plate.
- Take care with people's personal appearance, including clothing, jewellery and makeup.
- Place plants and flowers indoors wherever suitable.

Taste

- Provide interesting and varied meals.
- Introduce people to new and varied tastes, for example different cultural dishes, fruit and vegetables, after first finding out their likes and dislikes.
- Provide tasting activities: bitter/sour/sweet/salt etc.

Hearing

- Provide music experiences such as dancing, listening, singing, clapping, shaking musical implements and swaying.
- Play recorded music or put on TV shows. Avoid too much volume and loud advertisements on commercial radio or TV.
- Talk with people.
- Have group games, debates, quizzes and concerts.

Smell

- Be aware of the power of scents and aromas.
- Place scented flowers in the facility.
- Use aromatherapy.
- Use perfumed massage creams and oils.
- Create a sensory garden with herbs.
- Be aware of the pleasure of food smells like coffee, fresh herbs and lemon.

Physical needs

Regular physical activity is vital for improved health and wellbeing. It is never too late to get moving - the human body responds to exercise, regardless of age. Exercise is a great way to maintain good health and promote positive thinking. Being fit and engaging in regular exercise can also promote recovery from illness and reduce the risk of disease. It has been demonstrated that physical fitness is more important for maintaining good health than weight loss.

Strength training is especially beneficial. It can help to build and maintain healthy bones, muscles and joints, which in turn will increase physical strength and improve balance and mobility.

Taking part in leisure activities that you find interesting and suitable for your level of physical functioning is an effective way of becoming more active. People should undertake at least 30 minutes of moderate exercise, such as walking, every day.

Physical activity can also provide social interaction through being outdoors, engaging with others, or by becoming a member of an activity program or club.

It is important to remember that as we age, physical capabilities are likely to change. Seeking guidance from a health professional before engaging in strenuous activity can identify and reduce any possible risks that may be involved.

Risks associated with the provision of support

You are required by law to make every attempt to protect the rights and enhance the safety of your client. This means it is your responsibility to ensure reasonable care is taken and the client is not placed at harm or risk while receiving a service from your organisation. The care workers have a duty of care to report any potential risk to the client and to do whatever is reasonable to ensure clients do not suffer injury or harm.

In delivering a service delivery strategy your role is to ensure that duty of care reports are evaluated for the:

- Level of risk (high, medium, low)
- The environment
- Possible consequences if the risk identified is not acted upon
- Need for change to the type of service delivery, taking into account possible consequences.

It is important to manage these risks. A good risk management strategy would include discussing these hazards/risks and with your clients and their family/advocates through open communication and discussion. Many issues can be covered, such as:

- Identification of risk
- Perception of risk by older person/their family
- Potential consequences of risk
- Contributing factors to the risk identified
- Strategies to reduce/eliminate risk
- Older persons choice and preference re: risk management

Negotiating suitable and appropriate risk minimisation interventions (e.g. installing handrails in showers to reduce risks of falls) is only achievable if there is clear, open, and honest communication; where clients are treated with respect and dignity.

Work health and safety

Victorian codes and guidance materials are specifically designed to inform duty holders as to how they can comply with Victorian occupational health and safety legislation.

National Workplace Health and Safety codes and guidance materials have no legal status in Victoria. They are designed to support the national model laws and are not designed to support Victorian occupational health and safety laws

All care workers should be active in contributing to workplace safety practices. You may be asked to attend and be involved in meetings (formal and informal), information sessions, and committees. The types of issues, which may be raised by carers with designated personnel include:

- Hazards identified
- The changing condition of clients and the impact on OHS
- Problems encountered in managing risks associated with hazards, in particular, manual handling (e.g. availability and appropriateness of handling and mobility equipment) and client aggression (effectiveness of strategies)
- Clarification of understanding of OHS policies and procedures
- Communication and consultation processes, including carer input to individualised plans follow up to reports and feedback
- Effectiveness of risk controls in place training needs

There are many ways you can contribute. Examples include:

- Recommendations on changes to work processes, equipment or practices
- Listening to the ideas and opinions of others in the team
- Sharing opinions, views, knowledge and skills
- Attendance at meetings
- Input to individualised plans
- Identifying and reporting risks and hazards
- Using equipment according to guidelines and operating manuals
- Behaviour that contributes to a safe working environment, which includes following OHS procedures

Manual handling

WorkSafe Victoria have a number of documents which will help you to use correct manual handling techniques when assisting clients. The documents cover safe manual handling techniques including:

- Transferring people safely
- Repositioning people in bed
- Transferring people from beds and chairs
- Transferring people from toileting and bathing
- Assisting people who have fallen



<http://www.worksafe.vic.gov.au/pages/safety-and-prevention/your-industry/aged-care>

Your workplace will also have in place manual handling procedures which you are required to follow when assisting clients.

The following pages shows so examples of correct manually handling as advised by WorkSafe Victoria.

Moving a person chair to chair

Moving a person from chair to chair – Electric sling hoist

This may require two workers without the assistance of the person.

Workers should follow these steps in order:

1. instruct the person to lean forward. Position the sling behind the person's back and under their legs
2. attach the sling to the hoist
3. using the hoist mechanics, transfer the person up off the chair and lower them into the second chair
4. detach the sling from the hoist and remove the sling by encouraging the person to lift their legs and lean forward.

The problem



Do not manually lift a person out of a chair.

The solution



Use an electric sling hoist to transfer a person and reduce manual handling risks.

5. Moving a person from bed to toilet

The problem



Do not manually lift a person onto the toilet.

The solution



Use an electric standing hoist to transfer a person to the toilet.

Infection control procedures

An infection is a disease or illness caused when an organism inside a person multiplies to levels where it causes harm. Infection requires three main elements:

- A source of the infectious agent
- A mode of transmission
- A susceptible host

This is known as the chain of infection. Breaking the chain of infection helps to stop the spread of disease. Some infectious agents can be spread in more than one way. For example, influenza can be spread by breathing in droplets, or by touching contaminated surfaces, then touching the eyes, mouth or nose before performing hand hygiene.

Older people are vulnerable because their immune systems may not be able to fight infection. People with chronic diseases may spend time in hospital where they are exposed to infectious agents. Surgical wounds and invasive devices such as catheters also increase the risk of infection.

Standard precautions

Standard precautions are practices applied to everyone and include:

- Hand hygiene
- Respiratory hygiene/cough etiquette
- Personal protective equipment
- Handling of medical devices
- Cleaning and managing spills
- Handling of food, waste and linen

Standard precautions should be used for:

- All residents/clients
- All work practices
- All of the time.

Hand hygiene

Hand hygiene is the single most important factor in reducing the spread of infections. It is important that it is performed at the right moments.

The five moments for hand hygiene

1. Before touching a resident/client or their surroundings
2. Before a procedure or where there is a risk of being exposed to body fluids (e.g. changing a drainage bag)
3. After a procedure or body fluid exposure risk
4. After touching a resident/client
5. After touching the resident's/client's surroundings (e.g. over bed table, linen)

Duty of care

When a carer fails to perform as required by the job that person is guilty of negligence. For example, you would be guilty of negligence if your facility had a policy that bed rails should be up at night and you forgot—allowing a resident to fall out of bed and injuring themselves. The resident's rights give assurance that care will be given properly, privacy be respected and there will be no abuse. Residents will be treated as respected individuals, capable of handling their own affairs and making their own decisions.

Breach of duty of care

This is the term used when there is a failure to meet the relevant standard of care. This might be a carer doing something they should not have done or failing to do something they should have done. Again, it will depend on whether or not the mistake was reasonable in the circumstances.

Duty of care dilemmas

These may arise when a carer is unsure about the capacity of the client to make their own decisions. Informed decision-making must be voluntary and there must be an understanding of the consequences of the decision. The law assumes all adults are competent unless legally found not to be so. Judging a client's competence is not the carer's role. In such dilemmas there may be a number of rights involved.

There could, for example, be an issue between safety and restraint or privacy and safety.

Risk vs independence

Some people are happy to have assistance with certain activities; others wish to perform a task independently. Be conscious of this and where possible try to respect the person's rights. If you notice a possible risk occurring, you should discuss this with the client. If they are aware of the risk, you must respect their decision to take that risk if they are of sound mind. You must communicate the situation to your supervisor so that this information can be passed on to the appropriate people. Information of this nature should also be well documented.

Discussing needs and wishes with the client may be beneficial. The client can express what they would like to do independently, and the degree of assistance can be negotiated with the client. This allows the person to maintain independence with decision-making and choice, and if the process is done tactfully the client will feel that the outcome is satisfactory to them.

If you tell the client what to do and allow no choice the client may comply but will be very unhappy about the situation. Compromise can work very well for you and for the client. Situations do not have to be approached on an all or nothing basis. A satisfactory outcome can be achieved with the client maintaining a degree of independence and the care worker satisfied that the client is safe.

Reablement and enablement

The term reablement refers to processes put in place to reduce the risk of unnecessary decline. The aim of reablement is to encourage, promote and assist people to continue to be socially, physically and recreationally active, thus reducing or removing the need for long-term ongoing support. Your role as a support worker is to allow and encourage the older person to remain independent.

If for example you were to complete any tasks the older person is required to do, you are encouraging and setting up a dependency. This can be disempowering for the older person and can lead to a higher level of care than would otherwise be needed.

Reablement interventions are targeted towards a goal or specific outcome to adapt to some functional loss or regain confidence and ability to resume activities

Enablement is 'doing with' rather than 'doing for' the individual in order to enhance autonomy and/or independence.

An enabling approach is a way of supporting older people and people with a disability to live at home in their community. It is based on the following principles:

1. Older people and people living with a disability have the capacity to make gains in their physical, social, and emotional wellbeing.
2. The best outcomes for clients accessing community care occur when services are responsive to individual needs rather than being implemented on the basis of the types of services that are available.
3. An individual's needs are best met when there are collaborative working relationships between the person, their carers and family, social networks, support workers and between service providers.

Element 2: Maximise participation

It is not only important but is also their right that your client is given the opportunity to actively participate and is supported in an assessment process in determining that the services being provided to them is actually meeting their personal care needs.

Discuss person's preferences for personal support

Each of the clients that you work with is an individual with their own personality, and life history. As a result, they have their own attitudes, beliefs and preferences that have been established and maintained over a long period of time. It is important in your role as a care worker, that you take into account the individual preferences of each of the clients you work with. Although some may be shared by clients, many of them will be individual preferences. In this case you will need to understand the preference and respect the individual's rights.

Individual preferences are formed over a long period of time throughout our life. Some may have remained with the individual throughout their life; others may be new preferences that have been adopted as they have adjusted their life and lifestyle to changes over time. Individual preferences may be as simple as the clothes a person wants to wear, the food they want to eat, their religious requirements or their social desires. It is important that you remember the complexity of the history of the individual while you are learning to understand their preferences. On a day-to-day basis in your work you will come across a variety of different personal preferences. Each individual will have different needs in all aspects of their lives.

You may find preferences in their daily living in areas of:

- Communication
- Eating and drinking
- Mobility and transferring
- Grooming and personal hygiene
- Dressing and undressing
- Spiritual needs
- Relationships with others
- Emotional needs
- Expressing sexuality

In all of these areas each individual will have their own preferences that you need to be aware of, e.g.: one client may prefer to be transferred from wheelchair to toilet in a completely different way to another client. Clients may also have their own preference in order of dressing in relation to which items should be put on first. The same could occur with undressing. It is therefore important that you know the individual and understand their personal preferences in order to fulfil their needs through the plan of care. Many clients will also have different personal preferences in relation to physical Activities of daily living.

You may find differences in personal preferences in the areas of:

- Accessing education and employment
- Accessing financial resources and allowances
- Paying bills
- Regular outings
- Shopping
- Preparing meals
- Climbing stairs
- Maintaining the household, including cleaning and repairs
- Travelling by private and public transport
- Interacting with others and socialising
- Accessing leisure, recreational and sporting activities

It is important again that you remember that each individual have their own personal preferences in these areas, e.g.: one client may have an interest in photography while another one may prefer to watch a sporting game on television. It is also important that you understand that each client will have preferences in relation to their physical comfort and rest. While one client may find it more comfortable to sit in an upright chair, another client may find it much more comfortable to sit in a recliner. While attempting to accommodate personal preferences of each individual you work with, it is essential that you always remain within the guidelines of the organisation for whom you work. These guidelines are in place for reasons, especially those of safety concerning yourself, your client and others.

Positive interactions

In the community services field, you will be dealing with clients who often feel different from others, isolated or experience a sense of worthlessness. This could be due to their family experience or just merely that they are caught in a vicious cycle where low self-esteem leads to a lack of self-confidence, anxiety and tension which in turn increases their low self-esteem. Therefore, it is vital that you use positive communication skills at all times.

Effective communication is when:

- A message is passed successfully from one person or group to another
- A message that the sender wanted to get across is the same message that the receiver receives
- The message does not alter or change as it gets communicated.

Effective communication strategies

Good listening is more difficult and demanding than it appears to be. When our client's express negative feelings or are upset, we tend to search immediately for solutions to the problem or we try to deny or reduce the intensity of the feelings they have expressed. It takes respect for other people and a belief in each person's worth, individuality, separateness and personal worth, to refrain from trying to blame or rescue and to allow people just to be. Learning to attend fully to another person without making judgements requires effort and practice.

Effective listening involves the following skills:

Attending
Physically attending is a sign that the listener is actively present and working with the client this means giving the person your full physical attention; which means looking at the person, turning to face them and if necessary, lean towards them as they speak.
Reflective listening
Reflective listening is generally reflecting what you think the person is feeling and saying, back to the speaker, to show that you are listening and to give the person a chance to verify what you are thinking. Reflective responding does not mean parroting by repeating word for word what the person has just said to you. This sounds contrived and inane and is quite irritating to the person.
Paraphrasing
Is similar to reflecting, but you put what you are hearing into your own words.
Focusing
When people are distressed or upset, they can complicate the issue by bringing up old hurts and incidents. To help both of you deal with the issue at hand, you may need to gently ask the person to focus on that issue.
Summarising
When you become involved in a long conversation, it can be helpful to summaries the main parts and relay this back to the person.

Confirms person's level of participation

Providing quality care to your clients means that you need to allow them to have input into their own care and their own level of independence. Therefore, the most important skill you need in order to recognise personal preferences is that of communication. In order to communicate effectively with your clients, you need to know how to ask questions, clarify their answers, understand exactly what the preferences are and encourage your clients to maintain their own level of independence. You will also need to have skills in reading and writing in order to assist your clients with daily tasks.

The role of a carer involves using feelings, actions, knowledge and skills, in order to assist someone to live as independently as possible. It is important for a carer to listen to the client's desires and preferences in order to ensure that these preferences are being fulfilled. A carer also must demonstrate certain qualities in order to effectively assist their clients.

Some of these qualities include being:

- A good listener
- Assertive and resourceful
- Able to imagine what it is like to be the client (empathy)
- Organised and flexible
- Willing to learn from others, including the client, in areas of preference
- Reliable and punctual
- Hardworking, fit and healthy
- Sympathetic and able to manage stress

Each of the clients that you work with will have their own preferences in all aspects of daily living. Encourage and support clients by:

- Asking how they think the support needs be actioned
- Assisting them to select an option rather than telling them which one to choose
- Encourage them to reach a decision
- Affirm their abilities
- Consider and confirm their level of participation

Provide the person with information to assist them in meeting their own personal support needs

In order to be able to provide your clients with relevant information, it is essential that you know what is available. It may be found you need to consult your supervisor or research information, both within and outside your organisation. Once appropriate information is obtained, you need to make sure it is relevant to the condition of your client.

The main reason why you need to provide information to your clients is to increase their awareness of the services, equipment and assistance that is available to them. It is important for you to remember that their needs may continually change, requiring a change in the level of assistance. Also, the types and variety of equipment that are available to assist your clients is continually changing with new and improved technology.

Information about aids for visual impairment

You may need to be aware of the aids and equipment available to assist visually impaired clients. These may include:

- White sticks
- Seeing eye dogs
- Magnifiers or eyeglasses
- Containers for dispensing medication
- Special clocks or watches
- Telephones with large print numbers or memory buttons
- Accessories for managing money
- Equipment to assist with cooking and household tasks.

It is important that you are aware of how to use all of the equipment and items that may be of assistance to your client. Many of these may need to be maintained, or cared for, in an appropriate manner. Part of your routine of work may include preparing meals for your visually impaired clients. If this is the case, you may also need to prepare meals for their Seeing Eye dog. You will need to be aware of the nutrition requirements of your client and also of their dog. If you are unaware of any of this information, it is essential that you contact your supervisor and discuss these matters with them directly.

Information about aids for hearing impaired clients

Your hearing-impaired client may use various aids or equipment to assist them in daily tasks. The main aid used by a hearing-impaired person is a hearing aid that may require maintenance in order to ensure it is functioning effectively. Make sure that you consult the individualised plan in order to effectively maintain their hearing equipment and to ensure regular change of battery.

Hearing impaired clients may also have specialised telephones that flash when they are ringing to alert the individual of a telephone call coming in. If this goes off while you are in the client's home, it is important that you alert them so that they can answer their own telephone independently. Some clients may have a teletypewriter which is a telephone used specifically by people with hearing impairments. If this has been fitted to your client's phone it is essential that you are aware of it.

Other useful items that clients with hearing impairment may use include:

- Teletex
- Hearing dogs
- Hearing wand
- Pictographs or object boards for communication
- A computerised pictograph system for communication
- The use of sign language

Prior to visiting or working with a client with hearing impairment it is essential that you consult their individualised plan and discuss any difficulties you may have with your supervisor or other care workers. It is important that you feel comfortable working with your client and assure them of your ability to communicate.

Information to assist mobility

Some of the clients you work with may need assistance in order to increase/maintain their mobility and therefore maintain their independence. In this instance, your role may be to provide them with some information that may be suitable to their needs and will help to improve their levels of mobility.

You may need to inform them about:

- Exercise programs, e.g.: chair-based exercises
- Various outings or activities where they could become involved.

These days, aids and equipment are vastly improved and continue to improve all the time. Your approach in this matter should be first discussed with your supervisor so that you always remain within the policies and procedures of your organisation. It is important to remember that when clients are introduced to mobility aids or equipment, the aim is to increase the level of independence of the individual.

Mobility aids that are available include:

- Walking sticks
- Crutches
- Walking frames
- Wheelchairs
- Grab rails
- Chair raisers

Element 3 - Provide personal support

One of the major goals of care provision for older individuals is the maximisation of their wellbeing and quality of life. Central to achieving this goal is maintaining a successful daily personal care routine involving such activities as: bathing; dressing; eating; walking (mobility); transferring; toileting; and managing continence.

These are the three main areas associated with supporting care routines for the major activities of daily living:

- Wellbeing
- Care routines for the major activities of daily living
- Dealing with changes in daily care needs

A successful daily personal care routine is based on a number of key factors:

1. The client should have as much control as possible over how and when the activities of daily living will be carried out; and should be encouraged to do as much for themselves as possible
2. The supporting care routines are described in the individualised plan to ensure consistency and ongoing assessment of care
3. Changes in care needs are met with an appropriate response

Safely prepare for each task and adjust any equipment, aids and appliances

You are in a position to monitor and report the use of transferring and lifting equipment, ensuring that it is kept in good condition and that it is being used correctly. To avoid misuse of equipment and the occurrence of mistakes and risk of injuries, problems can always be reported within the individualised plan and also directly to supervisors. Both may be necessary, as the supervisor will act to resolve the issue and the other workers will need to know that there is a problem. The physiotherapist may offer a step-by-step instruction sheet to be included in the individualised plan. This is so that all workers know what they are doing, and will follow the same steps, ensuring continuity and minimising risk of injury.

The individualised plan should state clearly whether or not all workers are able to carry out particular procedures. Examples include:

- Lifting hoists, splints or orthoses, as each worker requires instructions regarding a client's individual needs. Remember you should be trained in using equipment, before you can carry out any lifting or transferring procedures.
- State when to use equipment. Some individuals using splints have a wearing regime that has to be followed
- Include important safety considerations, particularly in relation to changes in the client's behaviour, mobility, strength, endurance or their psychological state
- Give clear instructions regarding the maintenance of equipment, with a place to record dates of when this occurs.

Common areas of concern may include:

- Correct use of equipment
- Variations in height and stature of the people lifting
- An unpredictable client
- A cramped environment
- Changes in the client condition
- Communication problems. An interpreter may be required or the use of sign language or symbols, needed.

Hoist safety

Hoists (portable or fixed) must be installed, maintained and used according to the instructions provided by the manufacturer.

You should:

- Withdraw slings over five years old from service and dispose of them.
- Schedule an annual check of hoists and slings for signs of wear or damage.
- Keep an inventory noting the date of purchase of each item and the dates of testing and maintenance.
- Ensure slings are checked by the person using them before each use.
- Withdraw damaged slings (including tears; fraying; loose threads, stitching, seams or straps; cracks or breaks in components) from use and return to the supplier for repair or dispose of them.
- Ensure slings are compatible with the hoist they are attached to (slings and hoists from different manufacturers may not be compatible)
- Clean slings according to the manufacturer's instructions and establish a laundering schedule for them.
- Ensure sling manufacture dates on the sling are legible.

Take account of identified risks in the provision of personal support and technical support activities

You need to consider and assess the risk factors for clients in relation to their needs, environment and possible consequences. A safe environment is one in which a client has a very low risk of becoming ill or injured. In a safe environment, clients feel safe and secure both physically and psychologically. The individual is at low risk of developing infection, being burned, and poisoned or suffering other injuries.

Information relating to the client and client's carer should be documented **in the Care Plan**.

This documentation should also include identifying any potential risks that could be associated with:

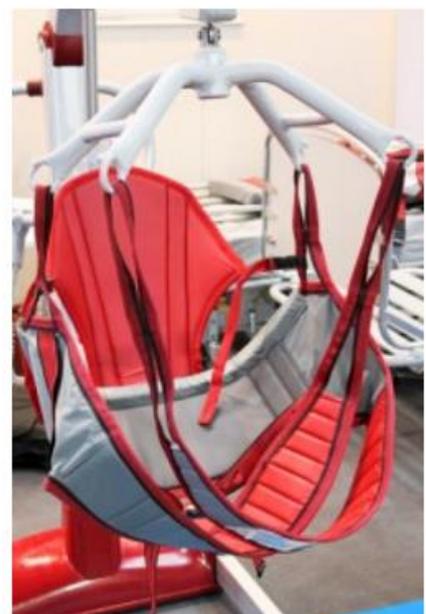
- Behavioural difficulties
- Health issues
- All areas to which the clients have actual or potential access, such as gardens
- Obstacles and hazards noted in the initial client assessment analysis
- Type of furniture
- Carpets
- Electrical cords and appliances
- Hot water.

Risk factors in the client's environment

There are risk factors in everyone's living environment. However, for the client, risk of injury from physical factors in their environment may increase due to increasing frailty or the inability to process thought patterns required to organise a task. How the client copes with their surroundings influences the potential risks that they will face.

Areas for activities of daily living include:

- Bathroom and toilet
- Laundry
- Kitchen
- Living room and bedrooms
- Garden and exteriors



The following table summarises some of the hazards found in each of the areas used for activities of daily living.

Bathroom and toilet	<ul style="list-style-type: none"> • Slippery floors due to water or powder on the floor • If the bathroom does not have a steam outlet, the floor may become slippery with condensation • Toilet floors may become slippery due to incontinence • Hot/cold water control taps may be poorly maintained or too tight. The client may have difficulty manipulating the control taps, which puts them at risk of burns from hot water or the risk of wet floors due to flooding. • Cupboards may be too high or low, making access difficult • The client may injure themselves from trying to get to the cupboards • The bath or toilet may be too low, making their use very difficult, especially when there are no support rails on the walls or bath • Support rails, if present, which are loose or placed at inconvenient heights may cause risk of injury
Laundry	<ul style="list-style-type: none"> • Floors may become slippery due to wet surfaces from water spillage, wet clothes or dripping taps • Poor or exposed wiring from electrical appliances together with water increases the risk of electrocution • Loose tiles, poor flooring or obstacles on the floor such as wet clothes may cause a client to trip and fall over • The drying area may be too high or some distance from the home environment. • Carrying or lifting heavy, wet clothes to the area may cause injury • Household cleaning products are potentially dangerous if ingested or used incorrectly in interactions with other solutions, i.e. bleach and cleaning fluid. Any out-of-date products might contain toxic fumes
Kitchen	<ul style="list-style-type: none"> • Floors may become slippery from water, spilt food or other liquid • Poor knowledge of how to safely use appliances such as food processors may cause injury. The ability to use the appliances may also decrease as the client ages • Poorly maintained electrical cords increase the risk of electrocution • Malfunctioning equipment may increase the risk of health and safety. For example, a malfunctioning refrigerator may cause food to spoil • Sharp utensils such as knives and vegetable peelers can cause serious cuts if not used carefully • Gas leaks from the delayed lighting of burner or oven can increase the risk of injury from fire or gas inhalation • Cluttered areas, poorly stored food and inadequate pest control can increase the number of pests in the area and cause risk to the client's health
Living room and bedrooms	<ul style="list-style-type: none"> • Poor lighting in walkways and other areas can increase the risk of falling over obstacles or knocking into furniture. The glare of bright lighting can have an effect on the diminished eyesight of clients • Support handrails in walkways need to be properly attached or at the correct height to avoid the risk of the client falling over. • Furniture with sharp edges may increase the risk of bruising or injuring their skin • Lots of noise, such as a loud TV, vacuum cleaners or loud conversation can affect the client • The bed may be too low or too high, making it difficult for them to get in and out • If bed rails are required and are poorly attached or poorly maintained; they may increase the risk of the client injuring themselves when trying to use them
Garden and exteriors	<ul style="list-style-type: none"> • Overgrown footpaths, uneven concrete, loose boards, bricks and hoses, wet ground. These can all cause a client to trip and fall • Poorly maintained garden equipment may cause a client to injure themselves when using it • Poorly lit entrances and steps may increase the risk of the client falling over an obstacle that they didn't see • Poorly placed or maintained ramps may lead to falls

Assisting the person with their care needs

The reasons why a person may need assistance with physical personal care activities are as diverse and individual as the degree of assistance each requires. Regardless of the reason for assistance or the amount of assistance required, there are some general considerations for the personal carer when supporting clients in their daily personal care activities:

- The personal carer's role is one of support and assistance, enabling individuals to live their lives in the way they wish and reside in the place they wish
- There are some important aspects of personal care which need to be acknowledged if this care is to be delivered appropriately and effectively
- The invasiveness of having personal care tasks performed on another person cannot be underestimated
- It is also important for the personal carer to be aware of and practice current health and safety precautions
- When assisting with any personal care activity, the dignity and privacy of the client is a major focus

The following issues carers might need to take into consideration when assisting a person with personal care tasks.

- The client's own routine and pace
- Health and safety precautions
- Care's appropriate pace for undertaking tasks preparation
- Independence
- Choice and control
- Privacy and confidentiality
- Use of aids and equipment
- The carer's reactions and responses
- Focus on the client's ability not disabilities
- Communication
- Body language.

As a carer you will need to assess if a resident is becoming incapable of performing their own personal hygiene adequately. Older people may at times need assistance with specific tasks such as undressing, showering, bathing, washing and dressing.

The key areas of personal hygiene are as follows:

- Bathing
- Showering
- Hair care
- Shaving
- Grooming
- Dressing
- Mouth care
- Foot care
- Nail care

Bathing and showering

Assisting a person with bathing, or showering can range from being in the bathroom with the client for safety while the person showers, to full assistance. Regardless of the degree of assistance the person wishes to have, there are some general guidelines in safe and effective provision of this assistance.

Strategies to follow

- Consult the client's care/service plan to determine the allotted tasks and the assessed level of assistance
- Ask the person or other staff or their carer if appropriate, what assistance they wish to have and how they wish you to assist
- Promote the maintenance of the client's independence whenever appropriate
- Remember that the pace, sequence and routines involved are the client's choice
- Use current health and safety guidelines at all times
- Remember to use personal protection equipment e.g. gloves

Procedures to follow when showering a resident/client

The following outline on assisting a person with bathing or showering is based on the person requiring a high level of assistance.

Preparation for bathing a client

Ensure the bathroom is set up - windows closed room warm –if in the client's home- heater should be on (preferably wall mounted). If using a portable floor heater, warm the bathroom and remove the heater prior to commencing the bath or shower.

Ensure safety aids are in place

- A rubber mat for the base of the shower
- A second mat with a towel over it, immediately outside the shower alcove
- A shower chair, stool or bath seat
- Handrails

Ensure all equipment and other resources are ready. This may include:

- Towels
- Face washers for face and body
- Soap
- Shower cap
- Body lotion
- Talcum powder
- Clean clothes or night clothes

Steps to giving a shower

- 1. Turn the cold water on first and off last**
- 2. Check the water temperature yourself and then ask the client if they want it modified**
- 3. Help the client to undress and to step into the shower recess or bath**
- 4. If necessary, help them sit in the shower or on the bath board – getting right down into the bath may be a safety hazard to both them and the worker**
- 5. Ask the client if they like to use soap on their face**
- 6. Wash only the areas the client cannot wash themselves**
- 7. Ensure all soap is properly rinsed off**
- 8. Ensure the genital area, buttocks and area under skin folds are washed and rinsed thoroughly. If the client is able to stand, encourage them to do so to wash their buttocks area.**
- 9. Your workplace policy may require you to wear gloves, so it is important you know these guidelines. A glove-shaped mitten can also be used if they wish.**
- 10. Help the client cover their face and eyes with a face washer during hair washing**
- 11. Use plastic shampoo containers to avoid possible glass breakage**
- 12. Direct water over the client's body in a way that prevents the resident becoming cold, while they are massaging shampoo into their hair.**
- 13. Ensure that you do not leave the client unattended or at least stay within earshot**

Perineal Care for Males

Procedure:

- **When teaching or assisting with perineal care put on disposable gloves.**
- **Explain to the individual to hold his penis and wash and rinse the tip.**
- **Always wash from the small opening (urethra) where the urine flows, outward or towards the end of the penis. Use a different part of the washcloth for each wipe. Why? To prevent spreading germs (contamination) of the urethral opening.**
- **Teach the individual to wash, rinse, and dry the shaft of the penis. Wash and rinse in the direction of the pubic area. Note: If the individual is not circumcised, be sure the foreskin is pulled back and wash, rinse, and dry the penis. Return the foreskin to its natural position.**
- **Teach the individual to spread his legs and wash, rinse, and dry the scrotum (the two sacks at the base of the penis). Clean between the skin folds in this area and under the scrotum thoroughly.**
- **Teach the individual to wash, rinse, and dry the anal area, moving front to back. Use a different part of the washcloth for each wipe. Dry area thoroughly. Why? Moisture between skin folds may cause cracking of the skin and skin breakdown.**

Perineal Care for Females

Procedure:

- **When teaching or assisting with perineal care, put on disposable gloves.**
- **Teach the individual to separate the folds of skin in her genitals, called the labia, and using suds and the washcloth, wash with one down stroke the sides of the labia.**
- **Using a different side of the washcloth, wash down the middle of the labia.**
- **Rinse from front to back.**
- **Note: Always wash from the pubic area (front of the genitals) to the anal area to prevent contaminating the urethral opening (where the urine comes out) with germs or bacteria from the anal area.**
- **Teach the individual to wash and rinse the anal area, moving front to back. Use a different part of the washcloth for each wipe.**

Mouth hygiene and mouth care

Mouth care is an important part of personal care, especially in bedridden or terminally ill people. Provide mouth care every morning, after meals and at bedtime will help prevent infections, soreness and help increase appetite. A person who requires assistance with eating may well require assistance with mouth care, sometimes known as '**oral hygiene**'. It is the responsibility of the personal carer to provide this assistance.

Oral hygiene involves keeping the mouth and teeth clean and in good condition. Care of the mouth includes brushing the teeth, mouth rinses and regular visits to the dentist. An older person should be encouraged to attend to their own oral hygiene. For the more dependent person, it may be necessary to help with teeth cleaning.

This could include:

- Helping the client into a comfortable sitting position
- Protecting the clothing with a towel
- Applying the toothpaste to a dampened toothbrush and, gently but thoroughly, brushing the client's teeth using an up and down movement
- Providing water for the client to rinse their mouth, so that all traces of toothpaste are removed
- Some clients wear partial or full dentures which, like natural teeth, require proper care. Care of dentures involves removing, brushing and rinsing them after meals. The client's dentures may need to be soaked in a commercial denture cleaner. To avoid damaging dentures, make sure you handle them carefully. If the client cannot remove their own dentures, you must do this by taking hold of the denture at the front or side with your thumb and index finger. This breaks the grip of the denture on the palate. Remove a lower denture by holding it in the centre and turning it slightly, before lifting it out of the mouth.

Assisting with oral hygiene also provides the personal carer with an opportunity to see the condition of the person's mouth and refer to an appropriate health professional if necessary. This is particularly important if dentures are ill-fitting as this can prevent the person from chewing and therefore eating effectively.

Characteristics of a healthy mouth:

- Moist, clean and pink lining, free from blemishes
- Firm pink gums, free from blemishes
- Clean teeth, white and free from decay
- Moist, clean and uncoated tongue
- Moist, pink lips which are free from blemishes
- Odourless breath

Signs of an unhealthy mouth:

- Dryness of the lining, resulting in cracking
- Blemishes such as ulcers, white or red patches, sores
- Dryness and coating of the tongue
- Cavities in the teeth
- Sponginess or bleeding gums
- Accumulation of food debris, saliva and bacteria
- Bad breath (halitosis)

This can result in decreased appetite, infection in mouth, tonsils and/or sinuses and pain and discomfort of the mouth. Some clients may need prompting, supervision or assistance with care of the mouth including cleaning of teeth or dentures.

Cleaning of teeth/dentures:

- Assist the person to the bathroom where possible
- It may be safer for the person to be seated
- Drape a towel across the person's shoulders and chest
- Where possible, the person cleans their own teeth or dentures. The person may only require assistance to put toothpaste on the brush
- Provide receptacle for rinsing
- Assist with replacing of dentures if necessary, if dentures are being cleaned by the carer
- Where possible have the person remove their own dentures and place them in a container of water
- At the bathroom sink, using the person's own brush and paste, clean thoroughly and rinse well. (Disposable gloves may be worn.)
- Return the dentures to the person for replacing in their mouth
- Some people prefer to store their dentures in water overnight.

Oral care aids

Consultations with geriatricians and other health professionals may lead to individualised special aids and techniques that can be used by service providers, such as:

- One-handed tooth-brushing techniques
- modified and suction toothbrushes
- floss / interdental brushes

Sometimes you may be required to assess the oral health of a person in your care. The tool below provides an example of the type of things you may assess in regard to oral health care. You can find more information about oral health care in the following online resources:

<http://www.health.nsw.gov.au/oralhealth/Publications/oral-health-older-people-toolkit.pdf>

APPENDIX B: ORAL HEALTH ASSESSMENT TOOL

RESIDENT:

COMPLETED BY:

DATE:

RESIDENT-

- | | | | |
|---|---|---|---|
| <input type="radio"/> Is independent | <input type="radio"/> Needs reminding | <input type="radio"/> Needs supervision | <input type="radio"/> Needs full assistance |
| <input type="radio"/> Will not open mouth | <input type="radio"/> Grinding or chewing | <input type="radio"/> Head faces down | <input type="radio"/> Refuses treatment |
| <input type="radio"/> Is aggressive | <input type="radio"/> Bites | <input type="radio"/> Excessive head movement | <input type="radio"/> Cannot swallow well |
| <input type="radio"/> Cannot rinse and spit | <input type="radio"/> Will not take dentures out at night | | |

Healthy	Changes	Unhealthy	Dental Referral
LIPS			
<input type="radio"/> Smooth, pink, moist	<input type="radio"/> Dry, chapped or red at corners	<input type="radio"/> Swelling or lump, red / white / ulcerated bleeding / ulcerated at corners*	<input type="radio"/> Yes <input type="radio"/> No
TONGUE			
<input type="radio"/> Normal moist, roughness, pink	<input type="radio"/> Patchy, fissured, red, coated	<input type="radio"/> Patch that is red and/ or white / ulcerated, swollen*	<input type="radio"/> Yes <input type="radio"/> No
GUMS AND ORAL TISSUE			
<input type="radio"/> Moist, pink, smooth, no bleeding	<input type="radio"/> Dry, shiny, rough, red, swollen, sore, one ulcer / sore spot, sore under dentures	<input type="radio"/> Swollen, bleeding, ulcers, white / red patches, generalised redness under dentures*	<input type="radio"/> Yes <input type="radio"/> No
SALIVA			
<input type="radio"/> Moist tissues watery and free flowing	<input type="radio"/> Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	<input type="radio"/> Tissues parched and red, very little / no saliva present, saliva is thick, resident thinks they have a dry mouth*	<input type="radio"/> Yes <input type="radio"/> No
NATURAL TEETH			
<input type="radio"/> No decayed or broken teeth or roots	<input type="radio"/> 1- 3 decayed or broken teeth / roots, or teeth very worn down	<input type="radio"/> 4 or more decayed or broken teeth / roots or fewer than 4 teeth, or very worn down teeth*	<input type="radio"/> Yes <input type="radio"/> No
DENTURES			
<input type="radio"/> No broken areas or teeth, worn regularly, and named	<input type="radio"/> 1 broken area or tooth, or worn 1-2 hours per day only or not named	<input type="radio"/> 1 or more broken areas or teeth, denture missing / not worn, need adhesive, or not named*	<input type="radio"/> Yes <input type="radio"/> No
ORAL CLEANLINESS			
<input type="radio"/> Clean and no food particles or tartar in mouth or on dentures	<input type="radio"/> Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures	<input type="radio"/> Food particles, tartar, plaque most areas of mouth, or on most of dentures*	<input type="radio"/> Yes <input type="radio"/> No
DENTAL PAIN			
<input type="radio"/> No behavioural, verbal or physical signs of dental pain	<input type="radio"/> Verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour.	<input type="radio"/> Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal & / or behavioural signs (pulling at face, not eating, changed behaviour)*	<input type="radio"/> Yes <input type="radio"/> No

* Unhealthy signs usually indicate referral to a dental professional is necessary

ASSESSOR COMMENTS:

Hair and scalp care

Good hair care is important as a morale booster and for maintaining a clean and attractive appearance. It cleans hair of dirt particles and dead cells and prevents matting. Care of the hair includes brushing and combing to stimulate scalp circulation, to remove shed skin cells and to distribute the natural oils which give the hair a healthy sheen. Care also includes shampooing to remove dirt and to prevent offensive odour. Hair that is well cared for improves self-image and contributes to the aged client's general feeling of comfort.

When should hair care be done?

The hair should be combed or brushed each morning and during the day as needed. Hair should be washed at least weekly and more often if indicated in the service plan. Younger clients may have their hair washed daily because their hair is oilier.

Observations to make regarding hair care

When giving hair care to the client observe the scalp for sores or redness. Look for swollen areas or places the client tells you are painful. A dry scalp can result in dandruff and flaking. Remember to report your observations to your supervisor.

Specific measures related to hair care

When combing or brushing the hair, place a towel around client's shoulders to prevent hair from getting onto clean clothes. Style the client's hair according to their preference. Be sure to clean comb and brush after each use. Never trim the client's hair.

Shaving

The following is the steps to follow when shaving the male face.

Procedure for shaving – male

- Place all the assembled equipment on a bedside table close to individual.
- Raise the head of the bed so the elder is sitting up as much as possible
- Place the large towel under the elder's head covering the bed pillow
- Place one hand towel over the elder's chest.
- Moisten face with warm water from basin with washcloth to soften beard. (heat, moisture and lather help to reduce surface tension and soften the beard)
- Apply shaving lather (or pre-shave lotion)
- Starting in front of elder's ear, hold skin taut with one hand, (during any part of the procedure if you are able to make the skin taut you will get a closer shave) take razor and shave from ear down cheek towards chin
- Use firm, short strokes.
- Shave in the direction of the hair growth.
- Rinse safety razor in warm water after every stroke.
- Repeat shaving cheek until all the shaving lather is removed.
- Continue shave with other cheek.
- Using short strokes, shave from under nose to lip.
- Shave from under lips in downward strokes to chin in short strokes.
- On the neck area the strokes go from the base of the neck -upward towards the chin. If the elderly man is able to put his head back this will help considerably in tightening up the skin and making it easier to shave.
- Remove all remaining shaving lather with moist washcloth.
- Apply after shave lotion.
- If the man is nicked during shaving, applying pressure with a small piece of tissue will stop the bleeding. Several nicks will mean that you are not using the correct razor. Maybe the razor you are using is too inexpensive, look for a higher quality razor

Continence care

Difficulties in the control of the bladder or bowel can occur at any age if there has been damage to these areas or the brain. The involuntary escape of urine or the emptying of the bowel is a very distressing and humiliating experience. It is very important to deal with a person's incontinence sensitively and to be mindful of these feelings so as to retain as much of the person's dignity as possible.

Some tips to remember:

- Often the problem of incontinence might be of mobility, in that they cannot get to the toilet quickly enough and they have an accident. Regular visits to the toilet every two or three hours can help, particularly after meals
- Try to adapt to the old habits of the person. For example, they might be used to going to the toilet first thing in the morning and before bed in the evening
- People confined to bed should be given a bedpan frequently
- People need to be encouraged to drink because cutting down on fluids makes the condition worse, not better. However, it is sensible to control fluid intake late in the day to avoid incontinence during the night
- It is important to avoid constipation: Try to include fresh fruit, vegetables and roughage in the person's diet.

When urine is passed involuntarily, wash and dry the skin thoroughly and gently immediately afterwards. Avoid the use of creams such as zinc or lanolin, unless requested by a nurse or doctor.

Urinary incontinence

This is the inability to control the excretion of urine.

There are a variety of causes, which are as follows:

- Urinary tract infection
- Tumours
- Impaired consciousness or awareness
- Medication
- Difficulty in accessing a toilet
- Constipation

Urinary incontinence is described in three ways depending on how it presents:

- Total incontinence: is the constant involuntary loss of control of the bladder.
- Stress incontinence: is a small leak of urine associated with a physical activity such as sneezing, coughing, laughing or physical exertion. It can also occur when lifting something heavy. Exercise such as running, dancing or jumping can also cause stress incontinence. The cause is weak pelvic floor muscles.
- Urgency incontinence: is a leak of urine associate with the feeling of needing to go to the toilet. The feeling is very strong, and the person just cannot make it to the toilet on time.

Overflow incontinence

Overflow incontinence is a small leak of urine associated with an over-full bladder that does not empty properly.

Symptoms can be:

- Dribbling
- Frequency
- Poor stream
- A feeling of incomplete emptying
- Dribbling after finishing
- Nocturia

When caring for someone who has urinary incontinence there needs to be awareness of the person's dignity and self-esteem needs. This is a difficult and often distressing situation. Therefore, understanding and patience are very important.

Incontinence may develop or worsen in unfamiliar surroundings, or worsen during periods of depression, anxiety or stress.

Outflow obstruction

Outflow obstruction is when there is a reason why a person can't empty their bladder properly.

- When you have no-one to talk to about the problem
- When you let things get in the way of seeking help

Faecal incontinence

Faecal incontinence is more common as you grow older. This type of incontinence is sometimes referred to as anal incontinence and includes involuntary loss of flatus or 'wind'.

There are many causes for urinary and faecal incontinence and help is available to manage both conditions.

Visit the Bladder Bowel website to read more about incontinence. In many cases, incontinence can be managed or cured. <http://www.bladderbowel.gov.au/>

Conditions which contribute to incontinence

Dehydration

Dehydration means there is not enough fluid in the body. Frail, elderly people and children can dehydrate if they do not drink enough fluid.

Signs of dehydration include:

- Feeling listless with no energy
- Loss of balance or feeling unsteady on their feet
- Mental confusion; can't think clearly
- Fever, dry skin and rapid pulse
- Dark smelly urine
- Constipation or leaky bowels

Preventing dehydration

- Place a jug of water on the table
- Write a note and place it on the fridge to remind them to 'have another drink'
- Keep a glass of water handy by their chair
- Remind them to drink with meals
- Use a straw to encourage the sucking reflex if necessary
- Offer appetising fluids, such as soups, jelly, favourite drinks, ice blocks and ice cream.

About continence products and aids

Continence products such as pads and catheters can help people affected by incontinence to lead a normal life. Using these continence products does not replace the need to seek professional advice from a health professional. The first step in learning to manage your incontinence should always be to seek professional advice.

There are many continence products on the market that can assist you to stay dry and comfortable. These can be purchased at pharmacies, supermarkets or wholesalers. Selecting the right product to meet your needs is very important. A Continence Nurse Advisor can discuss your needs with you and help you choose the correct products to suit your needs. Continence Nurse Advisors also teach clients and carers how to use and care for products and keep you updated about new products at follow-up appointments.

Your local continence clinic or the National Continence Helpline can give you information about continence products, suppliers of continence products as well as information about subsidy schemes which you may be eligible for. To find out more contact the National Continence Helpline on free call 1800 33 00 66.

Pads and pants

People come in all shapes and sizes. So, do continence pads and pants. Pads can be disposable (i.e. use once and throw away) or re-usable (i.e. washable). There are disposable pads and dribble pouches designed specifically for men with urinary leakage. These are also available in different sizes.

Disposable pads are available at most supermarkets and pharmacies. You can get samples direct from manufacturers, so you can work out what suits you best before buying them. Have a look on the packet for contact details or phone the National Continence Helpline free call 1800 33 00 66 for contact numbers or websites. Some pharmacies and continence services may be able to provide you with sample products for trial.

The advantage of disposable pads is their convenience; however, they can be expensive to continue using. Reusable items are less expensive over time but require washing and drying. This includes pads and pants with built-in pads. Some reusable pads need attaching to special reusable underpants or clothing and can even be custom-made. Pants with built-in pads are designed to be worn like underpants and removed when you go to the toilet. Reusable items need to be replaced every 6-12 months.

Disposable or reusable pads may also be worn with stretch net pants. Net pants can be washed several times before discarding them. All-in-one pads are a full-sized brief that wrap around the body and seal with re-usable adhesive tape to suit people who cannot walk or stand or for someone with a disability, or where a carer is changing the product. The carer can change them while the wearer is lying down.

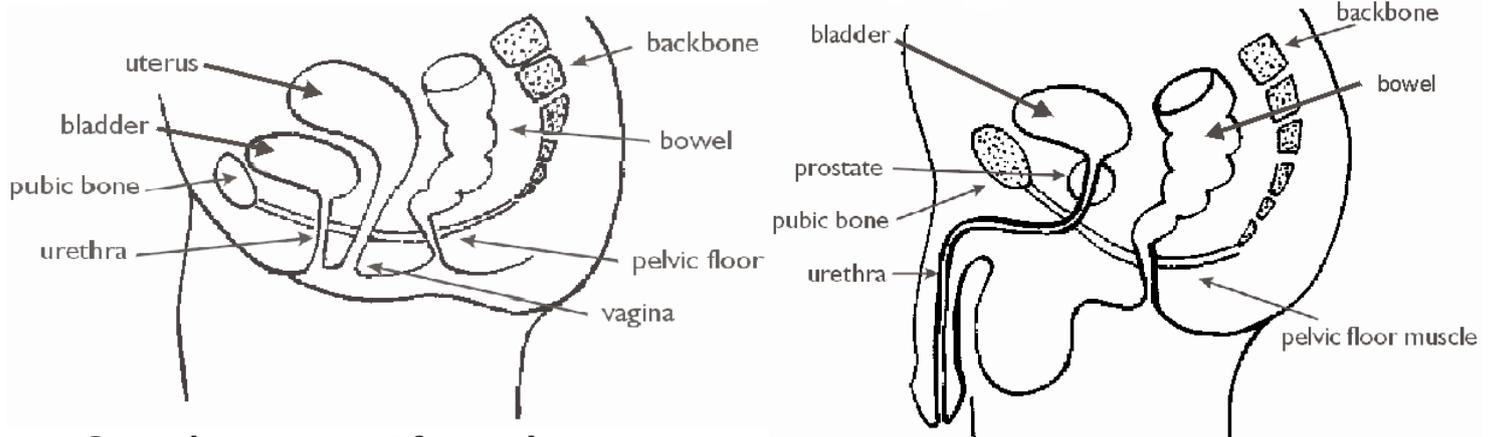
A larger pad will usually absorb more urine. Some large pads are specifically designed for faecal incontinence and have built in odour control. It is important to use a pad that fits snugly. A pad that is too big or too small or does not fit closely can leak and cause skin rashes and abrasions. Continence pads contain special absorbent material which allows them to hold varying volumes. Some people need different products overnight to keep dry for a good night's sleep.

Resources and support

There are a number of useful online resources that provide more information about incontinence and the help that is available including:

- Bladder Bowel website – an Australian Government website that provides information on the prevention, management and treatment of bladder and bowel problems, as well as the Continence Aids Payment Scheme (<http://www.bladderbowel.gov.au/>)
- Continence Foundation of Australia – the national peak body promoting bladder and bowel health. (<https://www.continence.org.au/>)
- National Public Toilet Map – shows the location of more than 16,000 public and private toilet facilities across Australia (<https://toiletmap.gov.au/>)

Bladder and bowel anatomy



General management for continence care

Hygiene

Constant moisture may lead to skin breakdown. The skin needs to be kept clean and dry. When showering, pay particular attention to the genital area, the groin and the crease between the buttocks. Protective creams may be applied to repel moisture – these will be ordered by the doctor or the visiting nurse. These assist by preventing the redness and soreness that is associated with constant wetness. Hygiene is also important for general comfort and self-esteem.

Clothing

It is important that clothes are kept clean and dry. It may be necessary to wash clothes more frequently to prevent odour, even if pads are being worn. Toileting generally this is done every two hours to keep the bladder empty and also to assist in retraining the bladder. However, as a care worker you are often only there for a short amount of time so ensure your client is toileted during your visit.

Assisting a client with toileting

Measures should be taken to prevent embarrassment or discomfort and to maintain dignity and privacy.

You should always:

- Ask the client what assistance they wish to have
- Be aware of the way you react to any odour or incontinence
- A person may only require assistance to walk to the toilet and sit/stand
- Hand rails may be used to provide assistance with sitting and standing in the toilet area
- Ensure dignity and privacy is maintained
- Remain within hearing distance should the person require assistance
- Should the person require assistance with wiping their genital area, gloves should be worn?
- If it is not possible to wipe genitals while seated, ensure the person stands with adequate support e.g. rail, or a firm chair to hold on to
- Change continence or menstruation pads with gloves on
- If the toilet door is closed or ajar while the person is there, knock and ask permission to enter
- Ensure access to hand washing facilities when toileting is completed



Assisting with the use of a urinal

- This may be used in bed or out of bed
- If the person needs to stand, he may require assistance with positioning or holding of the urinal
- Ensure the urinal is positioned correctly to prevent risk of spillage
- Provide hand-washing facilities when urination is completed

Assisting with the use of the commode

- Position the commode within easy access of the person's bed or chair
- Assist with whichever transfer is appropriate for the individual person. Remember to lower the person's underwear prior to being seated on commode
- Have toilet paper within easy access
- Should the person require assistance with wiping their genital area, gloves should be worn?
- If it's not possible to wipe genitals while seated, ensure the person stands with adequate support, for example- rail, or firm chair to hold on to
- Provide hand-washing facilities when toileting is completed

Assisting with the use of a toilet chair

This may be used for people experiencing mobility difficulties. The person is transported to the bathroom area on the chair that is designed to fit over the toilet.

Bowel chart and diaries

When you are trying to help people to use the toilet, one of the first things you will need to do is to keep a chart. Charts are also known as **'fluid diaries' or 'bowel diaries'** and are very useful records. When kept for a few days, they show a pattern of bladder and bowel activity, which can help plan a scheduled program for using the toilet.

Dressing and Undressing

Many elderly experience stiffness and pain in joints and are not as flexible as they used to be, so the need for clothing that is easy on, easy off is paramount. Although a person may have always worn "certain styles" in the past, it's now about providing comfort, removing stress at dressing times and maintaining independence for as long as possible. Important things to consider include the person's general health and ability, for instance, are they are confined to a bed or chair, do they have dementia or arthritis etc. Dexterity is also a factor to consider when purchasing clothing for the aged as buttons, zippers, hooks and eyes, ties and buckles can cause unnecessary frustration, reduced independence and lower self- esteem.

Also keep in mind what colours that person liked to wear in the past, i.e.; did they enjoy wearing bright bold prints or were they drawn to softer lighter shades. By continuing to dress someone in similar clothing that they liked to wear in the past can improve quality of life and enhance self-esteem. Dressing someone who has dementia can be challenging. Some get quite attached to one outfit and getting them to accept wearing something else is difficult. One way to overcome this issue is to buy several of the same outfit. Although we would get bored with wearing the same outfit every day, the issue is about reducing stress on the wearer, and carer, maintaining dignity (otherwise they may remove what they don't like), creating a happy environment and saving time.

Tips on Dressing and Undressing a Person:

- Always preserve the person modesty by not undressing him unnecessarily
- Be gentle in your movements and pull the clothes not the person.
- The most disabled limb should be dressed first and undressed last. For example,
- when taking out clothing, remove sleeve from the unaffected arm first as the person can bend his hand.
- put on clean clothing by slipping in the sleeve from the weak side first
- Tips: Place the sleeve of the shirt as high as possible on the person's shoulder of the affected arm to facilitate dressing or undressing
- Make use of simple dressing aids such as dressing stick, long handled shoe horn and easy-reacher if available

Tips on Choosing and Modifying Clothing:

- Clothes should be comfortable and loose-fitting.
- Avoid back fastenings and tight-fitting garments if the person has limited movement of his arms.
- Clothes with front pocket is much more accessible if the person is sitting down most of the time.
- Velcro trips can be inserted in trouser seams if zips cause difficulty.
- Front-fastening bras is useful for woman with arthritic hands or recuperating after a stroke.

Dressing tips for those with physical disabilities

A physical disability can sometimes make everyday tasks such as putting on clothes difficult, but there are things you and your relative can do to improve the situation. Even small adjustments to their usual dressing routine can make a difference.

Bedroom chair

Keeping a chair in the bedroom will allow your loved one to sit down while they dress and undress. This can help with any balance problems and makes it easier to put on socks and shoes, while also easing your relative's discomfort and reducing potential pain.

A chair with a firm seat and arms will be easier to manage than sitting on the side of the bed, and the arms will help your relative stand up after they have got dressed. To make the routine as smooth as possible, try to make sure that all clothes are within easy reach of the chair.

Clothing adaptations and aids

Many aspects of getting dressed can be made easier by choosing suitable clothes and footwear. For example, zips and Velcro are both easier to fasten than small buttons or shoelaces; easier still are clothes that don't require fastening at all.

If you're handy with sewing, you may even be able to make adaptations to some of your relative's favourite garments, so they can still put them on or off. They may like to consider some of these adaptations:

- Magnetic buttons rather than traditional buttons
- Elasticated waist bands
- Velcro fastenings on shoes instead of laces
- Bras and underwear with front fastenings or side openings.

There is also a large range of clothing aids available to help make it easier for your relative to put their clothes on, including:

- Button hooks: a comfortable plastic handle attached to a metal loop, helping to fasten buttons on clothes such as cardigans.
- Zip grips: to help your relative pull zips up or down.
- Dressing sticks: a wooden stick with a rubber tip at one end and a double wire hook at the other, used to pull on or push off garments, such as socks, that cannot be reached easily.
- Long-handled shoehorns: to help with putting on shoes.
- Grabber sticks (or pick-up stick): not only useful for picking items up off the floor, this can also be used to help pull trousers or underwear over the feet.
- Bra angel: this tool allows people to independently manage a bra fastening with the use of only one hand.

If your relative has problems with their eyesight, it may be worth considering items that can help them identify different clothes, such as:

- Audio labellers
- Tactile markers
- Special buttons.

This could allow them to continue to choose their own clothing rather than rely on someone else to make these decisions for them.

Maintaining skin integrity

The skin is the body's first line defence. It protects the skin from bacteria, which cause infection. Providing good skin care is one of the most important tasks for the health care worker. Older and disabled patients are at risk for skin breakdown, as their skin is easily injured. The skin has significant psychosocial and physical functions. Its function as a protective mechanism is the skin's most important role, but skin is also essential to maintain our body shape, act as a thermostat, disposing of bodily waste and is important in metabolic processes.

What is 'skin breakdown'?

Common causes in skin breakdown are:

- Age -- elderly people are at higher risk
- Inability to move certain parts of the body without assistance, such as with spinal or brain injury patients, and patients with neuromuscular diseases.
- Malnourishment
- Being bedridden or in a wheelchair
- Having a chronic condition, such as diabetes or artery disease, that prevents areas of the body from receiving proper blood flow and nutrition
- Urinary incontinence or bowel incontinence (moisture next to the skin for long periods of time can cause skin irritation that may lead to skin breakdown)
- Fragile skin
- Disability from conditions, such as Alzheimer's (some patients may not be capable of taking the proper steps toward prevention and may not seek appropriate treatment when an ulcer has formed).

Skin integrity is affected by many factors including:

- Mobility
- Sensory perception
- Moisture
- Nutritional and fluid intake
- Skin sensitivity
- Circulation and friction.

Skin disorders



Skin lesions

Most elderly people usually have marks on their skin; most of them are harmless brown age spots or an old mole. However, some of them may be developing cancers either benign or malignant. All skin changes must be reported and recorded in progress notes.

Leg ulcers



Leg ulcers are persistent sores, which some elderly people develop around their ankles or on the lower part of their calf muscles. The cause of leg ulcers is thought to be due to poor circulation in the legs. Blood cannot return rapidly to the heart, so it tends to put pressure on tiny blood vessels (capillaries) in the foot.

There are numerous of different types of leg ulcers. The most common are venous ulcers, which are seen in patients with congestive heart failure who cannot pump the blood out of their legs, and it therefore pools and damages the vessels and the surrounding tissue, including the skin. These ulcers are found on the ankles, are brown and irregular. Arterial ulcers are mainly seen in diabetic patients who have severe atherosclerosis of these vessels and poor perfusion of their distal toes. Ulcers are 'punch-out' like, meaning they are a regular hole in the distal toe.

Pressure sores

Pressure sores affect people who are unable to change position regularly. Sustained pressure on those areas which support the body leads to reduced blood supply and eventually death of the skin and underlying muscles (a pressure sore). Pressure ulcers are typically located in areas such as heels, elbows, shoulders and the sacral region and are graded or staged to classify the degree of tissue damage.

A pressure ulcer is an area of skin and tissue that becomes injured or broken down. Generally, pressure ulcers occur when a person is in a sitting or lying position for too long without shifting his or her weight. The constant pressure against the skin causes a decreased blood supply to that area. Without a blood supply, the area cannot survive, and the affected tissue dies.

The most common places for pressure ulcers are over bony prominences (bones close to the skin), such as the elbow, heels, hips, ankles, shoulders, back, and the back of the head. While it is more common for people to get pressure ulcers if they spend most of their time in bed or use a wheelchair, people who can walk can also get pressure ulcers when they are bedridden as a result of an acute illness or injury.

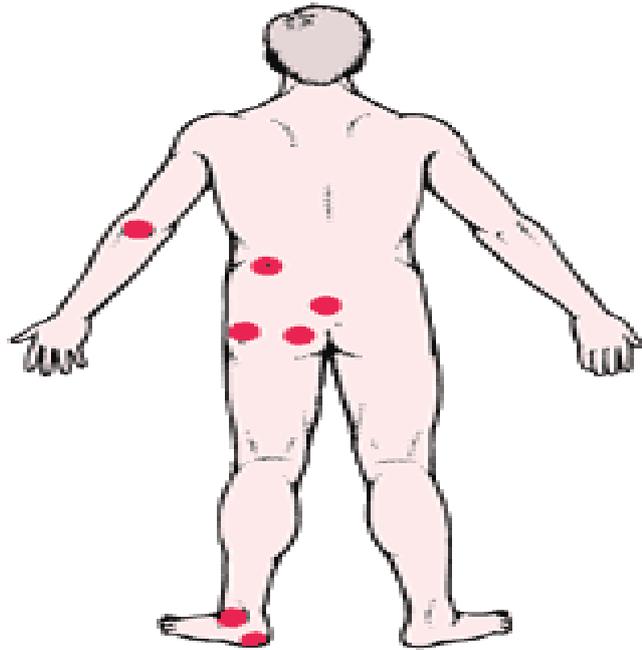
Causes

Pressure ulcers can be caused by four factors, either individually or in combination:

Pressure: Results in compression of soft tissue between a bony prominence and an external surface, such as a bed. When external pressure exceeds capillary blood pressure, the blood supply from the blood vessels to the muscle and skin tissue is impeded, resulting in tissue breakdown.

Moisture: Over-hydrates skin, resulting in maceration, which lowers its resistance to mechanical stresses such as pressure or friction.

Shear: Occurs when adjacent surfaces slide across one another, typically when a patient slides down in bed or chair. The skin remains stationary against the bed linens while the underlying tissue shifts. This causes capillaries to stretch and tear, resulting in reduced blood flow.



Common sites for Pressure Sores

friction: Caused when the skin is pulled across a coarse surface such as bed linens, washcloths, or incontinence pads. When friction is applied to the skin, the outer protective layer is rubbed away. The soft moist layers of skin are exposed which allow bacteria to enter.

Once a pressure ulcer is identified, certain basic steps must be taken immediately. These include:

- Relieving the pressure to that area. Use pillows, special foam cushions, and sheepskin to help reduce the pressure
- Treating the sore. Treatment will be based on the stage of the ulcer. Your health care provider will give you specific treatment and care instructions
- Avoiding further trauma or friction. Powdering the sheets lightly can help decrease friction in bed. (There are many items made specifically for this purpose check a medical supplies store.)
- Focusing on improving nutrition and other underlying problems that may affect the healing process
- If the pressure ulcer is at Stage II or worse, your health care provider will give you specific instructions on how to clean and care for open ulcers, as it is very important to do this properly to prevent infection
- Keep the area clean and free of dead tissue. Your health care provider will give you specific care directions. Generally, pressure ulcers are rinsed with a salt- water rinse that removes the loose, dead tissue. The sore should be covered with special gauze dressing made for pressure ulcers
- Do NOT: massage the area of the ulcer because massage can cause tissue damage under the skin
- Donut-shaped or ring-shaped cushions are NOT recommended because they can interfere with the blood flow to that area and cause complications
- Ulcers are extremely difficult to heal and may take many months for complete repair. Anything that can prevent the development of an ulcer should be considered seriously.

Identify and respond to routine difficulties during support routines, and report more complex problems to supervisor

Difficulties in meeting the needs of your clients can occur for a variety of reasons. Often it may be a temporary situation that needs to be clarified and addressed as appropriate.

Factors that cause difficulties in meeting the needs of your clients may include:

Loss of a loved one or partner

The loss of a loved one or partner can sometimes throw a normally capable individual into a state of confusion, anxiety, insecurity and depression. This can lead to many difficulties in meeting their ongoing needs

The loss of a pet

Many older people live fairly lonely and isolated lives, especially if they live on their own. These individuals may rely heavily on the companionship of a pet, which they treat as a member of their own family. The loss of a pet can have a dramatic impact on the individual who can become depressed and lose interest in life and living.

Changes to living environment or circumstances

Most, older people have quite happily adjusted to a routine or lifestyle suitable to their needs. Any change in this can cause confusion or lack of control over their own lives. Often a change in living environments can have a dramatic effect on individuals living in residential care facilities. This can make it difficult to meet the ongoing needs of the individual.

Identify changes in the person's health or personal support requirements and report to supervisor

Often one of your key roles as a worker is to identify the client's immediate concerns and make sure they are followed up and responded to appropriately. For many clients, immediate concerns often revolve around things like:

- Change in environment
- Change in routine
- Change in health
- Financial concerns
- Problems within the family
- Loss of a material object.

Your role is to assist in clarifying any changes in client needs and then reporting them back to your supervisor or to the organisation. The correct method to address these needs will then be carried out by your supervisor or an appropriate assessment team. Although changes may be small and at first may go unnoticed, it is essential that you pay attention to your clients' needs and report even the slightest change immediately. A small change in your client's needs may quickly lead to greater changes in needs.

It is important as a care worker to report any changes in care needs, either in written or verbal form to assist in the process of providing accurate care and service to resident/client's. Residents/client's may request a change in their care and service delivery themselves or alternatively you may identify that a change is required through your own observation.

When observing it is important to take notice of the following:

- Non-verbal gestures, i.e. (facial expressions, eye contact, hand movements)
- Changes in behaviour, i.e. (withdrawn, agitated, aggressive, distressed, anxious)
- Changes in moods, i.e. (irritable, sensitive)
- Changes in wellbeing, i.e. (sick, lethargic, apathetic)
- Changes in appetite.

A few rules to follow may include:

- Always double-check the observation, to make sure the behaviour observed warrants intervention
- Always check the observation to validate that the behaviour is different, from their normal behaviour
- Always communicate your observation to the client to get more information about the behaviour and show compassion and respect while doing so
- In situations where the client cannot communicate with you, ask a relative or co- worker about their normal behaviour.

As a care worker it is important to remember that resident/clients are able to make individual choices and their choices must be respected. These choices may impact on a change to their care or service need. It is a requirement to provide information to your supervisor, regarding changes to your resident/client as this information may impact on a change to their individualised plan or service and impact on their overall wellbeing.

Work with the person and supervisor to identify required changes to processes and aids

There will often be occasions when workers need to seek advice and direction about implementing a service/care plan, for example, aged care and health support workers may be unsure about a decision they are making or concerned about some aspect of the daily care tasks.

To know when it is appropriate to seek advice workers should be aware of their role and responsibility in the care of a client. This will be identified in general terms in their job description and more specifically in a service/care plan.

Aged care and health support workers should also be familiar with the roles of the care team members who may be included at any one time with a client. This could include health workers, doctors and immediate supervisors.

Workplace policies and procedures may also provide guidelines about when and how to seek advice and direction. For example:

- A staff information booklet may identify the staff to whom you should report or seek advice
- In addition to policy guidelines and formal processes, information may be given verbally to indicate what to do in the care of emergencies.

Consulting the client

Often the person to consult in the first instance is the client. For example:

Mrs Avarti has been prescribed tablets for a heart condition. You notice that she has not taken the last two doses and need to find out why. Although you will need to report this situation so that it can be further investigated, it is important that you first seek accurate information from Mrs. Avarti. Consulting her will also show your respect for her dignity.

If unsure of the client's competence, the aged care and health support workers may need to have a discussion with their supervisor or seek advice from a professional worker before consulting the client.

Consulting a supervisor

There may be many occasions when aged care and health support workers should seek advice from their supervisor about a decision which must be made immediately about a client in their care. This may require a telephone call if the supervisor is not on site.

Note: If a supervisor is not accessible and you are faced with an emergency, use a common-sense approach. Place the person out of danger and acquire assistance. If you are in an isolated situation you could contact emergency service personnel, e.g. the police, ambulance or fire services.

Often a decision may be difficult to make. For example, when a decision involves the client's right to choose to take a risk, the aged care and health support workers may wish to seek support as well as advice from their supervisor.

Seeking advice and direction from a supervisor is crucial to the role of monitoring the effectiveness of the service/care plan. For example:

The service/care plan for Mr. Millthorpe states that he had a hip replacement and should use a walking frame for four weeks, but he tells you that he does not use it or need it any longer. It would be appropriate for you to respond to Mr. Millthorpe in helpful way, informing him that you need to obtain advice and direction from your supervisor and that a reassessment may be required. In this way you will be directly working within the service/care plan and contributing to the evaluation and development of ongoing and changing needs of Mr. Millthorpe.

Consulting within a team

When it is decided that immediate action is required it is necessary to consult with your supervisor. In cases of less urgency, there are formal ways such as regular team meetings where advice and direction can be obtained. Meetings provide the opportunity for members of the team to review the effectiveness of care and to gather information to help implement the client's service/care plan. Sharing ideas and strategies also provides aged care and health support workers with support.

Maintain confidentiality, privacy and dignity of the person

Privacy is a basic right for all humans. We like to have our privacy, and so do our residents and clients. Each person is different and what might be 'personal' to one person may not be to another. For example: a resident or client may be trying to do something they have trouble with, like eating, and prefer to be in a private place so they feel they are not being watched by everyone in the room. Whereas another resident or client may feel encouraged by seeing others struggle with the same tasks and feel that being with a group makes things more fun. Therefore, it is important to know our individual resident or client's personal needs and wishes. This information should be outlined in their individualised plan. It is then the care workers role to ensure that dignity is respected by giving them the privacy they require.

In a facility, or a client's home it is important to consider the following:

- Keep doors closed, draw curtains, or screens, when the resident, or client, is undressing, showering/bathing or using the toilet/commode
- Maintain the personal dignity, of the resident, or client. Do not discuss issues that may cause distress and embarrassment in front of other residents/clients or staff. If the person is overcome with emotion, do all you can to retain their privacy and dignity
- Do not touch a resident's or client's personal property without permission. Some people may see this breach of their space as touching them without permission
- Ask the resident, or client, for permission before you open their drawers, cupboards or wardrobes

It is easy for carers who have been working with the same person for a period of time to forget these basic 'rules'. Think about how you would feel if your privacy was invaded. The resident or client may not want to be seen as a 'complainer' if care workers forget these basic rights. So, don't assume the resident or client is happy with the ways things are done, always check by asking.

As a care worker we need to remember that our workplace is actually another person's home. A trusting and mutually respectful relationship can develop and grow by showing due respect for the privacy needs of your resident or client

Element 4 - Complete reporting and documentation

Reporting requirements will vary across different organisations and work places. It is necessary that workers familiarise themselves with the relevant processes and documentation for reporting critical incidents, errors and accidents. Timely responses in completing mandatory reporting requirements are always preferable. Time delays increase the likelihood of misreporting details. Your direct line manager or supervisor will have information to clarify any uncertainty regarding reporting requirements.

It will also be important to ensure that all documentation is maintained and stored according to organisation policies and procedures. Following your organisations policies on storage of confidential information will ensure own documentation is professional and accurate.

Organisation reporting requirements

Every organisation has policies and procedures in place related to reporting. It is important that you understand these and know exactly what your role is. Early recognition of any changes in your client's situation or behaviour, along with appropriate intervention, can lead to an immediate response that will benefit your client's overall well-being. Most workplaces require written and verbal recording and reporting.

People you could report to

Organisations have specific policies and procedures in place to direct your reporting methods. These guidelines advise who you should report any significant changes to.

The people you may need to report to include:

Your supervisor:

The most important person you need to report information back to is your supervisor. They need to be informed at all times of any significant changes in appearance or behaviour of your client in order for them to take the appropriate action. When you report any changes to your supervisor they will then direct you on any further action you may need to take.

Colleagues and other support workers:

It is important that any changes in behaviour or appearance of your client are documented in their individualised plan so that other support workers have access to this information. The sharing of information about your client is often essential in ensuring that the needs of your client are being fulfilled.

Healthcare professionals or the person's medical practitioner:

You will need to report any change of condition, especially those related to a medical issue to other health workers and the medical practitioner of your client. These people are responsible for the health and safety of your client and therefore need to be aware of any information that may affect your client's health and well-being.

Health care services and other health professionals:

There may be times when an organisation or worker from outside your organisation can assist your client with a problem. If this is the case, then information needs to be reported to them so that they may be of assistance. The types of people you may need to report this information to include podiatrists, dentists or occupational therapists, which may be able to assist with a specific problem.

Home and Community care:

Changes in behaviour or appearance of your client may need to be reported to organisations that provide your client with other types of community care. They will need to know this information in order to assist your client effectively and make any alterations to the types and kind of care that they provide.

Emergency services:

There may be times when you need to report a change in your client's condition or behaviour directly to emergency services. Emergency services need to be contacted if you consider the situation to be critical and requiring immediate attention, e.g.: delirium, a heart attack, severe injury or acute psychosis.

Administrators:

Some clients will have administrators responsible for their health and well-being or responsible for other matters such as financial issues. Any changes related to these areas may need to be reported directly to the administrators in order for them to be aware of the change and respond accordingly.

Human services:

There may be times when you need to consult social services to report changes in the behaviour or appearance of your client. This may be in situations of abuse or matters of security that social security can offer assistance with.

Relatives or next of kin:

Some changes in behaviour or appearance of your client, such as increased aggressive behaviour, should be reported to the next of kin or family members of the client. This is sometimes important to ensure that you have legally informed your concerns to the family. A family member may be able to counsel the client or help you with strategies that can assist in working with the client.

Complete and maintain documentation according to organisation policy and protocols

You have a duty of care to respond to the daily living needs of an aged client, as well as being accountable to your employer's organisation. Incidents of concern need to be written into the specific documents provided, to ensure a comprehensive and current account of the client's daily living needs.

In most cases the client will have been assessed professionally and have an Individualised plan in operation. Feedback from workers is a crucial part of the delivery of the Individualised plan. Documenting your feedback formalises the process. Feedback from workers about care details is used in various ways. In some cases, government monitors review documentation relevant to the care needs of clients, to validate the organisation's claims for funding.

The provision of high quality care depends on effective, ongoing communication among members of the care team. Observations of health status and the concerns of team members should be communicated to other members of the team and recorded in the relevant records. There will be clear directions for you to report to the appropriate person such as your Supervisor, either verbally or in writing. It will be your responsibility to make sure that information is added to these reports and that all information is accurate and remains up-to-date. Remember you are working as part of a team and other support workers who assist your client, need to be aware of any changes and ongoing progress.

The types of information you need to note include:

- The type of unusual behaviour, mood, or change of appearance, your client has displayed
- How and why, this is different from the normal routine of the client if this change is occurring more frequently over time
- In what way this change is out of character for your client
- Any other relevant information that you believe other support workers, or your supervisor may need to know.

Written communication also documents a record of the services provided to the client. Recording information is an important way of sharing information with other members of the team. Keeping records is a legal requirement in all audited organisations, and the information is used to support the individualised plan and help to ensure the client's needs are met.

When you are recording or reporting written information you need to:

- Place the information in the correct set of books or notes
- Write legibly: so that others can read what you have said
- Be concise: and explain exactly what has happened
- Record objectively: do not include your own opinions unless you make it clear that these statements are just your opinion, judgment or concern.
- Make sure: that the date and time are recorded accurately
- Use only approved abbreviations: and no jargon words
- If you make an error: do not use whiteout, instead cross the error out with one line and initial the error.
- Only write your own entry, do not write entries for other support workers
- Sign your name clearly: and state what your role is use pen, not pencil
- Be thorough: write down everything that is important
- Write your notes: as soon as practicable after the incident
- Avoid using judgmental language: e.g.: 'She made abusive comments about...' or 'He was usually drunk when he came in for his interview'. Record what you observe, not what you interpret. Rather than writing down 'She made abusive comments', use direct speech, e.g.: 'She said, "or record observations, e.g.: slurred speech, staggering walk, etc. remember that case notes or incident reports may be required in the legal arena. The courts, in determining the validity of information, discriminate between facts and opinions. 'Facts' are what is directly observed.
- Write down direct speech: use it with particularly important information
- Be clear, organised and sequential: write down what happened in the order it happened
- Be aware of current Privacy and Freedom of Information legislation: and its implications for the worker and the organisation. It is a worthwhile 'mental reminder' to assume that all correspondence may be viewed by clients and may be required by the courts
- Discuss with your supervisor: any concerns about the process of documentation.

Reporting methods

You can report what you have observed a number of different ways. This can include:

Written reports

Written recording may be in:

- Logbooks
- Handover books
- Daily communication books
- Progress notes
- Client's case file notes.

Each written communication in aged care becomes the organisation's record of service to the client in care. Record books of various kinds are important ways of relaying information to other members of the care team. Accurate documents support the Individualised plan and help provide continuous, consistent and quality care. Record keeping in the aged care setting is a legal requirement and so all records need to be carefully written.

When you are recording or reporting in writing you should:

- Write legibly and in pen
- Ensure the entry is accurate, brief and complete
- Record only objective observations
- Note the time and date of each entry
- Avoid abbreviation
- Rule through any errors
- Avoid personal or defamatory comments
- Write only your own entry and legibly sign the entry and state your role.

Verbal reports:

Sometimes you will be expected to report verbally to your supervisor any difficulties you have identified in caring for a client, such as deterioration in their physical condition.

Store information according to organisation policy and protocols

Access to records should be limited to those with a justifiable "need to know". Safeguards should be in-built to maintain confidentiality – especially if computer-based documentation systems are being utilised. All residents/client information must be securely stored and should never be left lying around in view of family members, the general public or anyone who is not authorised to access them.

If written confidential information is passed to anyone other than the person concerned, it must be sealed in an addressed envelope.

Records may be kept in locked filing cabinets or in password protected computers. From time to time old documents need to be taken to a secondary storage area. All documents required by legislation to be stored for certain periods of time are clearly labelled and stored securely according to organisational policies and procedures. When it comes time to dispose of these records they should be destroyed and not merely thrown out. Drugs, equipment and other materials requiring secure storage and potentially posing an OHS threat to others, should be stored securely at all times

Confidential information

Confidential information is any information that your client may prefer that other people did not know. This could include the following information:

- Identifying data like given name, family name and address
- Personal information like age and religion
- Medical or health information
- Financial matters
- Family situation
- Legal issues
- Personal history
- Living arrangements
- Sexuality
- Social life
- Personal habits
- Services being used
- Political views
- Criminal history
- Employment history

Staff must follow confidentiality policy and practices when carrying out their duties. It is the responsibility of their supervisors to ensure this happens. Any breaches of confidentiality practices can lead to disciplinary action by your organisation.

Record keeping and filing systems

Each organisation will maintain manual and electronic filing systems based on specific needs. The records are like a memory of an organisation. Vital information needs to be maintained about clients and staff in an organisation, and those records must be filed appropriately to ensure simplicity when retrieving records, as well as security and confidentiality.

Effective and efficient record keeping are essential to:

- Reduce liability
- Ensure office productivity
- Eliminate potential errors and ensure efficient service delivery
- Provide information to funding bodies and government on how services are delivered
- Facilitate information exchange between staff and boards of management and funding bodies.

A good filing system should have the following characteristics:

- **Simplicity:** It should be easy to understand and use, allowing quick and accurate retrieval of documents.
- **Security:** the documents need to be stored in a secure manner with controlled access to ensure they are not read or taken by unauthorised people.
- **Compact yet comprehensive-** a good filing system will retain only those records that are required to be filed. You will need to learn how to identify the different categories of documents that must be filed according to the organisation's policies and procedures, and those documents that are not filed. If in doubt, ask!
- **Follow-up procedures:** when a file, report or document is removed from its normal storage place, there needs to be a procedure in place, to show who, borrowed that client's file and when it is due to be returned. This will help reduce the number of files or documents that go missing from the filing system.
- **Economical:** the filing system needs to be economical to set up, use and maintain
- **Classification systems:** records can be filed in different ways depending on the needs of the organisation.

Organisational reporting technologies

Increasingly community service organisations are storing information electronically. Storing information electronically saves paper, storage costs, and provides easy and secure access for a number of staff. Like a manual system however, there is a need to have an organised way to store and access the information. Some organisations now have sophisticated systems of storing information including shared files and an intranet. Whether you are working in a small or a large organisation it's vital that there is a system for storing information that all staff understand and can access.

Sometimes organisations will allow staff to access the internet, however they will often restrict the sites that can be accessed and may also set up a system to track staff access. There is usually information regarding the organisation's electronic system in the policies and procedures manual. It is important to know what your organisation's guidelines are because the organisation is within their rights to discipline any staff member who does not follow their guidelines.

You will need to know or be able to learn how to set up electronic files, save them and put them in folders. Most organisations now use individual passwords for staff to access a standalone computer or the organisation's computer network. This ensures security of information. If an organisation expects you to store information on the network, it is important that you understand the difference between saving on the computer 'c' drive and saving to a drive on the network. If you are unsure of this, make sure you discuss this with your supervisor.

You also need to consider the rights of clients regarding access to their information. Does the person require computer literacy to access their information or are they reliant on a worker for their password? This is where hard copies are useful as a backup.

Creating and accessing files

At a basic level, aged care workers are often expected to create a file, save it and then access it again to make changes to it. Once you can do this, it makes writing so much easier. It is important however, that you follow your organisation's guidelines regarding creating files, as sometimes, if you create a folder or document in the wrong place on a computer, access restrictions may not apply. Remember, if you are not sure about what to do when creating a file, discuss this with your supervisor.

Password

When you deal with confidential information that you are storing on computer or network, it is important that you have a password. This means that someone else cannot access the information on your computer. Try and think of a password that someone else would not guess easily. Do not leave the password written on a piece of paper stuck to your computer or on a noticeboard near your computer.

This is an invitation for unauthorised people to access your work or documents. In case you forget what your password is it's a good idea to write down your password in a private place that only you know about. You should never access a computer using someone else's name and password and you should never allow someone else to use your name and password to access information. Many organisations can track who has used a computer and when this has occurred. If you have allowed someone to use your password, you will have to take responsibility for any inaccuracies or inappropriate access.

Backing up information

Your organisation will have a policy on backing up information. You may be required to back up your information. Alternatively, there may be someone in the organisation whose role is to regularly back up information on all computers.

Most organisations would be backing up at least once a week and often it will be more regular depending on the nature of work undertaken in the agency or organisation. Often organisations back up off site, away from their main office, or they may arrange for another organisation to do this on their behalf. This adds another level of security in case of a fire for example.

Internet

When there are a number of people in an office or in a number of offices/locations an internal system to access and manage files is often adopted. This is called an intranet and is different to the internet. An intranet is an internal website that stores organisational information. It is usually only accessed by staff of the organisation that have been provided with a password to the system. An organisation's intranet may contain guidelines, policies and procedures, forms, minutes of meetings and newsletter.

Databases

A great way to store information that once was put in bulky directories is to use a database such as Microsoft Excel or Access. Databases are flexible and can be updated easily. There is often one person in the organisation responsible for updating the database.

Databases might include information about:

- Local community organisations
- Members of the community organisation
- Clients
- Staff education and training

Most organisations will have a Service User File which holds important information about the person such as their profile and medical history. The following documents should be placed in the appropriate section of this file:

- Individual plan
- Any consent forms
- Reviews
- Medical review

These documents should be kept accurate and up to date as changes occur. Even within these folders there may be other sub-folders. Sub-folders are simply another folder within a folder. If the agency has a network, you may find that some files are stored on the network while others may be stored on individual computers. As previously discussed it is important to follow your organisation's guidelines regarding creating folders and other files.

CHCAGE005 Provide support to people living with dementia

Welcome to the learning resource for the unit CHCAGE005 Provide support to people living with dementia.

This unit applies to workers in a residential or community context, including family homes. Work performed requires some discretion and judgement and may be carried out under regular direct or indirect supervision.

On completion of this unit you will have covered the requirements for:

1. Prepare to provide support to those affected by dementia
2. Use appropriate communication strategies
3. Provide activities for maintenance of dignity, skills and health
4. Implement strategies which minimise the impact of behaviours of concern
5. Complete documentation
6. Implement self-care strategies

You will be able to demonstrate your ability to:

- Provide support to 2 different people living with dementia:
- Use a person-centred approach to support
- Use appropriate communication strategies
- Assist in implementing a range of suitable activities that meet the person's needs.

You will gain knowledge about:

- Up to date research on dementia and the different manifestations of dementia, including:
- Alzheimer's disease, vascular dementia or multi-infarct dementia, Lewy bodies, excessive alcohol intake or Korsakov Syndrome
- Fronto temporal lobar degeneration (FTLD) including Pick's disease
- Huntington's disease, Parkinson's disease, younger onset dementia
- Dementia as a progressive neurological condition, including pathological features:
 1. Amyloid plaques
 2. Neurofibrillary tangles
 3. Loss of connection between cells and cell death
- Common indicators and symptoms of dementia
- Behaviours of concern, needs driven behaviour model and de-escalation procedures
- Progression of dementia and potential impact on the person with dementia, their family and significant others, including:
 1. Depression
 2. Loss and grieving
 3. Anger
 4. Despair
 5. Social embarrassment a family member might feel
 6. Isolation
 7. Financial burden on the family
 8. Social devaluation

- Principles of person-centred approach to support
- Relevant activities which enhance self-esteem and pleasure in the person's life, minimise boredom, and distract from or eliminate behavioural and psychological symptoms of dementia
- Competency and image enhancement as a means of addressing devaluation
- Verbal and non-verbal communication strategies including:
 1. Reality orientation, reminders of the day, the time, relationships, occasions
 2. Reassuring words, phrases and body language, validation, empathy, acceptance of the person's reality
 3. Acknowledgement, allowing expressions of distress, providing verbal and physical reassurance
 4. Frequent reminiscence to connect with person

A copy of the full unit of competency can be found at:

<http://training.gov.au/Training/Details/CHCAGE005>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

Element 1: Prepare to provide support to those affected by dementia

Introduction to Dementia

Dementia is the term used to describe the symptoms of a number of illnesses that affect the brain. It is not one specific disease. The most common cause of dementia is Alzheimer's disease. Dementia causes a progressive decline in a person's functioning and affects a person's thinking, behaviour and ability to perform everyday tasks.

The risk of getting dementia increases with age, but it is important to remember that the majority of older people do not get dementia. It is not a normal part of ageing. Dementia can happen to anybody, but it is more common after the age of 65 years.

As a support worker there may be times when you are to provide support for someone living with dementia. It is important that you have an understanding of the symptoms of dementia and the different types of dementia individuals may have. Using a person-centred approach and addressing the needs of the person with dementia will ensure that the appropriate care and support is given.

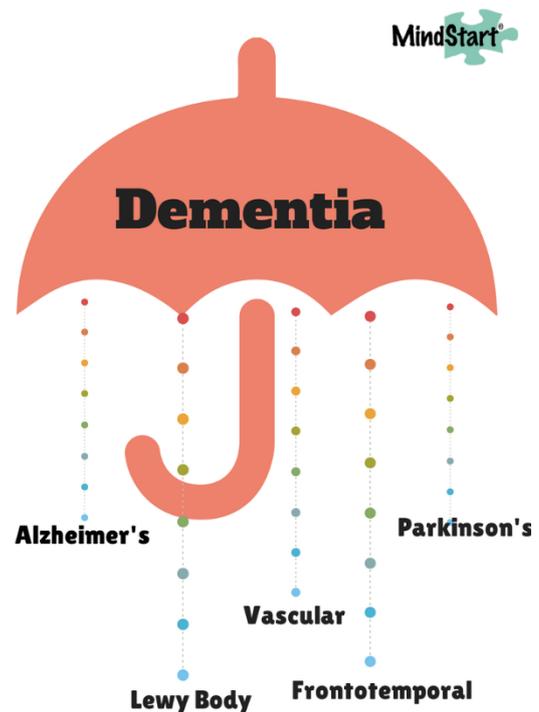
Types of dementia

Alzheimer's disease

Alzheimer's disease is the most common form of dementia, and accounts for around two-thirds of dementia cases. It causes a gradual decline in cognitive abilities, usually beginning with memory loss.

Other symptoms can include:

- Lapses of judgement
- Personality changes
- Difficulty performing usual activities
- Getting lost
- Becoming disoriented about places and times
- Reduced language skills
- Delusions
- Becoming short-tempered and hostile
- Apathy
- Depression
- Anxiety



Alzheimer's disease is characterised by two abnormalities in the brain – amyloid plaques and neurofibrillary tangles. Amyloid plaques are abnormal clumps of a protein called beta-amyloid. Neurofibrillary tangles are bundles of twisted filaments made up of a protein called tau. Plaques and tangles stop communication between nerve cells and cause them to die.

Vascular dementia

Vascular dementia is cognitive impairment caused by damage to the blood vessels in the brain. It can be caused by vascular disease, a single stroke, or by several mini strokes occurring over time.

Vascular dementia is diagnosed when there is evidence of blood vessel disease in the brain and impaired cognitive function that interferes with daily living. Symptoms of vascular dementia can begin suddenly after a stroke or may begin gradually as blood vessel disease worsens.

The symptoms of vascular dementia vary depending on the location and size of brain damage. It may affect just one or a few specific cognitive functions.

When vascular damage occurs deep in the brain, symptoms can include:

- Diminished motivation and initiative
- Loss of insight and apathy
- Poor planning
- Poor concentration

When vascular damage affects the cortex (outer layer of the brain), symptoms can include:

- Changes in sensory and motor functions
- Language impairment
- Memory loss
- Confusion

Lewy bodies

Lewy body disease is characterised by the presence of abnormal clumps of the protein alpha-synuclein, called Lewy bodies, that develop inside nerve cells.

Typical symptoms can include:

- Attention problems
- Reduced spatial skills
- Memory impairment
- Poor problem solving and planning
- Visual hallucinations
- Depression
- Balance and walking difficulties

People with Lewy body disease may experience large fluctuations in attention and thinking. They can go from almost normal performance to severe confusion within periods ranging from minutes to days to weeks.

Korsakov Syndrome (alcohol related dementia)

Alcohol related dementia is, as the name suggests, a form of dementia related to the excessive drinking of alcohol. This affects memory, learning and other mental functions. Korsakoff's syndrome and Wernicke/Korsakoff syndrome are particular forms of alcohol related brain injury which may be related to alcohol related dementia.

This can vary from person to person, but generally symptoms will include:

- Impaired ability to learn things
- Personality changes
- Problems with memory
- Difficulty with clear and logical thinking on tasks which require planning, organising, common sense judgement and social skills
- Problems with balance
- Decreased initiative and spontaneity.

Fronto temporal lobar degeneration (FTLD) including Pick's disease

Frontotemporal dementia involves damage to the frontal and/or temporal lobes of the brain. Symptoms often begin gradually and progress slowly over a period of years.

There are two main presentations of frontotemporal dementia – frontal (involving behavioural symptoms) and temporal (involving language impairments). However, the two often overlap.

Because the frontal lobes of the brain control judgement and social behaviour, people with the frontal or behavioural variant of frontotemporal dementia often have problems maintaining socially appropriate behaviour. They may:

- Be rude
- Neglect normal responsibilities
- Display compulsive or repetitive behaviour
- Have an increased appetite
- Be aggressive or violent
- Show a lack of inhibition
- Act impulsively

The temporal or language variant of frontotemporal dementia reduces language skills such as:

- Object naming
- Fluency of speech
- Word retrieval
- Comprehension of what others are saying
- Difficulties in reading and writing

Huntington's disease

Huntington's disease is a neurological (nervous system) condition caused by the inheritance of an altered gene. The death of brain cells in certain areas of the brain results in a gradual loss of cognitive (thinking), physical and emotional function. Huntington's disease is a complex and severely debilitating disease, for which there is no cure.

The most common symptom is jerky movements of the arms and legs, known as 'chorea'. Chorea usually starts as mild twitching and gradually increases over the years. A person with Huntington's disease may also have difficulties with speech, swallowing and concentration. Huntington's disease symptoms fall into three types, being physical, cognitive and emotional.

Physical symptoms include:

- Mild twitching of the fingers and toes
- Lack of coordination and a tendency to knock things over
- Walking difficulties
- Dance-like or jerky movements of the arms or legs (chorea)
- Speech and swallowing difficulties.

Cognitive symptoms include:

- Short-term memory loss
- Difficulties in concentrating and making plans.

Emotional symptoms include:

- Depression (around one third of people with Huntington's disease experience depression)
- Behavioural problems
- Mood swings, apathy and aggression

Progression of dementia

Dementia is a progressive neurological condition that includes;

- Amyloid plaques
- Neurofibrillary tangles
- Loss of connection between cells and cell death

The formation of amyloid plaques and neurofibrillary tangles are thought to contribute to the degradation of the neurons (nerve cells) in the brain and the subsequent symptoms of Alzheimer's disease.

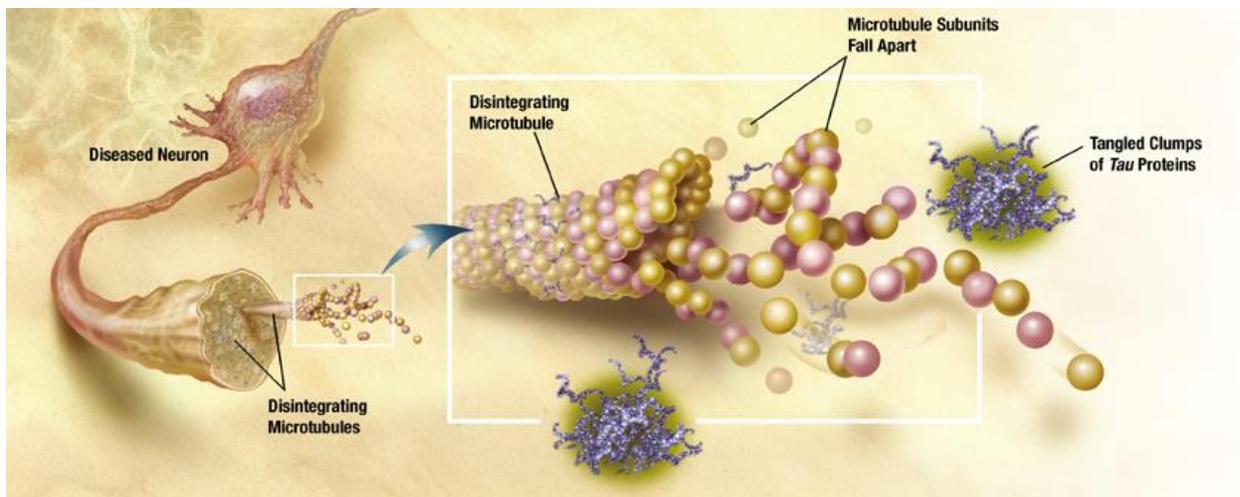
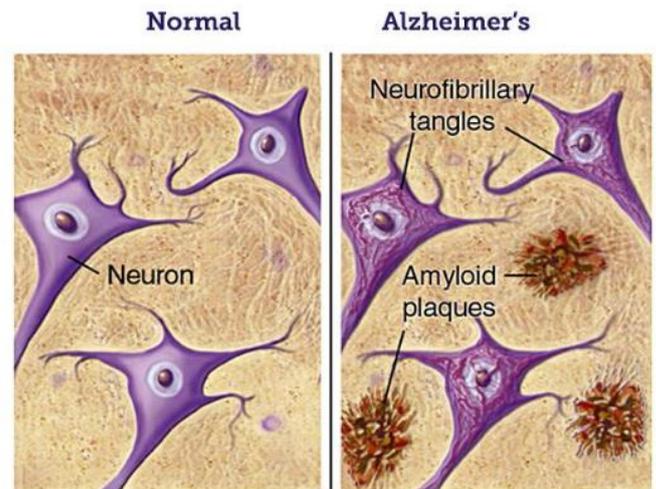
Amyloid Plaques

One of the characteristics of Alzheimer's disease is the accumulation of amyloid plaques between nerve cells (neurons) in the brain. Amyloid is a general term for protein fragments that the body produces normally. Beta amyloid is a protein fragment snipped from an amyloid precursor protein (APP). In a healthy brain, these protein fragments are broken down and eliminated. In Alzheimer's disease, the fragments accumulate to form hard, insoluble plaques.

Neurofibrillary Tangles

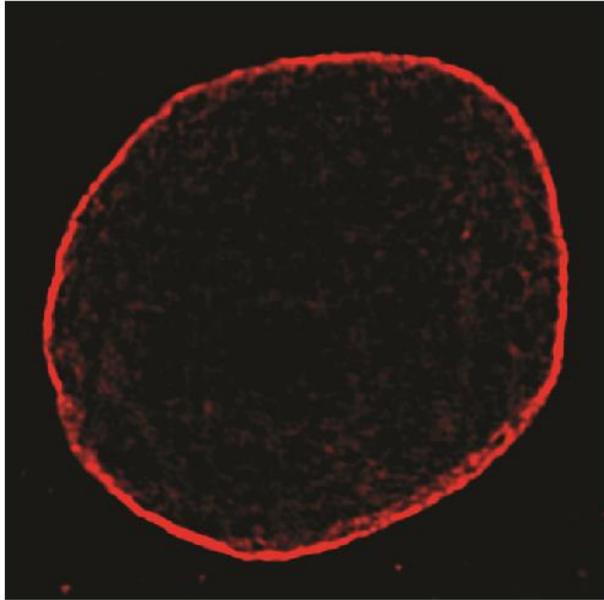
Neurofibrillary tangles are insoluble twisted fibres found inside the brain's cells. These tangles consist primarily of a protein called tau, which forms part of a structure called a microtubule. The microtubule helps transport nutrients and other important substances from one part of the nerve cell to another. In Alzheimer's disease, however, the tau protein is abnormal and the microtubule structures collapse.

Normal vs. Alzheimer's Diseased Brain

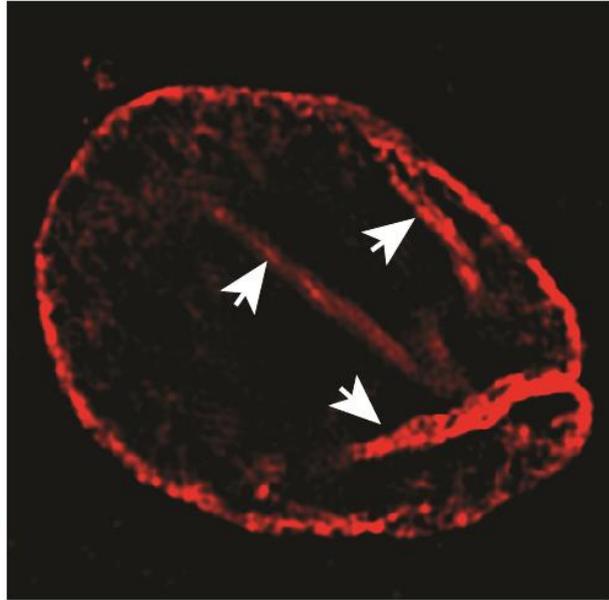


Disconnection with cells

Alzheimer's disease leads to nerve cell death and tissue loss throughout the brain. Over time, the brain shrinks dramatically, affecting nearly all its functions.



Nucleus from
“normal” brain cell



Nucleus from
Alzheimer’s disease brain cell

Common indicators and symptoms of dementia

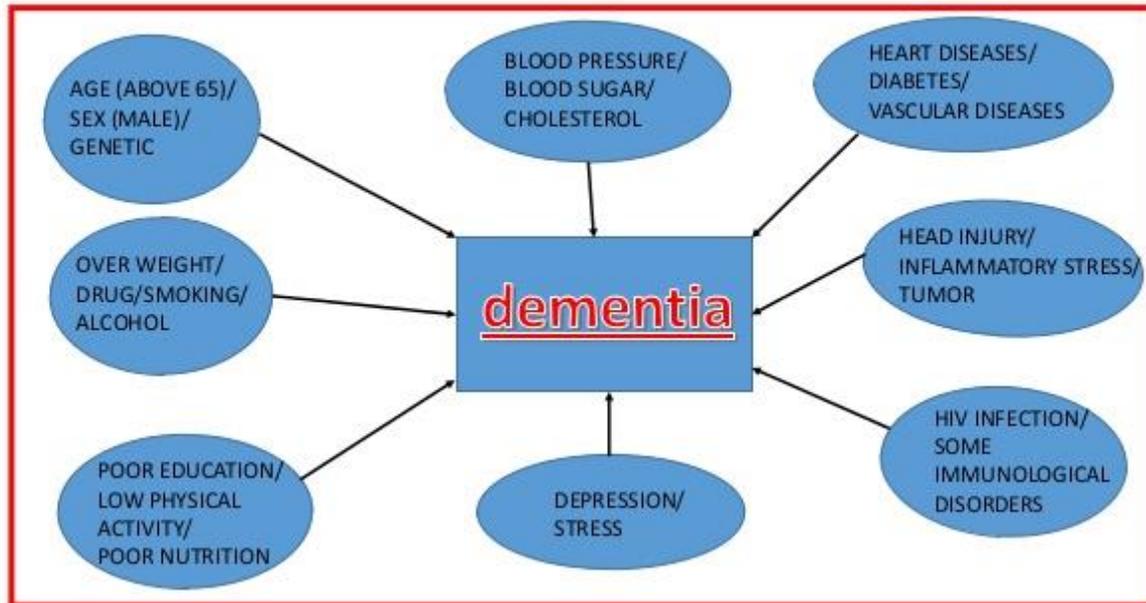
The early signs of dementia are often subtle and vague, and can be difficult to notice, particularly for people who live on their own. Because dementia has more than 100 different forms, the symptoms will vary depending on the type, the progression, and can even vary from person to person.

Some of the early indicators include:

- Memory loss that affects day to day function
- Familiar tasks becoming difficult to perform
- Confusion with times and locations
- Problems with language
- Concern with ability to think abstractly
- Poor or decreased judgement
- Misplacing items
- Not being able to show initiative as much
- Changes in personality/behaviour

Early symptoms of dementia (sometimes called cognitive impairment) are often mild and may get worse only very gradually. In dementia, the brain becomes more damaged and works less well over time. The symptoms of dementia tend to change and become more severe. The speed at which symptoms get worse, and the way that symptoms develop, depends on what's causing the dementia, as well as overall health. This means that the symptoms and experience of dementia can vary greatly from person to person.

RISK FACTORS FOR DEMENTIA



Apply person-centred care approaches to all interactions with the person living with dementia

Person-centred care involves tailoring a person's care to their interests, abilities, history and personality. This helps them to take part in the things they enjoy and can be an effective way of preventing and managing behavioural and psychological symptoms of dementia.

The key points of person-centred care are:

- Treating the person with dignity and respect
- Understanding their history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests
- Looking at situations from the point of view of the person with dementia
- Providing opportunities for the person to have conversations and relationships with other people
- Ensuring the person has the chance to try new things or take part in activities they enjoy.

Family, carers and the person with dementia (where possible) should always be involved in developing a care plan based on person-centred care. Their knowledge and understanding of the person is extremely valuable to make sure the care plan is right for them.

Person centred principles include the following:

- Person is at the centre
- Inclusive and accessible
- Focus on outcomes
- Inclusion of others
- Personal priorities and strengths
- Shared commitment
- Respects culture
- Continuous improvement and process applied
- One person, one plan

Benefits of person-centred care

Person centred care can greatly benefit individuals living with dementia in a number of different ways which include the following:

- Improves the experience people have within care
- Encourages positive lifestyles
- Encourages people to be more involved in decisions
- Impacts on people's health outcomes
- Reduces issues and negative health outcomes
- Empowers health care professionals
- Enhances self-esteem and pleasure in the person

Provide stable and familiar environments

People living with dementia can experience their world as confusing, disorienting and, at worst, disabling and even dangerous. A well set up or designed environment, planned with impaired thinking skills in mind, can help maintain abilities and provide meaningful engagement by providing essential prompts, accessibility and reduce risks to support a person with dementia.

Research has found that the environment can have a positive or negative effect on a person with dementia and can help a person with dementia 'hold on to their world by maintaining ties with familiar and comfortable surroundings. A dementia-friendly environment is one that promotes independence and supports wellbeing. It also:

- Draws on familiar surroundings
- Allows for easy access and orientation within the person's home environment
- Provides support for doing things the person enjoys
- Provides support for participation in daily activities
- Provides aids to support safety, security and independence

To achieve a friendly environment, the following factors can be considered:

- Ensure that grab rails are securely fixed to the wall
- Ensure that surfaces especially on the floor are non-slip
- Use a hand-held shower to make assisting with showers easier
- Keep the door open and ensure unobstructed sight lines from the bed to the toilet
- Ensure that doors are unlockable from the outside, in case the person with dementia has a fall, or is unable to unlock the door themselves
- Create a bathroom that is warm, inviting and also safe. Use warm colours to make the space more inviting, and to give the impression of a warmer temperature
- Use a coloured toilet seat that contrasts with the toilet, to ensure that it can be seen easily
- Choose grab rails that are of a clear contrasting colour to the wall
- Allow for the door handle to be located easily, by ensuring that the colour of the door handle contrasts with the colour of the door
- Use different textures and colours in rooms to provide sensory engagement
- Reduce clutter and remove potential hazards such as loose electrical cords or rugs, and provide storage for items to ensure sufficient space to move around
- Use contrasting colours for floors, walls and furnishings for visual identification
- Use block out curtains or blinds to regulate sleeping patterns and stop shadows appearing on the window from outside trees and shrubs
- Remove clutter within the bedroom to ensure clear pathways, e.g. chairs, tables, clothes, shoes, rugs
- If necessary, use labels to identify items in drawers and cupboards in the bedroom
- Display a selection of daily clothing and shoes on a stand or a section of the wardrobe for easy access, as a way of promoting decision making and supporting independence

The following is an example of how to adapt an environment to enable the individual living with dementia. To learn more about dementia enabling environments, visit the following website: www.enablingenvironments.com.au



ADAPT A HOME : BEDROOM

1) Principle #4: Blackout blinds can encourage a good night's rest and reduce the possibility of the person with dementia seeing shadows and illusions cast onto curtains from external light sources.

2) Principle #3: In order to aid way-finding to the bed ensure prominent colour contrasts between the floor, the bed-head and the cover sheet ; and between the cover sheet and the pillow (see the info page on "Colour Perception and Contrast").

3) Principle #1; Principle #6: Remove clutter and rugs that could be tripped over and tables and chairs that may be in the way

4) Principle #3: To aid accessibility, remove doors from wardrobes so that clothes can be seen easily. A dementia-specific wardrobe reduces confusion by minimising choice. For example, the next day's outfit can be hung on an open shelf

ready to be worn the next morning. The rest of the garments can be stored away from sight until they need to be used again.

5) Principle #4: Some people with dementia may not recognise their reflection in a mirror and think a stranger is in the room. Consider removing or covering mirrors if this becomes a problem.

6) Principle #7: Remove clutter but maintain familiarity in the environment through the inclusion of photographs and objects that are important to the person

7) Principle #3: Consider using a plug-in motion sensor light to illuminate the way to the bathroom at night (see the info page on "Lighting").

8) Principle #5: Ensure even lighting with a minimum light level of 300 lux (see the info page on "Lighting").

9) Principle #3: A clock that denotes whether it is day or night may help a person with dementia to know whether it is time to wake up or time to sleep.

10) Principle #3: Ensure clear colour contrasts between the wall, the light switch box and the switch itself so that it can be identified without difficulty. (See our info page on "Colour Perception and Contrast").

11) Principle #3: Keep the door open and ensure unobstructed sight lines from the bed to the toilet. This will allow for the bathroom to be located easily (see our info page on "Orientation and Way-finding")

Ensure that there are clear colour contrasts between the door and the door frame so that the person with dementia can locate the exits easily (see our info page on "Colour Perception and Contrast" for more helpful hints).



ALZHEIMER'S RESTRICTS AUSTRALIA ENABLES

Impact of dementia on the person and their family

Depression

Depression is very common among people with dementia. Depressive symptoms have been reported to occur in approximately 40-50% of people with Alzheimer's disease. People in long-term residential care appear to be particularly at risk of depression.

Other factors that may be contributing to a person's depression may be:

- The side effects of medication
- Physical illness
- Reaction to diagnosis and perceived impact on lifestyle
- Social isolation
- Fatigue
- Environmental factors, such as the inability to screen out unwanted stimulation of loud noises and crowds.

Depression and carers

Caring for a person with dementia can lead to increased rates of depression, stress and anxiety compared to non-carers. The stress of caring may result in impaired immunity, high levels of stress hormones, hypertension (high blood pressure) and an increased risk of cardio-vascular disease.

Researchers have found that a person who provides care for someone with dementia is twice as likely to suffer from depression as a person providing care for someone without dementia. Not only do caregivers spend significantly more hours per week providing care, they report more employment problems, personal stress, mental and physical health problems, lack of sleep, less time to do the things they enjoy, less time to spend with other family members, and more family conflict than non-dementia caregivers.

As stressful as the deterioration of a loved one's mental and physical abilities may be for the carer, dealing with dementia-related behaviour is an even bigger contributor to developing depression. Dementia-related symptoms such as wandering, agitation, hoarding, embarrassing conduct, and resistance or non-cooperation from the loved one makes every day challenging and makes it harder for a caregiver to get rest or assistance in providing care. The more severe the case of dementia, the more likely the caregiver is to experience depression. It is critical for caregivers, especially in these situations, to receive consistent and dependable support and respite.

Loss and grieving

Grief is an emotional response to loss. The loss could be the loss of a relationship, moving to a new house, loss of good health, divorce or death. If someone close to us develops dementia, we are faced with the loss of the person we used to know and the loss of a relationship.

People caring for partners are also likely to experience grief at the loss of the future they had planned together. Grief is a very individual feeling and people will feel grief differently at different times.

Anger

It is natural to feel frustrated and angry. You may be angry at having to be the caregiver, angry with others who do not seem to be helping out, angry at the person with dementia for difficult behaviour and angry at support services.

Sometimes, you may feel like shaking, pushing or hitting the person with dementia. Feelings of distress, frustration, guilt, exhaustion and annoyance are quite normal. If you feel that you are losing control, it may help to discuss your feelings with your doctor or an Alzheimer's Australia counsellor

Despair

As a carer, it can be hard to relate to the person with dementia if their behaviour changes drastically. For example, they may be unhygienic, foul-mouthed and quite disinhibited, especially very late in the course of the disease. Under such circumstances, it is not uncommon for carers and family to experience negative feelings towards them. Feeling like this may cause despair.

Some people prefer to distance themselves or have a difficult time being alone with the person with dementia. They often react with despair, depressive tendencies and perhaps physical illness. It is terrible to admit to yourself that someone you love has become unbearable to be around. It is even harder to tell others about these feelings. In such a situation, carers and families may need support from people around them.

Embarrassment

The person with dementia may feel embarrassed about having lost skills and being unable to fulfil their previous roles in the family. It can be hard to explain to people around you when your loved one forgets basic social etiquette and manners. Education about dementia helps to cope with these feelings.

It is not uncommon for some people to distance themselves from the person with dementia, perhaps due to a fear of the changes happening to the person they have known for many years. This in turn leads to feeling embarrassed that they cannot handle being around the person.

Financial burden on the family

The costs of caring for someone with dementia include the time given to provide assistance as well as any costs associated with care, such as travel to appointments and payment for services. Other costs include loss of earnings, inability to continue working or early retirement of both the carer and the person with dementia. The economic impact of caring for someone with dementia therefore varies between families. Informal carers provide assistance with many different activities of daily living, and some also provide supervision of behavioural symptoms.

TIPS to Tackle FAMILY Tension Around ALZHEIMER'S



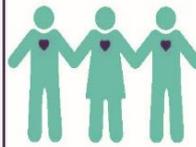
1. Lend an ear.
Dealing with a progressive disease such as Alzheimer's can be stressful — and not everyone reacts the same way. Give each family member an opportunity to share their opinion. Avoid blaming or attacking each other, as this will only cause more hurt.



2. Divide and conquer.
Make a list of responsibilities and address how much time, money and effort may be involved. Divide tasks according to family members' preferences and abilities. The Alzheimer's Association online Care Team Calendar can help you coordinate.



3. Talk it out.
Discuss if current methods of care are working and if the needs of the person with Alzheimer's are being met; make modifications as needed. Plan for the challenges you can anticipate as the disease progresses.



4. Stick together.
Support family members and connect with others who are dealing with similar situations. Find an Alzheimer's Association support group in your area or join our ALZConnected® online community.



5. Seek outside support.
Sometimes, an outside perspective can help the entire family take a step back and work through difficult issues. The Alzheimer's Association 24/7 Helpline (800.272.3900) is staffed with care consultants who can help anytime, day or night.

Recognise signs consistent with financial, physical or emotional abuse or neglect of the person and report to an appropriate person

People with dementia are vulnerable to abuse by people who are close to them, either in residential or home settings. They are also vulnerable to being taken advantage of by strangers because of their cognitive problems. Abuse situations are often preventable through adequate support, training, supervision and legal protection.

Abuse is a complex issue. It can be financial, physical, emotional, sexual, or failure to provide adequate care for a person's basic physical, social, and emotional needs. You owe a duty of care to all of your clients to keep them safe and free from harm. Your duty of care is increased in instances where people are more vulnerable to harm from others due to age or impairment. It is useful to know the factors that may contribute to a person being at risk of abuse or neglect.

People at risk are those who:

- Have a cognitive impairment, for example dementia
- Live alone
- Have a history of family abuse
- Suffer alcohol and substance abuse
- Are stressed
- Have financial issues
- Are emotionally unstable
- Are relatively powerless, for example people with disabilities and older people

Type of abuse	Signs of abuse
Physical	<ul style="list-style-type: none"> • Pain or restricted movement • Bruises, bite marks, cuts, burns, scratches • Unexplained accidents • Unexplained injuries such as broken bones, sprains, punctures • Over or under-use of sedation • Fear or anxiety
Emotional	<ul style="list-style-type: none"> • Fear • Depression or low mood • Confusion • Loneliness • Feeling of helplessness
Financial	<ul style="list-style-type: none"> • Fear, stress and anxiety expressed by a person with dementia • Unfamiliar or new signatures on cheques and documents of a person with dementia • The inability of a person with dementia to access bank accounts or statements • Bank, credit and debit cards and accompanying Personal Identification Numbers (PINs) of a person with dementia handed over to another person • Significant withdrawals from accounts of a person with dementia • The accounts of a person with dementia suddenly moved to another financial institution • Significant changes to a will of a person with dementia • Isolation and control of a person with dementia by carer • Evidence of undue influence e.g. coercive behaviour by another person • Lack of concern for the welfare of a person with dementia (signs of neglect) • No money to pay for aged care when there should be sufficient funds.
Neglect	<ul style="list-style-type: none"> • A person who is hungry, thirsty or has lost a lot of weight • A person who is wearing the wrong clothing for the weather conditions • A person who is living in an environment that is dirty or unsafe • A person whose health problems have worsened due to their medications being mismanaged • A person with unexplained conditions such as hypothermia, dehydration or pressure sores

Reporting abuse or neglect

Compulsory reporting of abuse and neglect is a legal requirement. For example, all government-funded residential aged care services must report all incidents or allegations of sexual or serious physical assault.

Here are some examples of situations that should be reported

- A person shows a change in behaviour or mood.
- You observe someone behaving towards a person in a way that makes you feel uncomfortable. A person tells you they are being abused or harmed by another person.
- A person, staff member or visitor tells you they have observed abusive acts.
- You observe an action or inaction that may be considered abusive.
- Someone is not responding to the financial or medical needs of a person.
- You have clear evidence an abusive situation is occurring.

Aged care organisations must report allegations or suspicions of unlawful sexual contact, or unreasonable use of force, on a resident of an Australian Government subsidised aged care home.

Element 2: Use appropriate communication strategies

Losing the ability to communicate can be one of the most frustrating and difficult problems for people with dementia, their families and carers. As the illness progresses, the person with dementia gradually loses their ability to communicate. They find it more and more difficult to express themselves clearly and to understand what others say.

Carers need to pay attention to how they present themselves to the person with dementia.

The three factors that make up the messages we communicate are:

- Body language (the message we give out with our facial expressions, posture and gestures), which accounts for 55 per cent of communication
- The tone and pitch of our voice, which accounts for 38 per cent of communication
- The words we use, which account for seven per cent of communication.

The use of both verbal and non-verbal communication strategies can help the person with dementia communicate their needs and wants, and also relieve distress, agitation and provide reassurance.

Verbal and non-verbal communication strategies

As a support worker, you will learn to use and adapt different communication techniques and strategies to support individuals living with dementia. This section will describe the verbal and non-verbal communication strategies you can use when working with a person with dementia.

Validation

Validation is a 3-step approach used in dementia care to communicate an understanding of the emotional state of people with dementia.

The steps involved in validation are:

- Respectfully acknowledging or validating the feelings the person is experiencing, e.g., "You sound upset/worried/angry...."
- Offering to help the person with their concern by providing emotional support and reassurance, e.g., "I would be worried too if I could not find my daughter."
- Gently redirecting the person's attention to something more pleasant by reminiscing, changing the topic of conversation, the activity and/or environment they are in.

Validation can help build the person's sense of trust and security, whilst reducing their anxiety.

Mary does not always recognise her husband, Jim. She becomes quite scared when she sees him, thinking he is an intruder in her home.

What to say: <ul style="list-style-type: none">• "Mary, you seem scared."• "Mary, you do not seem to recognise Jim. Let's look at the photos of your wedding to Jim."• "How did you meet Jim?" "What is your favourite memory of Jim?"	What not to say: <ul style="list-style-type: none">• "Stop it Mary."• "I already told you that I am/he is Jim."• "Surely you haven't forgotten who you are married to."
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Carlo accuses others of stealing his belongings. He forgets where he has put things and mistakenly believes that his things are stolen.

What to say: <ul style="list-style-type: none">• "I would be upset too, if I thought someone was stealing my things."• "Carlo are you worried about where your ... (e.g. wallet) is?"• "Are you worried about where your ... (e.g. wedding ring) is? It is important to you."	What not to say: <ul style="list-style-type: none">• "No one is stealing anything. You just lose everything and blame it on others."• "You don't have a ..."• "You have probably lost your keys in the house again."
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Provide reassurance using reality orientation

Reality orientation (R.O) is all about presenting information about time, place or person in order to help a person understand their surroundings and situation. This information is repeated at regular intervals.

Strategies for Reality Orientation

- Talk about orientation, including the time of day, the date, and the season
- Use the person's name frequently
- Discuss current events
- Refer to clocks and calendars
- Place signs and labels on doors and cupboards
- Ask questions about photos or other decorations
- Reminders of the day, the time, relations and occasions

Reality orientation vs validation

In contrast to reality orientation, validation therapy emphasises the feelings behind the behaviours or statements. It encourages the person to talk about the reality they're in (rather than the one we know to be true), and believes that by processing some perhaps unresolved issues, they'll eventually be able to be more at peace.

Strict reality orientation could result in a harsh imposition of the "real" reality and a heartless response to the question, "Where is my mother?" Pure reality orientation would respond, "She died a long time ago. You're 92 and your mother couldn't possibly be alive today." Validation therapy, meanwhile, would acknowledge the person's feelings, ask questions about the person's mother, and ask what you missed most about her.

Clearly, those who use reality orientation must apply sensitivity and wisdom

Reminiscence

Reminiscence uses people's strengths in long term memory to enhance socialisation and sharing of thoughts and ideas.

Reminiscence therapy involves exchanging memories with the old and young, friends and relatives, with caregivers and professionals, passing on information, wisdom, and skills. Reminiscence activity and therapy is frequently used in therapeutic settings and residential care to give patients with Alzheimer's disease a sense of value, importance, belonging, power, and peace. It can also help reduce injury to self-image, and it can create a feeling of intimacy and give special meaning to contact time with others.

Different Mediums used for Reminiscence Therapy and Activities

A variety of mediums that use different senses can assist the act of remembering. This means that people who have difficulty communicating verbally can have the opportunity to participate in reminiscence therapy in other ways. These include:

- **Visual:** Using photographs, slides, painting pictures, and/or looking at objects of autobiographical meaning.
- **Aural:** Using music such as familiar tunes from the radio, CDs, or making music using various instruments.
- **Smell or taste:** Using smell kits and/or different foods.
- **Tactile:** Touching objects, feeling textures, painting, and/or pottery.

Types of Reminiscence Activities and Therapies

Reminiscence can be used as individual, group, or family sessions and is generally categorised by three main types:

- **Simple reminiscence.** The idea of this type of reminiscence is to reflect on the past in an informative and enjoyable way.
- **Evaluative reminiscence:** This type is more of a therapy and may, for example, be used as a life-reviewing or sometimes conflict-resolving approach.
- **Offensive-defensive reminiscence:** Occasionally, unpleasant and stressful information is recalled and can be either the cause or the result of behavioural and emotional issues. Dealing with them can provide resolution—a coming to terms with life events and possible closure

Empathy

Being empathetic involves:

- Being attentive to differences in individual needs
- Staying calm and relaxed
- Asking short, open questions in the present tense
- Picking up on emotional cues
- Being sensitive to the pacing issues
- Searching for the meaning of simple metaphors
- Paying close attention to our own responses
- Allowing the individual to express distress

Non-verbal communication strategies

People with dementia may lose the ability to effectively communicate their thoughts verbally and may use their behaviour and other emotions to communicate. When communicating with someone with dementia it is important to remember that all behaviour is a form of communication. People with dementia will read and react to your body language. To effectively communicate with someone with dementia you should:

- Be aware of your body language and attitude
- Limit distractions and noise, and maintain eye contact with them
- Provide simple choices
- Never argue or raise your voice
- Providing physical reassurance through appropriate touch and body language

Element 3: Provide activities for maintenance of dignity, skills and health

Keeping someone with dementia busy and engaged will become more difficult as the dementia progresses. However, by focusing on what he or she do, even when the illness is quite advanced, you can both enjoy a range of stimulating activities and outings together. How much time you can devote to activities will depend on your personal circumstances. If you work, have other commitments or have a young family to care for you will obviously have less time, but there are still activities you can do as part of the daily routine.

The types of activities that the person you care for will be able to do will depend on his or her degree of dementia and general health. Activities should be appropriate to the person and reflect his or her previous and present interests. Tailor the activities to fit in with the person's preferences and abilities and make sure he or she will be able to cope with them physically. Activities should be positive and enjoyable.

Maintain independence, using familiar routines and existing skills

Routine and continuity are important in activities. It is especially useful to encourage daily activities such as getting dressed and washed; buttering bread; washing up; polishing furniture and folding clothes - even if they are done over and over again. It is important that the person is happy to do the tasks and activities. Being allowed to carry on with everyday activities for as long as possible will not only help the person hold on to these skills and encourage independence but will allow him or her to feel able to contribute and know that the help is valued. This sense of purpose and wellbeing should also help to ensure the person is less agitated and anxious.

Participating in activities can help to prevent frustration, boredom and challenging behaviours. Activities can:

- Help the person maintain independence in and around the home
- Help maintain skills
- Improve self esteem
- Improve the quality of life for the person with dementia - and you will also benefit
- Often compensate for lost abilities
- Allow the person to express his or her feelings, through art, music, singing and dance
- Bring pleasure to both of you as you share these moments together
- Provide social contact through social activities and outings, keeping both of you in touch with family and friends

Keeping to a routine is very important: planning activities which can be part of a regular routine will help you structure the day. If the person you care for has always gone down to the local shop for the paper, the chances are he or she will be able to carry on collecting the paper until quite late on in the illness. Safety issues are of course important; crossing roads alone will become unsafe as the illness progresses.

Try to plan activities for the person with dementia which you enjoy too. Don't be afraid to say no to activities if you really can't face doing a particular thing. The best thing to do is to suggest another activity: 'Why not come and help me sort through these photos', or 'Let's go for a walk'.

Things to remember

Plan tasks and activities which you can do together and also plan activities the person with dementia can do by him or herself. This allows you some time to yourself.

- Think about what the person has enjoyed doing in the past and plan activities which will involve things he or she can remember.
- It is usually better not to do anything which involves learning new tasks and skills - stick to what they already know. However, some new tasks can be learned.
- Make sure the person will be safe, by providing an environment which will allow him or her to enjoy the activity without you worrying about safety.

Prompting

In order to help the person through a task you may have to help with all the different stages of the process. For example, for vacuuming, you might need to remind the person where the vacuum cleaner is kept, where to plug it in and how to switch it on. If you don't help with all of these stages each time, the person will no longer vacuum. While this may seem like a lot of work for you, it will be of great benefit to the person you care for. Retaining skills and providing a way in which he or she can be useful will allow the person to experience a sense of satisfaction in helping with each task.

Support

Try not to be critical of how the person does things. The main aim of activities is to help the person with dementia achieve what he or she is capable of and be stimulated and happy. A perfectly clean kitchen or a well-made bed is not the goal. It is important that the person gains a sense of achievement and satisfaction.

Do not over stimulate as this may make the person anxious and agitated. Plan quieter activities for when he or she is tired, anxious or likely to become disturbed by loud noises, busy places etc. If you enjoy going out for a coffee or to a restaurant together choose quieter times when you can relax and enjoy the experience.

Organise activities that are appropriate to the individual, reflecting their cultural likes and dislikes, in order to bring back pleasurable memories

Dementia can affect anyone regardless of age, race, gender or background. It is important to understand the person's background and culture to ensure that any activities they participate in reflect their likes, preferences and culture.

Adopting a care approach that seeks to know and understand each resident in the context of their culture, is a start to providing good care to people with dementia from all cultural backgrounds. Every effort should be made to communicate in their preferred language and to provide a culturally familiar environment.

Suggested activities

It is important to ensure that when planning activities for people living with dementia, that the activities are suitable and appropriate to their needs.

Reading

Reading can become difficult for someone with dementia as his or her concentration and mental ability to read decreases as the illness progresses. If the person would still like to read papers, magazines and books you can help by reading aloud and helping him or her go through the paper.

Reading to the person will allow him or her to keep up with the latest news and follow interests. Family and friends can also help with this activity.

Audio books are useful as the person can relax and listen to the book on tape. There are a huge variety of these tapes available from the libraries and bookshops. In many areas there is a talking newspaper service, which can keep the person up to date with local events and news.

Games

Dominoes, card games and jigsaws are also enjoyed by many people. There are special jigsaws with larger pieces available and specially designed cards for those whose eyesight may be failing or who have arthritic fingers. Try out games you know they have played and enjoyed in the past.

Memory boxes

Putting together a memory box is a good way of stimulating and drawing out memories. Put favourite objects, old photos, and items from the person's work in the box to be examined. If the person is agitated, looking at the objects may calm him or her down. During quiet moments, when the person is tired, or you don't want to go out somewhere, looking at the photos and objects can be a very relaxing way of being together.

Life story book

In the same way as the memory box you can also put together a life story book. You could combine photos with notes about his or her:

- Mother and father, sisters and brothers
- Children
- Work
- Places he or she has visited or lived in
- Favourite holidays
- Friends
- Hobbies
- Favourite foods, least favourite foods
- Colours
- Favourite films, music
- Likes and dislikes
- Politics.

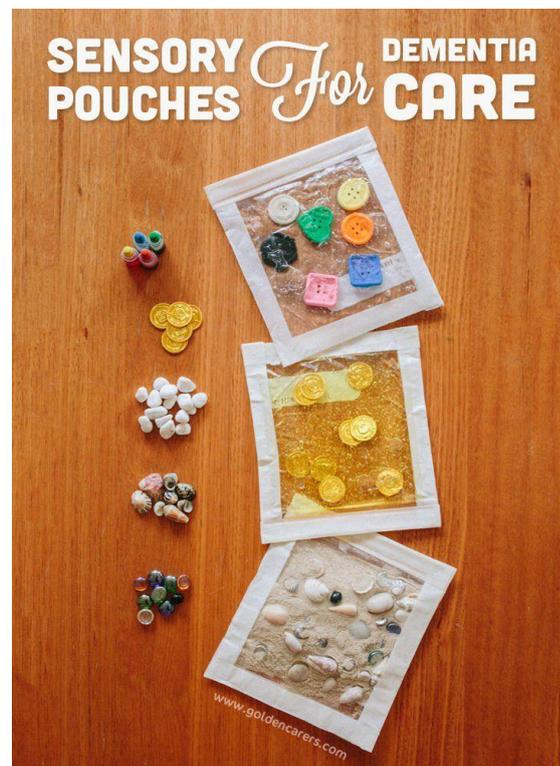
Art

Producing artwork is often exciting and interesting. Even if the person has not painted a picture since his or her school days, being creative with paints and other craft materials can be very enjoyable and satisfying. Remember that the end results do not have to look like 'works of art'.

Depending on the person's interests and what he or she enjoys doing there are many different types of projects you could enjoy together. Painting on plant pots or wooden photo frames, or even small pieces of furniture like wooden stools can be very satisfying and produce some great results. Look around art shops for ideas. There are kits available for sand art, painting by numbers and collage kits. Art galleries and exhibitions are also likely to be a source of interest and a subject for discussion. For most people it's best to use adult materials because items obviously meant for children can offend.

Going out for a coffee or a meal

If you both like going out, try to make this part of your routine. If you can, find a quiet café where you can both relax.



Going to a museum

Going to a museum and looking at objects which the person can relate to and which are part of his or her past can be very enjoyable. Watch out for exhibitions which may be of special interest.

Ensure the safety and comfort of the person balanced with autonomy and risk taking

Dementia affects each person differently. However, symptoms such as confusion, memory loss and disorientation are usually present, and problems with mobility and co-ordination may also affect safety. It is important that family, carers, friends and health professionals assist the person with dementia to feel and be as secure as possible.

Safety in the home

The best living environment for a person with dementia is one which helps them to be as happy and independent as possible. Familiarity is important for a person with dementia. The home environment should help them know where they are and to find where they want to go. Changes in this environment may add to confusion and disorientation.

General safety tips

- Arrange furniture simply and consistently and keep the environment uncluttered
- Remove loose rugs and seal carpet edges that may be safety hazards
- Replace long electrical cords on appliances with coiled or retractable cords
- Check the battery of any smoke detectors and that the alarm is loud enough
- Replace more dangerous forms of heating, such as bar radiators, with safer heating options such as column heaters
- Install safety switches throughout the home
- Easy to read clocks and large calendars will help a person orient themselves

Safety outside the home

Some people with dementia may become disoriented and get lost in unfamiliar, or even in previously familiar surroundings. Therefore, it is important at all times that they carry appropriate identification, including their name and address and an emergency contact number. An identity bracelet is ideal.

Safety tips:

- Check catches on gates
- Keep paths well swept and clear of overhanging branches
- Remove poisonous plants and dispose of hazardous substances from sheds and garages

Provide support and guidance to family, carers and/or significant others

Caring for someone with dementia can be physically and emotionally tiring and stressful. Families and carers can easily become isolated from social contacts, particularly if they are unable to leave the person they are caring for. Regular breaks mean that you can have a rest, go out, attend to business or go on a holiday.

The Australian and State governments fund a number of respite programs for regular, occasional and emergency breaks. They include out of home respite, in home respite and residential respite. Respite can also be provided in local day activity centres by attending planned activity groups. Some centres offer specialised activities for people with dementia. The care offered by day centres ranges from a few hours to several days a week. Some centres offer extended hours, weekend or overnight care. Another way to take a break is to have a care worker come to the house to enable you to do things outside the house. They may also accompany the person with dementia to an activity that they enjoy. This is often called in-home respite as it begins and finishes at home.

Help and assistance for families

There are a number of organisations and government programs which can assist and support families and carers who care for someone with dementia. You can suggest the following supports for families and carers:

ACAT

Aged Care Assessment Teams (ACAT) provide assistance to older people in determining their needs for home-based supports or residential care. A range of health care workers such as geriatricians, social workers and occupational therapists work together as part of the ACAT. You can contact your nearest ACAT by calling My Aged Care.

My Aged Care

The Australian Government has established My Aged Care, a service to provide support and assistance with queries about access to home and community care, respite fees, and bonds and charges. They can also help you look for Government funded aged care homes that meet your particular needs. Call 1800 200 422 or visit myagedcare.gov.au

Carer Gateway

Carer Gateway website and contact centre provides practical information and resources to support carers. Free call: 1800 422 737 (not mobile phones) Weekdays 8am-6 pm. Website: carergateway.gov.au For emergency respite at other times, call 1800 059 059.

The Carer Advisory and Counselling Service

The Carer Advisory and Counselling Service provides carers with information and advice about relevant services and entitlements. Contact your closest Carer Advisory and Counselling Service on 1800 242 636 or visit carersaustralia.com.au

Commonwealth Respite and Carelink Centres

Commonwealth Respite and Carelink Centres provide free and confidential information on local carer support, disability and community services. Centres are located throughout Australia and you can contact your nearest Centre by phoning 1800 052 222 (free call except from mobile phones).

Dementia Behaviour Management Advisory Service

If you have concerns about accessing respite discuss these with the Dementia Behaviour Management Advisory Service. DBMAS is a national telephone advisory service for families, carers and care workers who are concerned about the behaviours of people with dementia. The service provides confidential advice, assessment, intervention, education and specialised support 24 hours a day, 7 days a week and can be contacted on 1800 699 799.

Alzheimer's Australia National Dementia Helpline

If the type of respite you want isn't available in your local area let someone know. Contact Alzheimer's Australia National Dementia Helpline on 1800 100 500 or carer advocacy groups (Carers Australia on 1800 242 636) for advice on how to raise the issue of unmet respite needs. People often find that when respite needs are not met, informing local press and politicians can make a difference now and in the long term

The following website has a series of short videos

<https://www.fightdementia.org.au/about-dementia/resources/videos/latest>

Element 4: Implement strategies which minimise the impact of behaviours of concern

Behaviours of concern are common and are a consequence of changes that can occur in the brain. Certain behaviours are linked with dementia. These behaviours may resolve on their own or escalate as the disease progresses. To help minimise the impact of behaviours of concern, it is essential to identify any triggers which may escalate that behaviour and implement strategies to reduce the behaviour. Your role as a support worker is to assist supervisors with implementing these strategies to reduce the frequency and impact of behaviours.

Behaviours of concern

A behaviour of concern is any behaviour which causes stress, worry, risk of or actual harm to the person, their carers, staff, family members or those around them. The behaviour deserves consideration and investigation as it is an obstacle to achieving the best quality of life for the person with dementia and may present as an occupational health and safety concern for staff.

Examples of behaviour of concern

- Verbal disruption
- Physical aggression
- Repetitive actions or questions
- Resistance to personal care
- Sexually inappropriate behaviour
- Refusal to accept services
- Problems associated with eating
- Socially inappropriate behaviour
- Wandering or intrusiveness
- Sleep disturbance

Identify potential triggers

Dementia can cause changes in the behaviour of friends and loved ones. Such changes are very common, but they can place enormous stress on families and carers. Understanding why someone is behaving in a particular way may help families and carers to cope. There are many reasons why a person's behaviour may change. Dementia is a result of physical changes in the brain, and these can affect the person's memory, mood and behaviour. Sometimes, behaviour may be related to these changes, but at other times, the behaviour may be triggered by changes in the person's environment, health or medication. Understanding the cause will help you to decide which strategies may be helpful. Some carers find that keeping a log or diary helps them to see a pattern of behaviour that may be developing, and this helps them to identify the cause of the changes. Always discuss concerns about behaviour changes with your family doctor, who will be able to check for the presence of a physical illness or discomfort. The doctor will also be able to advise if there is an underlying psychiatric illness.

Cause of behaviours

There are many reasons why behaviours change. Every person with dementia is an individual who will react to circumstances in their own way. Sometimes the behaviour may be related to changes taking place in the brain. In other instances, there may be events or factors in the environment triggering the behaviour. In some instances, a task may be too complex. Or the person may not be feeling well.

Understanding the behaviours

It is important to try to understand why the person with dementia is behaving in a particular way. If family members and carers can determine what may be triggering the behaviour, it may be easier to figure out ways to prevent the behaviour happening again.

Some frequent causes of agitated behaviours are outlined below:

1. Health issues

- Fatigue
- Disruption of sleep patterns causing sleep deprivation
- Physical discomfort such as pain, fever, illness or constipation
- Loss of control over behaviours due to the physical changes in the brain
- Adverse side effects of medication
- Impaired vision or hearing causing the person to misinterpret sight and sounds
- Hallucinations.

2. Defensive behaviours

A person with dementia may feel humiliated because they are forced to accept help with intimate functions such as bathing. They may feel their independence and privacy are being threatened.

3. Sense of failure

The person is no longer able to cope with everyday demands, a person with dementia may feel pressured or frustrated.

4. Misunderstanding

No longer understanding what is going on may lead to bewilderment, or the person may become distressed by an awareness of their declining abilities.

5. Fear

The person with dementia may become frightened because they no longer recognise certain places or people. They may seek places that were familiar to them at an earlier time in their life or may be recalling an earlier life experience that is frightening or uncomfortable to remember.

6. Need for attention

A person with dementia may be trying to let someone know that they are bored, distressed, have an excess of energy or feel ill.

Behaviour management

Management of behaviours includes a comprehensive assessment of the individual, the environment they are in and the impact dementia has on cognitive and behavioural functioning. To understand the behaviour and to suggest strategies to reduce the impact of the behaviour, the individual must undergo an assessment.

Assessment of behaviour should ideally include gaining an understanding of:

- The person – personality, interests, preferences, skills
- The type of dementia, and areas of the brain that are affected
- The severity and range of cognitive, language and communication difficulties
- The environment the person is in – social, relationships, accommodation, finances, transport, community activities and participation and how all of these affect behaviour

One method to The ABC approach is a way of identifying events which result in a behaviour. A behaviour in response to an activating event, or trigger, generates a response. If the response is inappropriately managed, the situation may escalate and in turn become another activating event.

The following table briefly describe the ABC approach to behaviour assessment:

Antecedents	<p>These are typically any prompts, cues, stimuli, events or interactions that come before a behaviour.</p> <p>Sometimes it is useful to think of Antecedents as Triggers for behaviour.</p> <p>Antecedents:</p> <ul style="list-style-type: none"> • Maybe things that contribute to or cause behaviour • May happen just before the behaviour (seconds or minutes) or a long time before the behaviour (hours, days, weeks) • The consequences of behaviour (reactions from other people for example) can be antecedents or trigger other behaviour
Behaviours	<p>Any unwanted or inappropriate behaviour that we want to reduce in: frequency (how often it happens) or intensity (how severe it is).</p> <p>Behaviour is unwanted or inappropriate if it interferes with a person's ability:</p> <ul style="list-style-type: none"> • To be independent, • To pursue quality of life goals, • To participate in the community, or • To access services and support <p>A behaviour should be something that you can see or observe and describe clearly. For example, anger is a label that can be used to describe a range of different behaviours (for example; yells, hits people, pinches, swears, pulls faces, and talks loudly).</p>
Consequences	<p>A consequence which is what happens after the behaviour has occurred.</p> <p>Consequences either increase the likelihood of a behaviour occurring again or reduce the likelihood of the behaviour occurring again.</p> <p>Consequences can be things that we deliberately put in place as a response to behaviour, or they can be naturally occurring consequences in the environment that may influence the frequency of the behaviour.</p>

The following table gives examples of ABC in action:

Antecedent	Behaviour	Consequence
Asked to put clothes away while watching TV	Yelling, throwing clothes	Someone else puts clothes away Next time less likely to put clothes away
Fatigue	Irritable tone of voice - yelling	Person left alone to rest
Frustration with task - too hard	Hits wall, throws object	Hurts hand, stops hitting Stops task
Sexually inappropriate joke or comment	People laugh, show enjoyment	Tells more jokes
Touches person on bottom	Person ignores touching	Person touches again

Types of behaviours

Changes in the behaviour of a person with dementia are very common. This may place enormous stress on families and carers. It can be particularly upsetting when someone previously gentle and loving behaves in a strange or aggressive way.

There are different types of behaviours that people with dementia may exhibit, these include:

- Wandering
- Sundowning
- Anxious behaviours
- Aggressive behaviours
- Agitated behaviours
- Hallucinations
- Disinhibited behaviours

Below we will discuss a few of these, including ways to prevent and minimise these behaviours.

Wandering

Families and carers of people with dementia may be faced at some time with the problem of what to do if the person begins to wander. Wandering is quite common amongst people with dementia and can be very worrying for those concerned for their safety and wellbeing. The person's failing memory and declining ability to communicate may make it impossible for them to remember or explain the reason they wandered.

Some strategies to minimise behaviours can include:

- Keep a record or diary so that they can see if there is a pattern to the wandering behaviour. It may occur at certain times of the day or in response to certain situations which can then be more carefully controlled
- Reduce the number of objects in sight which may act as a reminder to the person to wander. Handbags, coats, mail for posting and work clothing may encourage a person with dementia to wander
- Camouflage exits
- Consider bells and buzzers which sound when external doors are opened
- Provide opportunities for walking as an activity. Make part of the garden secure so that it becomes a safe place to walk around
- It often makes sense to tell neighbours and local shopkeepers about the problem. Most people are very helpful once they understand the situation and may offer to keep a friendly eye on the person
- Ensure the person can see items such as clocks and calendars to help orientate to time and date
- Use visual cues to re-direct wandering (such as a sign saying, 'Go Back')

Sundowning

People with dementia may become more confused, restless or insecure late in the afternoon or early evening. It can be worse after a move or a change in their routine. They may become more demanding, restless, upset, suspicious, disoriented and even see, hear or believe things that aren't real, especially at night. Attention span and concentration can become even more limited.

Some strategies to minimise behaviours can include:

- Increase exposure to natural light
- If fatigue is making the sundowning worse, an early afternoon rest might help. Keep the person active in the morning and encourage a rest after lunch and relaxing activities in the afternoon
- Early evening activities that are familiar from an earlier time in the person's life may be helpful.
- Closing the curtains, a pre-dinner drink or assisting with preparing dinner or setting the table may be helpful
- Allow the person to walk around if they need to. Let them pace where they are safe. A walk outdoors can help reduce restlessness. Encourage exercise in the morning
- Some people are comforted by soft toy animals, pets, hearing familiar tunes, or an opportunity to follow a favourite pastime
- Consider the effect of bright lights and noise from television and radios. Are these adding to the confusion and restlessness?
- Plan to arrange baths or showers before the typical Sundowning period if these are upsetting activities. The exception may be the person who is calmed by a hot bath before bed
- Nightlights or a radio playing softly may help the person sleep

Aggressive behaviours

Changes in the behaviour of people with dementia are very common. Sometimes this can include aggressive behaviours such as verbal abuse, verbal threats, hitting out, damaging property or physical violence towards another person.

To prevent aggressive behaviours

- Always discuss concerns about aggressive behaviour with the doctor, who will be able to check out whether there is a physical illness or discomfort present and provide some advice. The doctor will also be able to advise if there may be an underlying psychiatric illness or undesirable side-effects of medication
- Be aware of the warning signs of aggression
- Try to reduce the demands made on the person
- Eliminate possible causes of stress
- Ensure that there is an unrushed and consistent routine
- Keep the environment consistent
- Spend time explaining what is happening, step-by-step, in simple sentences. Even if the words are not understood your calm tones may be reassuring
- Avoid confrontation. Either distract the person's attention or suggest an alternative activity
- Make sure the person gets enough exercise and participates in activities
- Make sure they are comfortable.

Preventable measures may not always work. Do not blame yourself if the person still becomes aggressive. Concentrate on handling the situation as calmly and effectively as possible.

When aggressive behaviours occur:

- Stay calm. Speak in a calm, reassuring voice
- Address the underlying feeling if possible
- A simple suggestion such as having a drink together, going for a walk or looking at a magazine together may help. Distraction and avoidance are often the most useful approaches
- If you feel unsafe, stand out of reach. Closing in or trying to restrain the person, unless absolutely necessary, can make matters worse. You may need to leave them until they have calmed down
- If you have developed some strategies for managing aggressive behaviours try to make sure that they are used by any other people who are also caring for the person with dementia.

Aggressive behaviours can be very difficult for families and carers. The behaviours are symptoms of dementia and are not meant to deliberately upset you. Remember to look after yourself and take regular breaks from caring.

Support planning and review

Effective dementia care requires strong leadership and support by managers as well as by direct care staff. It also requires more staff to care for residents than general residential care and a focus on resident centred care. Resident centred care provides individualised care for the resident to ensure their physical, social, cultural and mental wellbeing. Staff need training and skills in dementia care and management of special needs in order to provide good care. Staff should be encouraged to adopt and implement a resident centred approach to care. This provides the individual resident with support at a level required to maintain their wellbeing. In providing the necessary support for an individual, the service encourages the resident to maintain their independence, preferences and chosen lifestyle as much as possible. Experience has shown that some separate areas are beneficial for the good care of people with dementia who have special needs. These needs may arise from behaviour such as restlessness or wandering which are common in people with dementia. If a dementia specific unit is not possible, then an area such as a wing, or even a room, could be utilised to provide separation and safety.

Other ways of caring for people with dementia who may be agitated or restless are:

- Good dementia design including safe wandering areas
- Individualised activity programs
- A quiet area away from the TV
- A massage with calming perfumed oil
- The presence of pets may have a significant calming effect

Care plan review

A review by an assessor relates to the effectiveness and appropriateness of the client's Support plan. An assessor may set a review date of the Support plan at the time of the assessment. A review may also be requested by a client or a service provider. A review by an assessor will look at the following aspects:

- The reason a review has been requested and its impact on the client's existing assessment information and Support Plan
- The appropriateness of the services in meeting the client's goals
- Any new goals for the client, and associated referral(s) for service
- The appropriateness of setting another review date or an end date for service delivery.

Evaluate strategies to ensure effectiveness in minimising behaviours

It is usually a good idea to talk to other people who are involved with your client. 'Significant others' usually refers to people who have involvement with the client now or in the past. A significant other can be a parent, teacher, childcare worker, probation officer, foster carer or social worker.

This person may assist in helping to identify the immediate needs of the client because of the relationship they have with them. It is important to network (discuss or communicate) with these people to assist in establishing a clear picture about the needs of the client. This may mean attending a case conference, where the people involved with the client get together and talk about what action they are going to take to help the client.

Working with clients to meet their goals and monitoring their progress is a continuous process; it is therefore very important to have established indicators in place against which you can measure this progress.

The case manager needs to establish processes for monitoring which are known and agreed to by the team members, so that everyone is clear and committed to them. Written agreement is preferable, although verbal agreement (in the case meeting) is often sufficient.

Through consistent monitoring, the worker and the case manager can determine:

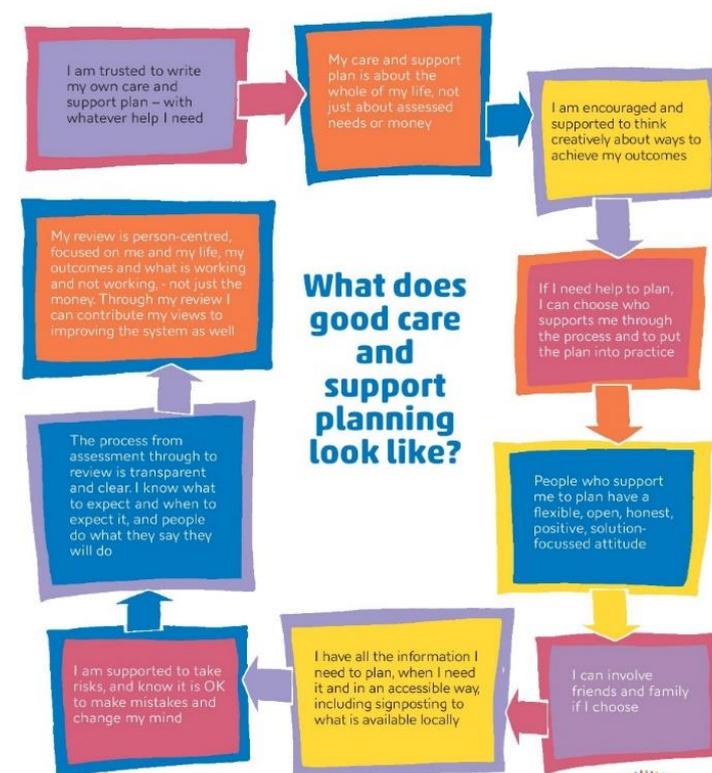
- Whether the goals are being achieved
- Whether they are being achieved in the timelines
- Whether there is a failure to achieve the goals
- What needs to be changed to meet the client’s situation (e.g. the goals themselves, or the steps to meet those goals).

Assessment data needs careful consideration by the carer and the organisation to identify a client’s actual or potential interest areas and problem areas, and to formulate a suitable individual plan. This data needs to be put into the data base, for if a thorough database is not gathered before formulating the plan then errors are likely.

Allow for adjustments and changes in individual needs and desires and be flexible in your discussion when preparing any plan for your clients. A fundamental approach to plan design is to develop it on a can and can’t do basis, the pros and cons of ideas and programs.

Whilst it might be desirable for a client to participate in a particular activity, it might not be practical due to cost restraints or accommodation / assistance.

- Do an evaluation on your client and their plan.
- Observe your client’s non-verbal behaviours
- Ask the client to share opinions and ideas
- Observe the client’s appearance
- Ask the client whether expectations are being met.



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Element 5: Complete documentation

Reporting requirements

It is important for the client and those working with them that any unacceptable behaviour be recorded, and those records kept on their files. This includes any formal observation and monitoring records. These can then be analysed, and any specific patterns identified for future reference or action. If the unacceptable behaviour includes violence and/or a major incident, then any workers involved need to file an Incident Report. A copy of this Incident Report should be kept on the client's file, as well as being submitted to the appropriate managers for follow-up.

Accurate, objective reporting is a skill, which needs practice. The reports made by a worker often affect the type and level of support the person in care will receive. Reports which are inaccurate, and coloured with personal interpretation and perceptions, may result in inappropriate support and assistance to the client.

You should also ask the following questions:

- What information is relevant to report?
- What information is not relevant to report?
- To whom should I report the information?
- When is it appropriate to report?
- Have I reported objectively and without value judgement?
- Have I consulted the client and obtained their consent to pass on the information I think needs to be given?
- Do I have enough information about the issue?
- Is it necessary for me to consult or seek advice from anybody and am I clear who that person should be?

Recording an incident report

These records need to be detailed and specific for each incident that has occurred, including the following details:

- Type of incident – abuse, threat, assault
- Who was abused/threatened or assaulted, and their occupation?
- Client/person who committed the act and relevant details
- Description of the location, where it took place
- Activity underway at the time, including detailed description of any high-risk activities
- Time of occurrence and day of the week
- Nature of injuries sustained
- How the incident arose and progressed
- Contributing causes
- Potential or actual costs
- Corrective action recommended
- Follow-up recommendations.

Please complete one sheet for each incident of behaviour
 Date: 5th January Time: 5:35pm Person reporting: Donna (staff) Others involved: Sarah (staff) - witness

Where did the incident occur?
 Lounge room

What happened before the behaviour of concern? (Consider cumulative stressors / unmet needs)
 Mrs A had just left the dining room during tea (barely touched her food). Mrs A was moving around the lounge room rearranging the cushions and chairs. The television was on loudly and the curtains were drawn, making the room dark.

What happened during the behaviour incident? (Describe the behaviour incident objectively, including who was involved, where it occurred, and what the person with dementia did)
 Mrs A moved a cushion near Mr B. Mr B told Mrs A to "bloody get out of it". Mrs A then proceeded to call Mr B "a useless bastard" and kicked and punched at him. Sarah (staff) attempted to hold Mrs A to stop her hitting Mr B at which point Mrs A bit Sarah on the arm.

What happened following the behaviour incident?
 The locum GP was called. John (staff) separated Mr B and Mrs A. Mrs A continued to call out "bloody murderers" and "you are all crooks" as she paced around the facility until the locum arrived. Mrs A's behaviours were observed from a distance and Donna (staff) offered her a warm drink and a snack but Mrs A refused this.

What might have caused the behaviour to occur?
 Mrs A may have been startled by Mr B's response. Restraining Mrs A to prevent her from harming Mr B may have made her more upset.

What strategies could you suggest or trial to help avoid the behaviour in the future?
 Mrs A could have been diverted to get her to move away from the situation instead of using physical restraint. Increased supervision and assistance for Mrs A to complete her meal and then be provided with purposeful activity which may prevent the situation.

Report observations to supervisor

There will often be occasions when workers need to seek advice and direction about implementing a service/care plan, for example, aged care and health support workers may be unsure about a decision they are making or concerned about some aspect of the daily care tasks.

To know when it is appropriate to seek advice workers should be aware of their role and responsibility in the care of a client. This will be identified in general terms in their job description and more specifically in a service/care plan.

You should also be familiar with the roles of the care team members who may be included at any one time with a client. This could include health workers, doctors and immediate supervisors.

Workplace policies and procedures may also provide guidelines about when and how to seek advice and direction. For example:

- A staff information booklet may identify the staff to whom you should report or seek advice
- In addition to policy guidelines and formal processes, information may be given verbally to indicate what to do in the care of emergencies.

Maintain and store documentation

Organisations that provide aged care services must store information and maintain it to the proper standards. For example, different types of information must be kept for a certain amount of time. Information should also be stored in a safe but accessible place. Organisations must store information that is confidential and legal as well as essential for the accreditation of the facility. The type of information that an organisation may store includes:

- Individual information such as finances and medical information
- Staff personal information
- Records of incidents/injuries
- Medication incidents
- Safety audits

Information can either be stored manually for example in a filing cabinet, or more commonly these days in a computer or network database. Aged care information should be kept on site in order for it to be accessible. When information is no longer required it should be destroyed appropriately. Information stored needs to be relevant, and for this reason an aged care provider must maintain information by keeping it up to date. Most importantly information should be stored in a manner that promotes its condition.

Element 6: Implement self-care strategies

The physical and emotional demands of caring for someone with dementia can be high. As the amount of care that is needed increases, more time and energy is required from the carer. If you are caring for a person with dementia, you need to look after yourself or the demands may wear you down.

If you are worn down, caring will become even more difficult and it will not be easy to continue balancing your own needs as a carer with those of family and the person with dementia. You need support and assistance to care for someone with dementia

Monitor own stress level in relation to working with people with dementia

Everyone experiences stress at some stage in their life. Stress is often referred to as the harmful physical, psychological and emotional responses that occur when an individual is exposed to perceived environmental pressures. Harmful responses to these pressures, known as 'stressors', occur when the requirements of a situation do not match the perceived capabilities, resources or needs of the individual. How an individual responds to stressors will depend on their personality, perceptions and past experiences. Some stress is positive in that it assists us in achieving our work and personal goals. However, when exposed to prolonged or repeated stress, this may potentially lead to a number of adverse reactions including psychological injury. Exposure to stress can produce feelings of depression or anxiety that can be relieved through psychological and/or psychiatric treatment.

Monitoring stress

Recognising that your stress levels are getting too high is important especially if you wish to take control of it before it controls you. Knowing the physiological manifestations of stress (increasing heart rate, high blood pressure, fast pulse rate, sweaty hands) are just some ways to monitor stress. Unfortunately, there are people who are unable to control their stress levels may have trouble identifying its physical symptoms.

It is important to recognise the symptoms of being overly stressed, so you are able to deal with these pressures early on.

- Emotional cues: If you feel that you get easily irritated and overwhelmed or anxious, then you're under unhealthy stress.
- Physical indicators: Stress is not only a psychological and emotional condition; it physically affects us as stress hormones interrupt the normal processes in the body. The physical signs of stress are tense muscles, tiredness or increased blood pressure and pulse rates, skin conditions, hair falling out, etc.

These symptoms can potentially lead to more serious medical problems such as heart disease, diabetes and others if they are not identified and treated by appropriate medical means.

Early signs of stress

- Increased absenteeism
- Altered performance
- Changes in attitude, mood or behaviour
- Becoming irritable, volatile or aggressive
- Conflict with others
- Diminished work relationships
- Tiredness/lethargy/lack of interest
- Difficulty in concentrating or making decisions
- Changes to appearance or personal hygiene
- Becoming withdrawn or isolated demonstrating unrealistic standards or expectations for self or others

Use appropriate self-care strategies and seek support

Everyone has different ways to manage stress. Managing stress improves your wellbeing and may help in your caring role, so it can be useful to learn some better ways to manage it. Bookstores and libraries have a range of books and tapes on different ways to manage stress.

Some suggestions for managing stress include:

- A consistent schedule can make life easier when living with a person with dementia.
- It often helps to remember that the person with dementia is not being difficult on purpose, but that their behaviour and emotions are affected by dementia.
- Learn as much as possible about dementia and encourage friends and relatives to do so as well.
- It is important to talk things over with family, friends and other people in a similar situation.
- Take care of yourself by looking after your diet, getting regular exercise and maintaining your social contacts and lifestyle.
- Be realistic about what you can expect of yourself and recognise that you will be a better carer if you take care of yourself.

Know what is expected of you in your role

- Be clear about your role from the beginning –ask your manager/team leader or other more experienced care staff if you are in a dilemma do not know what to do.
- Be self-aware – trust your ‘gut’ reaction! It may be an internal message saying to ‘go and talk about it with someone’
- Talk to your team leader/supervisor – if you are unsure
- Refer when necessary – care workers are not expected to be social workers or counsellors but are important as the first contact. Know your support services.
- Support your colleagues – you need to offer and seek support as part of a team approach.

A carer’s job can be made more difficult by a lack of understanding from other people. Helping friends and relatives understand what is happening may make your job easier.

Some suggestions to help with communication include:

- Provide information about dementia to friends and relatives. Useful material is available from Alzheimer’s Australia and much of it is written in community languages as well as English.
- Explain that although a person with dementia may look or appear fine, they have an illness that is devastating, but not contagious.
- Accept that some friends may drift away.
- Ask visitors to come for short visits.
- Do not have too many visitors at one time.
- Suggest that family and relatives who visit come prepared for activities, such as bringing a snack, going for a walk, bringing a simple project to do together or looking at a photo album.
- Prepare visitors for problems with communication and suggest ways that they might deal with these.

CHCCCS006 - Facilitate individual service planning and delivery

Welcome to the learning resource for the unit CHCCCS006 Facilitate individual service planning and delivery.

This unit applies to workers in a range of community services and service delivery contexts. Work will involve collaborating with the person requiring support and other people involved in the support network. Service needs may be complex or multiple.

On completion of this unit you will have covered the requirements for:

1. Establish and maintain relationships
2. Prepare for planning
3. Plan service delivery
4. Review service delivery implementation
5. Complete reporting requirements

You will be able to demonstrate your ability to:

- Work within established guidelines to contribute to the planning and reviewing of services which meet the needs of at least 3 people
- Contribute to the planning processes by communicating effectively with the person and other stakeholders using active listening and questioning

You will gain knowledge about the:

- Roles and responsibilities of different people in the planning process:
 - Person's assessor, carers and other support workers, health professionals, other service providers, service delivery workers
- Human development across the lifespan and influences on service delivery
- Strengths-based planning processes:
 - Assessment process, collaborative approach, documentation and reporting requirements
- Features and modes of service delivery:
 - Range of service options, variations for individualised service, resource requirements
 - Motivational goal setting, collaborating with other service providers to address diverse and multi-faceted needs
 - Transitioning to other services, exiting service
- Legal and ethical considerations related to planning and service delivery and how these are applied in an organisation and individual practice, including:
 - Duty of care, privacy, confidentiality and disclosure, safety and security
- Risk management considerations and ways of minimising risk:
 - Environmental, physical, physiological, continuous improvement processes

A copy of the full unit of competency can be found at:

<http://training.gov.au/Training/Details//CHCCCS006>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

Element 1: Establish and maintain relationships

Personal care needs assessments are one form of assessment which is conducted for older people. Older people may also be assessed for risk of falls. Constant improvement in medical care and preventative medicine means people are living for longer. An increased lifespan means people are more likely to develop illness, disorders or conditions. While sickness should not be seen as a usual part of ageing, it is quite common for people's cardiovascular, musculoskeletal, respiratory, nervous, urinary and sensory systems to become less effective as they age.

The ways in which we support people has changed over the years. In the past the focus was on the person's medical needs and the things they could not do. Care and support services need to be carefully planned to ensure the individual's needs of the client can be met in a way that supports their independence, their preferences and their choices. These needs are assessed, and a personal care support plan is developed. Personal care plans are developed by assessing a client's ability to complete activities of daily living. These plans are developed and implemented with the support of the carer, the client and the client's family.

Conduct interpersonal exchanges in a manner that develops and maintains trust and goodwill

Rapport describes a positive relationship that forms between two or more people. Once you have identified the possible barriers to effective communication and considered some strategies to overcome these, you can then look at how to build rapport with the client.

Establishing good rapport with others is an essential skill for you as a support worker. It is particularly important when you are interviewing or interacting with clients, as it allows free and open discussion and provides better outcomes.

Pay attention to the small things, like greeting people when you enter a room and saying goodbye when you leave. Consider cultural differences in greetings: for example, handshaking or direct eye contact may make some people uncomfortable. Making small talk may help a client relax and make them feel more comfortable with you.

Check that your client understands what you have discussed. Arrange for an interpreter if necessary. It is important that the client understands what services your organisation provides, what statutory obligations they have and any processes to address grievances they may have.

There are a number of strategies you can use to build good rapport with your clients, which include:

- Being clear about your role and the purpose of the interaction.
- Using a person's preferred name when speaking with them.
- Paying attention to making them comfortable.
- Using a pleasant tone that is clear and precise.
- Explaining words and expressions that may be unfamiliar and not using jargon.
- Asking simple and clear questions.
- Explaining what you already know.
- Explaining clearly any mandated position you have. For example, you may have to report to other authorities any disclosure of abuse.
- Explaining the actions that are undertaken both during the interview and as a result of the interview.
- Conveying acceptance by showing interest and concern.
- Being sincere and realistic in praise and goal setting.
- Not promising anything that cannot be delivered when the interview is over.

Maintain trust and goodwill

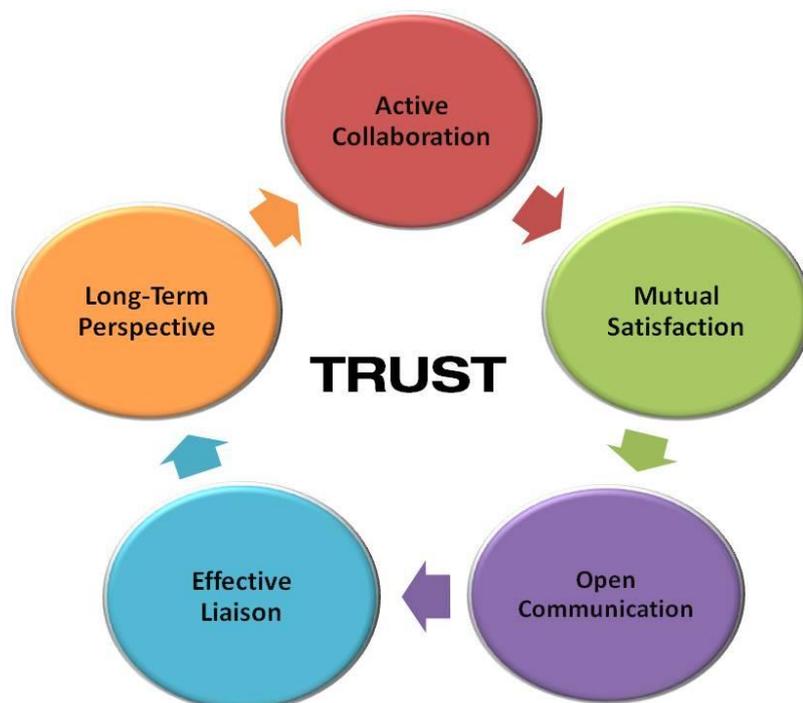
Very simply, if we want to build relationships where others trust us and have confidence in our actions then we need to behave in ways that are consistent with those attributes.

Trust is the number one influencing factor to the success of any type of relationship. Trust allows for open communication, autonomy, mutual respect and effective collaboration.

Make a genuine effort to know what is important to the client. Ask the client for their perspective on a problem. Be careful to listen actively because too often we are so busy thinking about what we are going to say that we don't concentrate on what our clients are saying. Chat with the client, look for some common interests, and use the information the client is giving to get to know them. Start by understanding them instead of expecting them to understand you first.

If you work in a large organisation here are some strategies that you can use to help minimise the barriers to effective communication that can be caused by clients feeling reluctant to trust you:

- Introduce yourself in a warm and friendly manner.
- Clearly explain your role and the service you are providing.
- Give them information about their rights and responsibilities — especially tell them about what is expected of them. This information should be provided both verbally and in written form.
- Tell them about the processes that they will have to go through to get what they want/need. Explain each step and what happens at each stage.
- Let them know about the complaint process and how they can use it if they need to.
- Let them know how they can contact you and when. Give them your business card or a pamphlet that has this all written down.
- Tell them where they can get more information about the organisation/department or the service they are receiving.
- Follow through on everything you promise and get back to them when you said you would. If you can't do what you said you would in the timeframe you said let them know this. While it can be tempting to wait until you have good news it is better to keep people informed each step of the way.



Dignity

Dignity is a sense of self-worth and to feel valued. Clients who require personal care support can often have their dignity put at risk through being dependant on others to perform necessary intimate or personal tasks with or for them. When you are implementing the personal care support plan you should ensure that the client's dignity is kept foremost in your thinking by ensuring that:

- The plan encourages clients to maintain or improve their skills and independence
- Procedures carried out and activities offered are age appropriate
- Personal or intimate tasks area carried out in an area that is shielded and private, where others cannot see or walk in, and are carried out quickly and efficiently

Maintain confidentiality and privacy

Clients who require personal care support are often vulnerable. Being dependant on others for managing activities of daily living can reduce a person's independence and self-esteem. The way people perceive their ability to make choices and feel respected and in control of their lives may affect their mental health. Clients are also more likely to accept services and support when they feel their personal esteem and dignity is respected by the service and its staff.

As a support worker you can show respect for the client's self-esteem and dignity in the following ways:

- Show interest in the person; not just their needs for support
- Ensure the client is aware of and assisted to make choices about the delivery of support
- Ensure questions of a personal nature are asked carefully and respectfully
- Listen to what the client says and make sure it is understood
- Ensure the client is able and assisted to maintain their skills in completing their own personal care tasks

Privacy and confidentiality

Within residential and community settings there exists a great deal of information about both the people living there and the staff supporting them. This information is confidential and must remain so. Within each organisation that holds confidential information about the people under its care, there is usually in place policies relating to confidentiality and for the release of this information.

A client who you are supporting needs to be confident that the information, which is found in numerous documents, is kept confidential. In addition, there will be much more information that they will disclose to you in the course of the day, week, month and year. This additional information will form part of ongoing documentation that will need to be maintained securely and confidential.

As a support worker you need to be able to:

- Ensure information is kept in accordance with organisational guidelines
- Access to information is provided to appropriate staff
- Ensure confidentiality and security of information is maintained
- Report breaches of confidentiality to supervisor or management

Respect for privacy and confidentiality is fundamental to protecting the rights of clients, because of the nature of the support provided by community service agencies, personal information about clients and their families is kept on file. The information must be respected and accessed only by those working directly with the individual clients.

It is desirable for confidentiality to be handled consistently throughout the service, and while the type and extent of the information conveyed by staff will vary according to situation, certain basic principle are applicable in all instances.

These are:

1. The information should only be shared on the basis that to do so is in the best interests of the client, or it is otherwise proper in accordance with the law.
2. The client's signed consent should be obtained before the information is conveyed to another person.
3. If the client is unable to consent, where possible the consent of the guardian, if any, should be obtained.

Disclosure of information

There are some instances in which you are permitted to disclose information as part of your duties. You may be required to disclose private or confidential information when:

- Compelled by law
- A patient's interests require disclosure
- There is a duty to the public
- The person has consented to the disclosure

Seeking the client's agreement before providing services

Your role is to provide clients with information about appropriate services to allow them to make an informed choice about their needs. People are much more responsive to care if they feel they have a choice about their day-to-day care needs and their future direction.

Gaining consent

Everyone has a right to determine their own services options. There are ethical and legal reasons for involving your client in decisions about the services they receive and gain consent before any type of care is given. Consent must be:

- Given voluntarily
- Informed, they must be aware of what they are consenting to and the risks involved
- Specific to the activity involved

Recognise and respect diverse and multi-faceted needs of the individual

When working in community services you will come across a wide variety of people with different backgrounds, history/past, culture, age and needs. As a support worker it is important that you are able to recognise and the diverse needs of all individuals whom you provide care and support. Gaining an understanding of your client's history and background, will enable you to demonstrate respect and appreciation for their needs.

Communication and culture

Cultural differences can manifest in a wide variety of behaviours such as language (verbal and non-verbal), social behaviour, relationship expectations, concepts of morality, ethics, time, familiarity/formality, power, values, good practices, role expectations, responsibility etc.

Different cultural groups will have rules and expectations relating to:

- Use of humour and irony
- Dress food preferences, choices and taboos
- Drinking alcohol
- Use or perceptions of time

You will need to develop communication strategies that will assist with difficult communication situations, whilst at the same time you maintain awareness of the personal differences between yourself and others and behave in ways that allow for the value of diversity.

Remember also that in Australia anti-discrimination, anti-harassment and equal opportunity legislation is designed to prevent one client or any one group of clients being disadvantaged due to racial or cultural difference. The legislation must be complied with.

Practice empathy. This involves trying to understand situations from the other person's perspective, by putting yourself into their shoes. Ask yourself about their values, experiences, upbringing, background and their needs and wants.

When interacting with others there may be communication barriers you will need to overcome. Strategies to overcome these barriers include:

- Be consistently professional, friendly and courteous
- Use simple hand gestures and basic words
- Speak at a reasonable pace
- Use diagrams, maps, pictures to illustrate the message
- Be patient
- Be aware of your body language and gestures

To work effectively with culturally diverse clients, you will need to:

- Be aware of your own cultural background/experiences, attitudes, values, and biases that might influence your ability to assist clients from diverse cultural populations. It is essential that you correct any prejudices and biases you may have regarding different cultural groups.
- Educate yourself wherever possible to enhance your understanding and to address the needs of culturally diverse clients. This may involve learning about cultural, social, psychological, political, economic, and historical material specific to the particular ethnic group being served.
- Recognise that ethnicity and culture may have an impact on a client's behaviour.
- Assist clients to become aware of their own cultural values and norms and facilitate discovery of ways clients can apply this awareness to their own lives and to society at large, as well as within the organisation.
- Respect the client's religious and/or spiritual beliefs and values.
- Work to eliminate biases, prejudices, and discriminatory practices.
- Provide information in a language that the client can understand.
- Provide information in writing, along with oral explanations.

Collaborate with other service to address diverse needs

Individuals with complex needs will require a range of services to meet their needs. You may need to collaborate with other services to ensure the needs of your clients are met. Below are some examples of when collaborating with other service providers might be beneficial.

Mental health services

Provide mental health care for people who are:

- Experiencing stress due to other issues
- Experiencing symptoms while managing other needs (like homelessness, grief, unemployment, illness, ageing)

Disability services

Provide additional assistance to individuals with disabilities who are accessing employment, health or accommodation services

Translator/interpreters

When working with clients from diverse backgrounds, support workers often need to decide whether an interpreter is required to assist in the communication process. The following are situations where an interpreter is needed:

- When it is obvious that there is no shared language between you and the client or when the client's English language skill is very limited
- When the client makes a request for language assistance or if they specifically request an interpreter to assist with communication
- When clients rely on people who accompany them to speak on their behalf or interpret for them

Support the interests, rights and decision-making of the person

Part of your task in supporting a client and acting ethically is to ensure client rights are protected. Many client rights are protected by law, while others are linked to funding arrangements or your agency's mission or philosophy.

As a support worker, you have a responsibility to ensure that a client's right to privacy and consent is upheld. You also owe your clients a duty of care. A significant aspect of this duty of care involves being able to identify signs of abuse and promptly reporting suspected abuse to appropriate agencies. To further protect client rights, it is essential that you have a good understanding of the roles and responsibilities of legal guardians. You must also be able to recognise those occasions when either you or your agency are not able to adequately assist a client. In these instances, you must be able to refer clients to other relevant services.

Involving clients in decision-making

After investigating the range of service options or strategies available, clients can be supported to evaluate the options using a range of methods such as:

- Trialling service options
- Asking questions
- Discussing options with key stakeholders within their social networking support network
- Discussing options with others who have experienced these strategies.

The right to make decisions is one of the rights included in the Universal Declaration of Human Rights. You will also find that the right to make decisions is one of the fundamental principles in applying a person-centred approach.

Supporting clients in the decision-making process

Your role is to support your client throughout the decision-making process. Examples of strategies to support client decision-making could include:

- Giving the client time and space without the support worker's involvement to adequately explore all the options and make some decisions
- Asking open questions, e.g. 'What do you think about ...?'
- Listening to the client's concerns
- Reflecting the feelings and content of client responses
- Involving a trusted friend/mentor or other key people from their support/professional networks.

Provide clear and current information about service delivery

In providing a service to clients, it is very important to provide them with as much information as necessary to involve them in all the decisions that are being made at every stage of the support process.

When you are planning with clients, it is important to give them information concerning:

- The initial assessment of their needs – Use ordinary language that the family can understand; avoid using jargon.
- The options normally available to meet these needs, e.g. the types of programs or services available.
- The expectations on the client regarding these options.
- Information about the implications of each option, i.e. the process and legal issues, the practical steps required.
- Information about options which will not be considered and why.

Remember that you may need to provide information in a range of ways. Some people prefer information given verbally, while others need to be able to read the information. Sometimes a combination of verbal and written information gives people a better chance of understanding it.

Check that the client and significant others understand what you have said or the written material you have provided. Some people may need assistance through an interpreter. Also, when people are anxious they do not always remember what has been said to them. You may need to check understanding and repeat information where necessary.

Decision making Steps

1. See the situation clearly:

Use listening skills to determine all the elements of a crisis situation.

2. Know what the client wants:

Encourage clients to set priorities and explore their own needs.

3. Expand the possibilities

Help clarify priorities and add information and resources.

4. Evaluate and Decide:

Examine options and strategize a plan of action including follow-up plans.

5. Take action:

Responsible parties follow through on action plans and reassess.

Element 2: Prepare for planning

Planning is an important part of your work with people you support. It is included in legislation which guides your service delivery, and your organisation will also have its own guidelines relating to how planning will be carried out, documented and reviewed. A support plan contains a number of key elements including:

- Information about the person – What the person wants or needs the disability service provider to know about them (for example, their likes and dislikes).
- Goals and aspirations – The things the person wants to achieve.
- Actions and strategies – The ways a person can achieve their goals.
- Resources – The support a person requires to implement the strategies such as people who will assist or funding that is required.
- Outcomes – How actions and strategies will be measured.
- Monitoring – How the plan will be monitored
- Reviews – When the plan will be reviewed and who will lead the review

Life stages

Human development follows particular pathways from birth to death. These ages and stages vary from person to person; however, many are marked by milestones allowing each stage to be recognised and identified. These milestones make it easy for you to keep track of progress and take action when needed.

Where a person is at in terms of their development influences the types of services they may require and how services are provided. Their life stage will influence what significant others are present in their lives, how long services may be required for and what other roles need to be considered.

Stages of development

There are various theories on the stages of development. These theories outline the different stages of learning, physical growth and psychological and emotional growth. Some of these stage theories:

- Erik Erikson's stages of psychosocial development
- Piaget's theory of cognitive development
- Freud's stages of development

The table below summarises Erik Erikson’s eight stages of development. This theory is useful in giving you a basis for understanding the various life stages.

Stage	Basic Conflict	Important Events	Outcome
Infancy (birth to 18 months)	Trust vs. Mistrust	Feeding	Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.
Early Childhood (2 to 3 years)	Autonomy vs. Shame and Doubt	Toilet Training	Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.
Preschool (3 to 5 years)	Initiative vs. Guilt	Exploration	Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.
School Age (6 to 11 years)	Industry vs. Inferiority	School	Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.
Adolescence (12 to 18 years)	Identity vs. Role Confusion	Social Relationships	Teens needs to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.
Young Adulthood (19 to 40 years)	Intimacy vs. Isolation	Relationships	Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.
Middle Adulthood (40 to 65 years)	Generativity vs. Stagnation	Work and Parenthood	Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.
Maturity (65 to death)	Ego Integrity vs. Despair	Reflection on Life	Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.

Physical and psychological factors

As we move through life stages from birth to death, there are physical and psychological factors which impact on what we might need. When planning support for the person, it is important to recognise that not all physical and psychological factors will be the same as someone else at the same age. All individuals are different. The person's perspective on their life and events can be impacted by their psychological development and maturity.

The following table gives examples of the physical factors that can impact on individuals during different stages of life:

Physical factors
Adolescence Significant growth, injuries related to risk taking behaviour and puberty.
Middle adulthood Hearing loss, deteriorating eyesight, weight gain
Late adulthood/maturity Mobility issues, increase in health concerns and vulnerability to disease, increase in chronic issues like arthritis and dental concerns

The planning process

Before initiating support to the person, appropriate assessment of their needs should be conducted. After assessing the needs of the person, the planning process can commence.

The purpose of the planning process is to put steps and strategies in place to bridge the gap between what the person is capable of doing for themselves, and what tasks the support worker needs to assist with or provide. Planning provides the avenue to consider the overall and specific needs of the person and devise processes to deliver help to the person.

During this process, you will need to:

- Establish the person's goals
- Review the person's life
- Ask the person what is important to them
- Determine the person's status
- Strengths and areas of concern
- Ensure details are current and up to date
- Develop a strategy
- Develop a strategy to bridge the gap between person's current status and desired status
- Determine activities
- Determine resources required

Planning options

The different planning options that may be utilised include:

Informal Plans

Informal plans may be processes already used by family to assist the person. They may be parts of the routine the person currently uses. They may arise from discussions and lack definable goals or objectives, measurable outcomes and review. Informal plans may be based on what currently works well with the person, including amendments support workers can perform differently now that the person has assistance.

Informal plans may comprise elements and or combinations of some of the other types of planning tools. Informal plans work in some scenarios; however often do not once formal support is initiated.

Support workers should beware of plans that are not documented, and which are not considerate of occupational health and safety and occupational guidelines.

Organisational plans

Organisational plans may include:

- Support plans
- Treatment plans
- Education, training and development plans
- Rehabilitation plans
- Recreation and access plans

Person- centered plans

Person centred plans may include;

- **PATH** – Encourages planning to evolve around a desirable future, and the steps needed to help the person to that future
- **ELP** – Essential lifestyle planning. Is a style of planning that focuses on exploring what the individual finds important as they age and what support is needed to maintain this?
- **Personal Futures Plans** – is a similar approach that assesses an individual's life in the present, and identifies what is important to them in the future

They encompass assessing needs, identifying skills and tasks that can be implemented to increase the person's independence and quality of life. These plans utilise a variety of service providers and individuals to implement strategies designed to support the needs of the person. Discussing the various planning options available to the person ensures they are active participants in the planning process and the support resources made available to them. If individuals have limited ability to be involved in this process, a representative should be included. People you support, and their representatives may be overwhelmed by the technicality of the planning process. This is understandable but reassure the person that it can be broken down into simple steps.

Discuss different service options with the person

You will need to discuss the different service options available to the person. It is important to know what service options your organisation offer, and you should be able to explain these services to your client. Different service options that you could discuss with your client include:

Community and home support

- Domestic assistance – household jobs like cleaning, laundry
- Personal care – help with bathing, showering or getting dressed
- Home maintenance – minor general repairs and care of your house or garden, for example, changing light bulbs or replacing tap washers
- Home modification – minor installation of safety aids such as alarms, ramps and support rails in the home
- Nursing care – a qualified nurse to dress a wound or provide continence advice in the home
- Social support – social activities in a community-based group setting
- Transport – help getting people out and about for shopping or appointments

Food services

- Providing meals at a community centre
- Helping with shopping for food
- Help with making meals and storing food in the home
- Assistance with learning to cook
- Delivering meals to the home

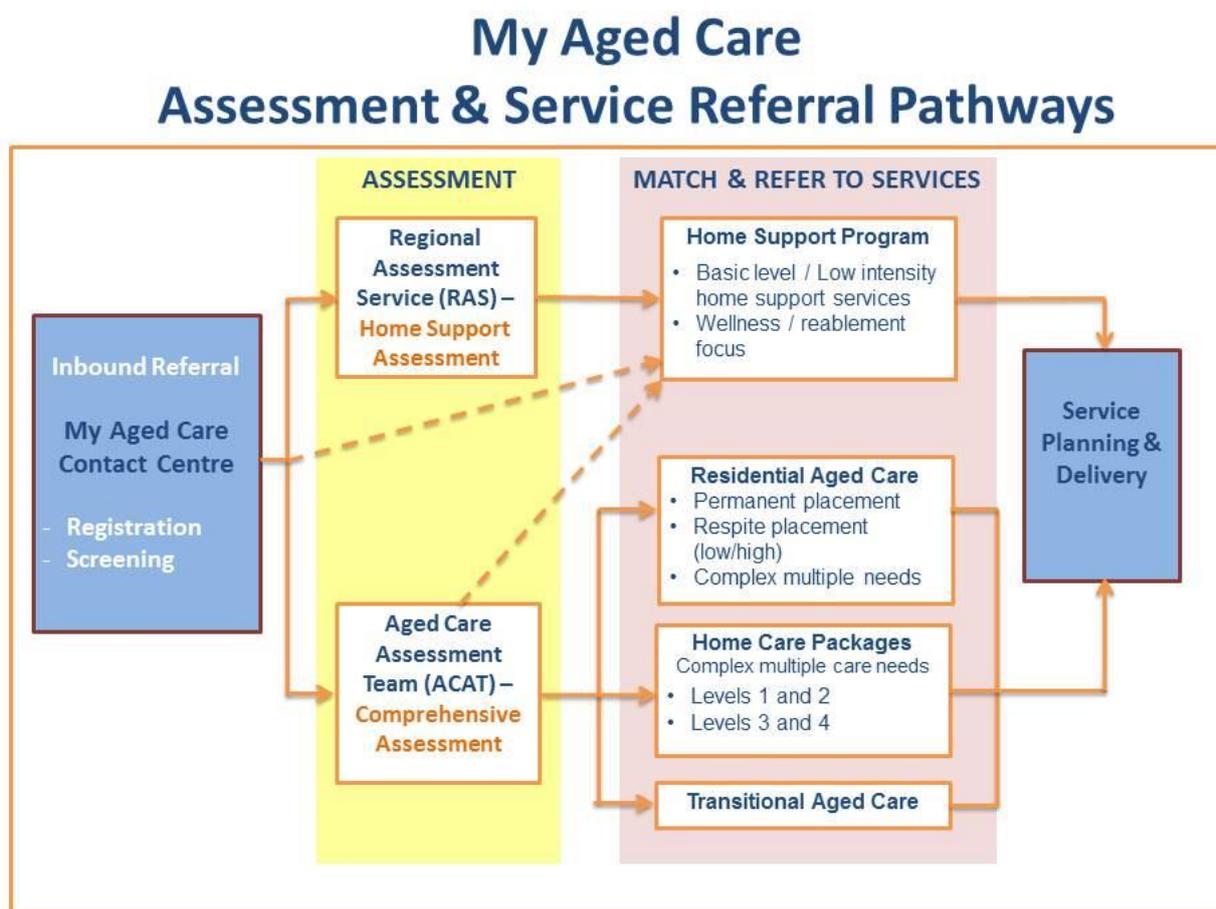
Allied health support services

- Physiotherapy (exercises, mobility, strength and balance)
- Podiatry (foot care)
- Speech pathology
- Occupational therapy (help to recover or maintain your physical ability)
- Advice from a dietician (healthy eating)
- Other allied health and therapy services

Respite care

- Care for the person receiving support while the carer takes a break

The following diagram shows the assessment and service referral pathway that clients will most likely follow once being referred to your organisation:



Determine readiness for the development of an individualised plan

Developing an individual plan may be a confronting undertaking for the person. They may have reluctantly arrived at this point in their life, saddened by the recognition that they can no longer look after themselves without help. The person's readiness for the development may include:

- Capacity to make decisions
- Capacity to understand the process
- Capacity to participate
- Involvement of an advocate
- Power imbalances

The person may need some time to adjust to obtaining support in the planning process. Individuals who have never needed assistance require patience and understanding during this time of transition. Individuals who need to increase their services may also need time and patience in accepting their increasing dependency on support.

Readiness to accept a plan, and indeed contribute to its development may be a challenge that some people with disabilities willingly participate in, whilst others will not want much to do with. Explaining to the person how their involvement enables their individual plan to better meet their needs, may encourage their participation. For people unable to assist fully in this process a representative may need to contribute on their behalf. The individual should be encouraged to include others within their personal life to help contribute to the plans development.

Select most appropriate service option

When you have a clear understanding of your client's immediate needs, the next step is to look at the following with the client:

- What support resources can be provided?
- Who can provide the resources?
- How will they be provided?
- Will the client be able to access them? (Is the client eligible for that particular service delivery option?)
- What is the process for introducing the client to the resources? (Will a formal interview be required? Should you or someone else attend with the client? Is an initial phone call or email required?)

Looking for the right program/activity/resource with a client often means you have to go outside your own agency and refer your client to another agency or service. There is little point in identifying programs and activities to meet your client's needs if your client cannot access these programs/resources

Include others in planning process

Stakeholder refers to others with an interest in the individual's wellbeing, and its promotion and protection. Stakeholders will vary from person to person, and the individual should be assisted to decide who they wish from their personal life to be consulted in planning their support. Stakeholders may include:

- Family
- Friends
- Neighbours
- Religious leaders
- Staff from other services.
- Person's assessor
- Carers and other support workers
- Health professionals
- Other service providers

Role of the assessor during the planning process

The person's assessor will have assessed the person's needs and eligibility for service provision based on relevant legislation.

The assessor's role and responsibilities can include:

- Conduct assessments
- Assess safety and risks
- Seek permission of the older person
- May invite others to assist during assessments
- Assist in the development of support plans
- Produce reports
- To seek information

Questions an assessor may ask include:

- What support is currently being given?
- Are there any health concerns?
- How are activities currently being completed?
- Any recent changes?
- Are there any difficulties or concerns?

Role of the carer during the planning process

Carers are family members or friends with valuable information about past health issues and client's needs for support as they are the ones who spend most of the time with the person. They have background information about the person's likes and dislikes, personal history and values.

Role of service delivery workers during the planning process

Service delivery workers may provide information or attend the planning session. They would provide information in regard to the person's strengths and capacity.

Role of health professionals during the planning process

Depending on the person's situation, they may have a variety of health professionals involved in their lives. Some examples of health professionals include:

- General practitioner
- Community nurse
- Psychiatrist/psychologist

Collate and prepare information and distribute to relevant stakeholders as required

Think about where you provide information to clients and significant others. Options include your office, the family home or a neutral location such as a local community centre.

In choosing a location, think about these checklist points.

- The purpose of the meeting and what you need to discuss
- Which location would improve discussion while maintaining privacy?
- What would help the client or significant others feel more comfortable
- Which location is most convenient or is suitable for people with special or additional needs?

When the venue has been confirmed, compiling the background information should be the next step. Asking relevant parties to forward relevant documents and assessments so that they may be duplicated and compiled, allows an organised approach to commence the meeting.

Documents that will be utilised might include:

- Reports from professionals relating to the individual's abilities and restrictions, such as doctors and physiotherapists reports on physical and cognitive abilities
- Recommendations from professionals as to activities and options which would be likely to provide the greatest benefit for the individual to meet their full potential, such as housing options from social workers, referral options from case managers, and medical treatment options from doctors
- Assessments made by support workers which outline the individual's progress towards previously planned goals
- Researched suggestions of options, opportunities and activities available in the community which might be of interest to the individual
- Notes which document and support the individual's level of interest and participation in past activities
- Charting tools and other evidence of individual needs or gaps, including behaviour charts, incident reports and mental health assessment tools.

Some assessments will not be appropriate to be viewed in this setting. Professionals will decide what information should be shared and supply these accordingly. It can also be useful to have copies of organisational guidelines at the meeting as reference material, such as occupational health and safety policies and procedures.

Liaise with the assessor of the person's requirements prior to the planning session as required

Relevant assessments should be conducted prior to the planning session. In some cases, it is appropriate for you to undertake the assessment yourself. This is the case if conducting assessments forms part of your job role, you have sufficient time and the assessment does not require specialist knowledge. In other cases, it may be appropriate to delegate the assessment to specialists who have the required skills, knowledge and qualifications to adequately assess the client's medical condition and health status.

There are a number of tools that can be used to assist during the planning meeting. These sources of information can provide relevant and current information about the client. Assessment tools which can identify the client's needs include:

Medical history

Community centres, residential care settings and home and community care services collect information about a client's medical history. Additional information is obtained from the person's GP or other health care professionals to assess whether or not the client's medical conditions increase their level of risk.

Medication charts

Certain types of medication can signal an increased level of risk. You may need to check the client's medication chart which communicates the medication a client should be taking, the dosage and route. It should be noted that clients who take more than one medication are also at increased risk of falling.

Blood pressure charts

Blood pressure charts are used to monitor blood pressure, which is calculated by the amount of blood at mid heartbeat (systolic) and while the heart is at rest (diastolic). When a person's blood pressure is low, they may become dizzy and lose consciousness which put them at a higher level of risk.

Mental status evaluations

Mental status evaluation test people's orientation (being aware of who they are, the time period and where they are) as well as memory and thought processes. Problems with cognitive function can indicate dementia. Impaired spatial awareness can be a feature of dementia. If people are not able to judge distance, depth and the location of objects, they are more likely to trip and fall.

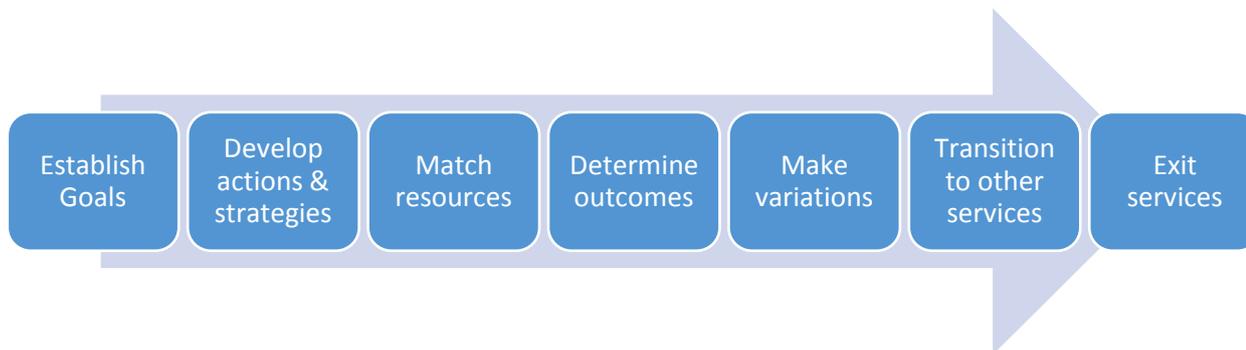
Element 3: Plan service delivery

There are a number of factors to consider when planning service delivery with a client. Applying a person centred and strengths-based approach will promote participation and enable you to identify and foster their strengths and capabilities.

Service delivery planning involves you as a support worker demonstrating the following:

- Respecting the persons perspective
- Fostering their strengths
- Embracing their competencies
- Understanding their capacities
- Promoting participation
- Prioritising their choices and preferences
- Supporting access to community resources
- Empowering the client
- Encouraging the person to make their own decisions
- Identifying what enhances the person abilities

The following flow chart shows the service delivery process:



Respect the person's perspective, foster strengths and promote participation

In order for the service delivery planning process to be useful, you need to listen to, and respect, the perspective of the person you are supporting. At times your perspective on the person's situation and needs may differ from the person's and it is important to remember that the person has ownership of the plan.

Respect the person's perspective

You can demonstrate respect for the person's perspective by actively listening to their thoughts, feelings and ideas regarding the service delivery plan. The person may feel overwhelmed being at a meeting with other people and may be reluctant to voice their opinion or disagree with the options suggested. Your role is to support the person to express their views and to encourage other stakeholders to listen to and acknowledge what the person says and show empathy for their decisions.

Foster strengths and capacities

Every person you work with will have particular strengths. Your role during the planning process is to identify those strengths and support them to develop a plan which builds on these strengths. Talk to the person about their strengths and include input from their family members and friends. Talk about the person's aspirations and achievement, encourage them to consider their ability to learn and grow. Focus on the person's capacities, what they can do and what they do well.

Promote participation

Encouraging the client's participation in the assessment process is beneficial for assessors. Cooperative clients allow assessors to accurately evaluate the situation and see the environmental and intrinsic hazards as they are. The client's comfort and safety should be paramount.

This may be encouraged by clearly explaining the assessment process including:

- The worker’s role
- The purpose of the assessment
- The approximate duration of the assessment
- The type of information required for the assessment
- Any specific assessment tools that will be used
- The role of others in the assessment
- What will happen after the assessment
- The records associated with the assessment
- Referrals

Clients should be encouraged to fully participate in the assessment process. This may include showing them the specific assessment tools and protocols that will be followed. Some clients may have limited ability to understand complex information. Assessors need to decide what the client is capable of understanding, and what they may find confusing. It is quite understandable that many clients may wish to know simply the basics and may find all the details overwhelming. A simplified fact sheet is sometimes utilised. In point form, the client is made aware of the general process, who will be involved and what the assessment aims to achieve. It should also include the contact person if they require clarification.

Person centred practice

Person centred practice is treatment and care provided by health services which places the person at the centre of their own care and considers the needs of the older person’s carers. It is also known as person centred care, patient-centred care and client-centred care.

Person centred practice is treating clients, as they want to be treated. This includes concepts such as dignity and respect.

Person centre practice principles	Key elements
1. Getting to know the patient or client as a person	Client and family support Holistic assessment
2. Sharing of power and responsibility	Goal setting Care planning Case conference Client and family as advisors Client rights and responsibilities
3. Accessibility and flexibility	Information and education Language and different cultures Resource availability
4. Coordination and integration of care by the service provider	Charting and documentation Discharge and planning post discharge, follow up
5. Having an environment that is conducive to person centred care both for the service providers and service users	Leadership, mission statement and definition of quality Attitudes and organisation culture Physical environment Transport

Strengths-based practice

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.

The term 'strength' refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- Their personal resources, abilities, skills, knowledge, potential, etc.
- Their social network and its resources, abilities, skills, etc.
- Community resources

Principles of strengths-based practice include:

- Respecting client strengths
- Clients have many strengths
- Client motivation is based on fostering client strengths
- The worker is collaborator with the client
- Avoiding the victim mindset
- Any environment is full of resources.

Service planning tools

Your organisation will have one or more service delivery planning tools that can be used to support the planning process. Each of these planning tools have process requirements which you will need to follow to gain the most benefit from the tool.

There are a number of different planning tools that can be used to provide a more structured planning process. These tools can include:

- **MAPS** – Making Action Plans
- **PATHS** – Planning Alternative Tomorrows with Hope

MAPS

This process helps the person identify their goals and develop strategies to achieve their goals. It also helps create a team of people who have positive regard for one another and are able to work effectively with each other.

If you choose to use this planning process, you may like to follow the steps outlined below:

1. Identify and arrange a meeting with all key stakeholders
2. Allow the person time to outline their history and describe themselves
3. Ask the stakeholders to:
 - Describe their hopes and dreams for the person
 - Share their fears about the person's future
 - Share their views about the person's strengths and qualities
 - Share their views about barriers the person may face achieving their dreams
4. Brainstorm needs the person may have

PATHS

PATHS is a process where a person is encouraged to develop reflective and action skills to help improve their wellbeing.

It involves the following steps:

1. Ask the person to reflect on their current situation
2. Ask the person to brainstorm what their perfect world is like –often referred to as dreams
3. Ask the person to consider what they need to do to achieve their goals
4. Ask the person to consider what resources they need to achieve their goals
5. What will they do in the short term, medium term and long term to achieve their goals

Key aspects of individualised service delivery

There will be times when we will need to work with other services to make sure that your clients receive the best service. When we are working with these services, we need to ensure that we are providing the best care for clients.

Your role, as a worker, is to sort through the options with your client to let them know what is available. To do this you need a good understanding of the services in your area and should be able to accurately assess the needs of clients. The assessment process should give you a clear picture of the client's lifestyle so that you can refer them to an appropriate service.

Keep up to date with what is available and what the criteria is for entry to other services. Try to keep track of changes in staffing as well as policy changes that might affect the type of services that an organisation delivers.

Your agency should have a referral source book that lists the agencies and specialists in your area. You should make sure that it is kept up to date as phone numbers and contact details can change frequently.

Keep in mind that you have a duty of care to keep your clients safe from foreseeable harm. This means that you have an obligation to find out about the services you are referring clients to. You need to know whether they are reputable and whether or not they have adequately trained staff. The best way to check out another service is to make a personal visit. This can be time-consuming but is worthwhile as it gives you a much better idea of whether a service is safe and appropriate for your client.

Level of support to be provided

Evaluation of the client's situation begins with initial contact. At this stage the worker will be able to establish what immediate needs can be met and whether further evaluation and planning and intervention is appropriate. This process is called screening.

- Different organisations will have different screening procedures, depending on their roles and functions. Screening should be aimed at providing the following information:
 - Establishing whether the client's needs are compatible with the service being offered.
 - Ascertaining whether other services have been or are involved with the client, and if so, whether it is appropriate to seek the client's permission to access this information rather than duplicating the procedure. Divulging information regarding past or current trauma can be harrowing for clients and should not be repeated unnecessarily, particularly if the client is in a crisis situation and is seeking immediate change.
 - Establish what the client's immediate needs are and addressing these, either as a brief intervention or in the context of longer-term planning and intervention.

Screening procedures may indicate that the service cannot cater for the client's needs. The guiding principle in terms of evaluating this is to gather enough information to establish whether:

- The appropriate professional services can be provided (e.g.: if the client presents with mental health problems which are clearly affecting their ability to cope with everyday living, is the service set up to cater for this, or would referral to another agency be more appropriate?)
- The appropriate resources are available (e.g.: if the client's issues indicate long-term intervention, are there sufficient resources to continue to provide an adequate service?)
- The client is happy with what the service can offer.

Work collaboratively to establish goals

Once all the possible options have been presented to the client and an option has been chosen, it is important to work with the client to set personal goals and strategies to meet those goals, so they can get the most out of their choices.

Encourage input and opinions from all the relevant parties, while making sure that everyone is clear about what is negotiable in the planning process and what is not.



Establishing goals

Developing a service delivery plan should include a discussion of the plan and its goals with the older person and significant others. This may include the person's spouse or partner or family members. If the older person's condition makes it difficult for them to think or act rationally, they may have an advocate appointed to speak on their behalf.

Negotiating and establishing goals requires you as the support worker to be able to identify the resources needed to achieve the goals. You will also be required to work with the person to determine how to access resources.

Everyone involved should have the same understanding of what the service delivery plan aims to achieve for the older person. A discussion of the plan with the older person and their significant other builds trust, ensuring the planned services are relevant and acceptable to them.

Where a plan is developed without this negotiation or discussion, service delivery may fail because the planned goals may not meet expectations. It is difficult to re-establish trust to negotiate goals for a service delivery plan if the first plan has failed.

Having an advocate or significant other present when negotiating and developing a service delivery plan is important for many reasons:

- An advocate can assist where the older person has memory problems, mental illness or for other reasons is unlikely to have insight into their needs and capabilities.
- An advocate can encourage an older person if they are reluctant to accept services
- The older person may feel safer having a trusted advocate present during assessment and planning sessions.

Setting goals

A common way of looking at goals and making sure they are realistic and achievable is to use the SMART principle, which refers to making the goals:



Below is an example of goals that are not clearly expressed (left hand column) and well – defined goals (right hand column).

Non-specific goal	Specific goal
Re – integrate Mrs Smith into the community.	Assist Mr Smith to attend a senior citizens club and a day activity program one day per week.
Non – measurable goal	Measurable goal
Mrs Hong to use her electronic communication device.	Assist Mrs Hong to communicate accurately and successfully by using her new electronic communication device every day.
Non – achievable goal	Achievable goal
Enable Mr Kerr to do physiotherapy sessions, relaxation, exercises, classes in tai chi, carpentry workshop sessions and use his bed raiser.	Support Mr Kerr to successfully open jars without aids after a sequence of five physiotherapy sessions.
Irrelevant goal	Relevant goal
Make sure Miss Love continues to ring her sister each day as she has done over the last 20 years	Assist Miss Love to visit her sister once a month
Goal without a time frame	Goal with a time frame
Regularly shower Harry	Shower Harry three times a week.

Accessing resources to deliver services

Once the goals for the service delivery plan have been negotiated and established, the next step is to identify the resources required to achieve the goals set out in the plan. Investigate all the options available to deliver the services and think creatively if services are not directly available to meet a need. Consider the older person's preferences, cultural needs and financial position when identifying the required resources.

Financial resources

Non-government-funded services must be paid for in full by the older person or their family. In these instances, service costs must be fully explained before planning to deliver a particular service and the older person's ability to pay for the service considered.

Aids and equipment

When considering the resources required to provide support to an older person, it is important to consider whether there is an aid or a piece of equipment that may help the older person to be more independent, rather than providing a service that performs the task for the older person.

Qualified health care specialists

Sometimes a health specialist is needed to provide a service that meets a goal. Where the goal is to consult with a health specialist for treatment, equipment or planning for the future, the plan should identify who the specialist is, their contact details and the expected outcome of the consultation. This facilitates approval for accessing the specialist.

Negotiating goals and making variations

The older person or their advocate may not agree with the goals that are set out in the plan. They may feel the support proposed is not required or is not enough or they may want services delivered in a different way. It is often necessary to negotiate goals to find a point at which the older person and their advocate are happy with the level of service.

In the example below, an assessment officer provides his perspective on a successful approach to discussing care needs and services with clients.

Martin is an assessment officer for a home and community care agency. His role involves performing comprehensive assessments of the care and support needs of older people and their careers. His agency delivers personal care, home care, home maintenance, respite care and day activity centre services.

Martin says:

'When discussing care needs and available services with clients, it is often a slow process of negotiation and compromise to come to a service delivery solution that is achievable and acceptable to the client. There are some clients who want more than we are able to provide and others who are so grateful for the smallest help that they won't ask for what they need. It is best to be clear and direct about what you can and cannot offer and then to negotiate with the client until everyone is as happy as they can be with the plan. I always tell them that we will be reviewing the plan regularly and if the support is not enough, we can find other ways to support them at the review time.'

It is also important to recognise that a person's circumstances may change overtime. Some changes can include:

- Changes to living arrangements
- Financial position
- Changes in health

Transition to other services and exiting the service

For a number of reasons, a person may transition or move to other services from your organisation. To determine if the service your organisation offers is meeting the needs and requirements of the client, it is important to measure the progress the client is making in achieving their goals.

Working with clients to meet their goals and monitoring their progress is a continuous process; it is therefore very important to have established indicators in place against which you can measure this progress.

The case manager or supervisor needs to establish processes for monitoring which are known and agreed to by the team members, so that everyone is clear and committed to them. Written agreement is preferable, although verbal agreement (in the case meeting) is often sufficient.

Through consistent monitoring, the support worker and the case manager can determine:

- Whether the goals are being achieved
- Whether they are being achieved in the timelines
- Whether there is a failure to achieve the goals
- What needs to be changed to meet the client's situation (e.g. the goals themselves, or the steps to meet those goals).

If it is found that the client is not meeting the goals, then the options of transitioning or exiting the service may be discussed.

If another organisation is able to support the client's needs and goals, they can be transitioned to the new service. Your role during this process is to provide the client with clear and accurate information about the new service and the process to transition. You should listen to any concerns the client may have and support them through these changes.

If the client has achieved their goals and no longer needs support, they may exit the service. When the client exits the service, you should consider the following:

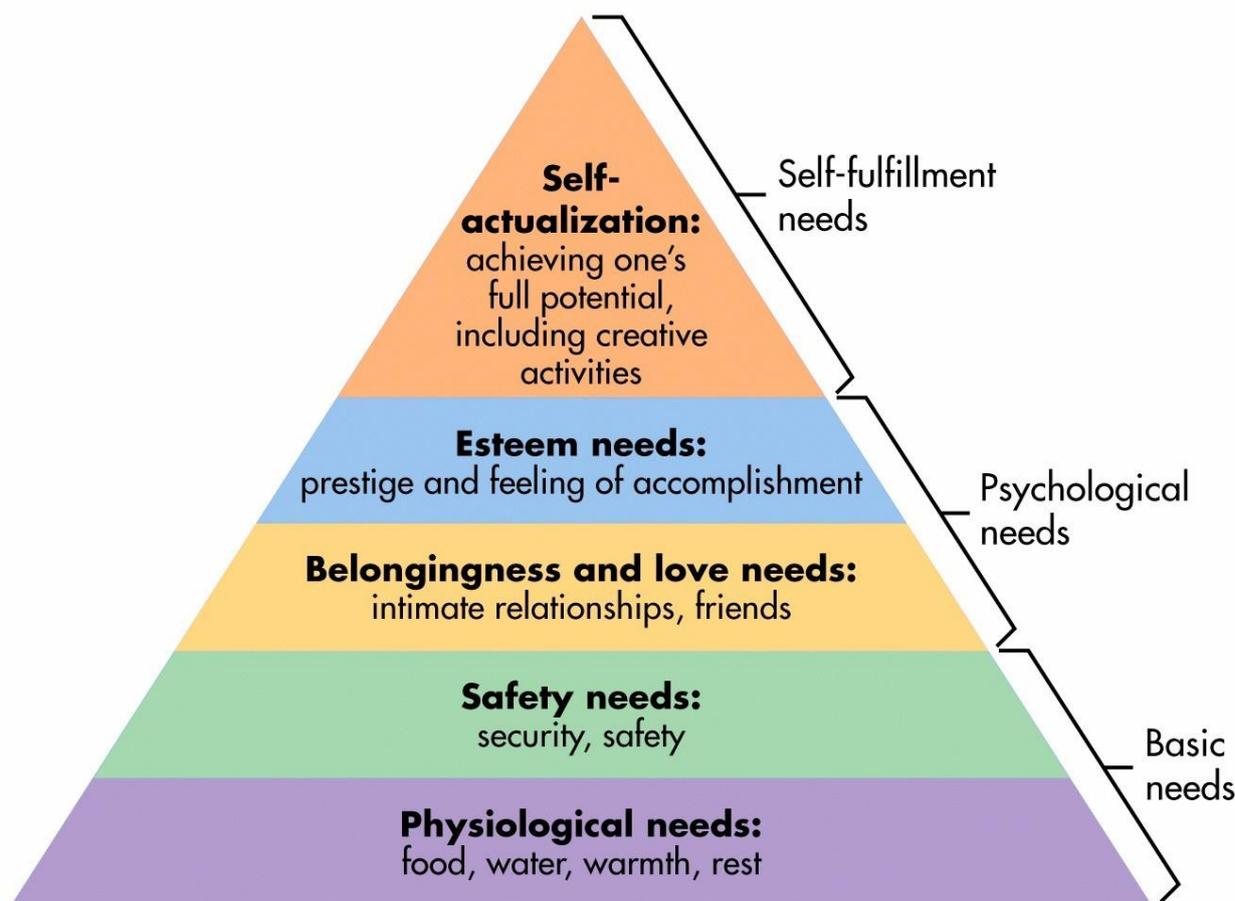
Integrated approach to service delivery

Most individuals accessing community services have multiple needs that will be linked or interrelated. For example, a person may have health issues and a lack of transport. These two issues are interrelated as the person may not be able to access health care due to lack of transport or their health issues may have developed because they could not access health care. Your role is to work with the person to

Consider the person's interrelated needs

One way to consider the interrelated needs of an individual is to understand Maslow's hierarchy of needs. Maslow's (1943, 1954) hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. Maslow stated that people are motivated to achieve certain needs and that some needs take precedence over others. Our most basic need is for physical survival, and this will be the first thing that motivates our behaviour. Once that level is fulfilled the next level up is what motivates us, and so on.

The following diagram shows how a person's needs can be fulfilled.



Integrated approach to service delivery

Integrated service delivery refers to a number of service agencies working together to collaborate and coordinate their support, services and interventions to clients. The focus is generally on clients, or client target groups, who have complex needs that require services from a number of agencies. Some efforts may be one-off, but more typically, there will be a system developed that enables agencies to meet or communicate and possibly streamline processes, to provide ongoing coordination.

The primary purpose of integrated service delivery approaches is to improve outcomes for our clients. How this is achieved, and the factors that are important, will vary according to the service settings, agency capabilities and specific needs of the clients. They may include:

- Improving communication between agencies to monitor client progress and changes and be more responsive to these.
- Identifying areas of duplication, working at cross-purposes, or what is creating confusion for clients about who is doing what.
- Developing one plan for the client which includes the work being done by/with all agencies – This plan may also include actions and responsibilities the client agrees to do.
- Building understanding and capacity between the agencies – such as sharing practice frameworks and legal and funding limitations, so they can work together more effectively and generally support each other in their service delivery.
- Identifying systematic issues that create problems for clients, and for services in their efforts to meet client needs. This may include identification of client groups or needs that “fall between the gaps”. Ideally, there will be a process whereby these issues can be brought to the attention of decision-makers.
- Development of streamlined processes which can provide more seamless services to clients, such as a common referral or assessment process.

Conduct risk assessments

Regardless of where personal care support is to be provided, coordinators have a duty to ensure all those involved area as a safe as possible during and after the delivery of support, and that support does not cause harm or injury to the client, the worker or others around them.

It is essential that risks that could threaten and individual's health and safety are properly managed. To do this, you need to be able to identify potential hazards and take appropriate action to minimise any risks attached to the hazards.

- A hazard refers to the potential to cause injury or illness.
- A risk refers to the probability that the hazard will cause injury or illness

For example, a wet slippery floor is a hazard, however, there is no risk involved until somebody walks on that floor and risks possible injury by slipping and falling.

During an assessment, the age care coordinator has an ethical responsibility to do no harm to their client. The client must not feel any discomfort.

Strategies to minimise discomfort may include the following:

The venue

- Choose a venue that is in a location the client can reach with minimal inconvenience if possible
- Make sure the assessment location is large enough for the client, any specialist equipment such as a walking frame and the client's carer
- Make sure the room is relatively quiet, so the client can hear your questions

Establishing rapport

- Encourage the client to invite a support person
- Make sure the older person understands the purpose of assessment and what will happen during the assessment.

The assessment

- Encourage the client to ask questions
- Do not take longer than necessary, but do not rush the client
- Stop the assessment if the client appears distressed or uncomfortable

The assessment should be a joint effort where the assessor and the person being assessed work together to identify possible risk factors. It is your job to encourage the older person to participate in the assessment process if they want to and they understand what is required.

One of the keys to helping motivate older people to participate in the assessment process is to help them understand why assessment is important and the consequences that can arise if assessment does not take place.

Discuss the benefits of participation with older people. In terms of fall, ask what they know about falls and the consequences. Talk with them in general about some of the long-term consequences – disability, pain and loss of independence that can arise if a person falls. Have brochures and fact sheets that help explain why older people age.

Encouraging carers to participate

Carers play a vital role in caring for older people. You have a responsibility for making sure the older person's carer realises their contribution to the person's care is valued and appreciated. Use the following strategies.

- When you meet with the carer, introduce yourself. If you do not know their name, ask them. You should also ask them how they prefer to be addressed.
- Invite the carer to participate in the assessment process.
- Encourage the carer to ask questions

Identifying risks

When developing a personal care support plan for a client, the coordinator must assess the environment the care takes place in to ensure it is made as safe as possible and potential risks in the environment are identified and managed or minimised.

Environmental risk assessments must be conducted for every client and for each environment where support occurs. Below are some examples of problems and risks which may be identified.

Problem	Risk
A person does not have the money to repair a broken washing line.	A person may injure themselves trying to hang washing out.
There are low hanging branches across the path.	A person could walk into the branches and injure themselves.
A resident in an aged care facility has low vision	The resident may trip on unseen obstacles

Risks can be identified by looking around the environment where care is to be provided. Keep the client's needs and abilities in mind. Your workplace may have a formal environmental risk assessment tool that coordinators must use to assess the care environment, identify risks and plan their management. An environmental checklist usually covers the following areas:

Home environment

Bathroom

- Risks may include;
 - Use of hot water
 - Broken tiles
 - Sharp objects
 - No rail to assist a person getting out of the bath.

Toilets

- Risks that may be identified in the toilet include:
 - Limited space to manoeuvre
 - Lack of rails or equipment to assist client to use the toilet
 - Area not appropriately cleaned can cause risk of infection and illness.

Kitchens

- Risks may include;
 - Spills or scraps on the floor
 - Faulty or broken electrical equipment
 - Sharp implements such as knives
 - Food incorrectly stored or not thrown out after use-by-date

Dining areas

- Risks may include:
 - Rugs or cords on the floor that people may trip on
 - Inadequate lighting
 - Furniture with sharp corners or edges

Bedrooms

- Risks identified may include:
 - A bed that is too high or too low for the person to get in and out of safely
 - No rails or bars to assist the person to get in or out of bed
 - Shelves that are too high or too low for the person to reach safely
 - Bed clothing and/or curtains that may bunch on the floor and cause a person to trip

Safety of access issue

The client and others must be able to safely access all areas of the home. Clients who are frail or have balance or mobility issues requires areas that have few or not steps, smooth pathways and handrails to assist their access to areas of the home. In looking for risk issues to do with access, coordinators should consider if:

- The condition of the road to access the house
- The outdoor lighting is adequate
- Steps are safe and not slippery
- Ramps are in place where required
- Locks, door handles and windows are functional and easy to operate

Infection

When performing an environmental risk assessment, the coordinator should consider the following risks for infection.

- Use of continence pads or injections and where clients require dressings changed;
- Workers should have access to gloves and other personal protective clothing
- Areas that are constantly damp may have mould or bacteria growing

Uncontained animals

Risks that may be identified when there is a pet in the home include pets:

- That are not house trained and may leave urine or faeces on floors causing slip and/or infection hazards
- That jump or move too quickly and cause a person to trip or fall
- That bite or scratch and put people at risk or injury or infection
- Whose sleeping and eating areas are unclean and harbour pests or bacteria

Environmental hazards

These include:

- Slippery of uneven floor surfaces
- Physical obstructions
- Poor home maintenance
- Poor or inappropriate lighting
- Inadequate heating and cooling devices
- Inadequate security

Communicating risks to clients

When potential risks have been identified, they should be documented on the appropriate forms and discussed with the client and your supervisor. Clients may well resist having areas of their home or belongings labelled “unsafe”. This is quite understandable, and workers should be mindful to communicate well with clients during this process.

The greatest confusion for clients may arise from family, friends and the client feeling that things have been working well before, and they may reason that an able-bodied support worker should be just fine in their house as it currently is.

Making changes to the home environment

Addressing workplace hazards may be an unfamiliar concept to clients. Support workers should inform the client of identified risks in the first instance and refer to their guidelines to resolve potential hazards with minimal impact on the client’s home and independence.

Ultimately, we all deserve a work environment that is free from risk to our own health and safety. Work safe practices are legally enforced and any concerns should be reported to your supervisor and / or the occupational health and safety representative at your organisation.

Often minor changes are all that is needed. It is very rare for a home environment to require major renovation to reduce risk. Asking clients to lock the dog in the back yard for the two hours you are there, is vastly different to the client needing to give away their beloved pet. A kitchen chair moved to the bathroom, for the client to sit on and to safely put their clothes on, is far better than an impaired client hopping on one foot to get their under-garments on, with a wet floor underneath. Lateral thinking can be key to resolving or minimising workplace risk, whilst maintaining minimal changes to the client’s home.

Identify strategies to remove or reduce risk

Once risks associated with the delivery of personal care support have been identified, the coordinator must discuss these risks with the client and their carer. Some clients may have difficulty understanding the risks that are being explained or may have little or no insight into these risks. It is important to include the client’s carer, family member, another advocate or interpreter where this is the case, to ensure that the risks and their consequences are understood and minimised.

The following table gives some examples of situations that may cause a risk and the possible consequences if the risk is not managed.

Problem	Risk	Consequence
Bathroom ceiling is damp and mouldy	Bacteria could grow in the damp area. Ceiling could fall if very wet.	Illness or injury to the client or others
A client in residential care has gastroenteritis	Cross-infection to other residents and staff	Widespread illness in the facility. Possible death of frailer residents
Client is not eating properly	Client could become malnourished	Client could become seriously ill or die

Once elements of risk have been identified, a coordinator has a responsibility to identify strategies to remove or minimise the possibility of risk causing harm or injury. The following table gives some suggestions for controlling risks.

Area	Risk	Strategies to control risk
Food handling and serving	Food poisoning, especially with older people and those with weakened immune system	The carer and client should learn about food handling. Keep foods at the right temperature. Take extra care with food that is for high-risk groups of people.
Uncontained animals	Workers may be attacked or bitten by an animal	Ensure the client or carer restrains the animal or puts it outside or in a locked room before workers arrive.
Client has memory problems	Client may leave appliances switched on and cause a fire or other accident	Appliances to be unplugged and stored out of sight. Carer may choose to purchase appliances with cut-off switches or alarms.

Manage conflict or differences

When a conflict is developing between yourself and a client or colleague, anger is usually present. It is important to examine where that anger is coming from and what needs are not being met – both within yourself and within the client's situation.

You need to be very honest in acknowledging personal limitations and prejudices and avoid imposing your own personal values and beliefs on others. These could include:

- Feeling threatened by the other person
- Commitment to personal values or beliefs
- Being unsure of your information
- Being unassertive, aggressive, talkative, or having low self-esteem.
- Being judgemental or having expectations
- Using inferences rather than facts or observations.

Feelings can bubble up unexpectedly and you may not be prepared for their intensity. This can exacerbate the potential for conflict developing with clients or co-workers. It is vitally important for you to be able to examine your responses to others and to be constantly aware of what your feelings and perceptions tell you, about your needs and those of your client, and whether these are being met.

People in conflict can approach the situation competitively or they can attempt to cooperate, while still acknowledging the existence of a conflict. When people compete in a conflict, they usually perceive that there will be an outcome in which one side wins and the other loses. If people attempt to approach a conflict cooperatively, they try to find a solution both parties can be satisfied with.

People's behaviour in conflict falls into five styles described below:

- Avoiding – withdrawing from the conflict
- Smoothing – finding common interests or areas of agreement
- Compromising – bargaining so that each side gets a part of what they want
- Forcing – one side causes the other side to change
- Problem Solving – attempting to find a solution that meets both needs.

Element 4: Review service delivery implementation

When you are working with a client for any length of time, it is important to assess whether the services provided by your organisation (or any other agency to whom you have referred your client) have dealt with the client's needs holistically. Use this checklist as a guide.

- Have those services assisted the client to achieve the goals they initially sought?
- Has the experience of receiving a service enhanced the client's self-esteem or has it made them more dependent?
- Has the experience of receiving a service increased the knowledge and skills of the client?
- Have the support workers provided effective role models to enhance the client's interpersonal functioning, especially in times of stress?

In exploring the effectiveness of these services, specific attention will be paid to the following areas:

- How clients' progress or outcomes are reviewed regularly in accordance with organisational procedures and in consultation with clients, carers, case managers and other service providers
- How workers ensure clients' file notes are complete, up-to-date and include the client's stage of decision-making on each occasion
- How workers and organisations apply reflective practice strategies to ensure feedback is sought and incorporated in service delivery.

Assess the quality and satisfaction of service

Quality and effective service delivery is about providing a service in the best possible way. It is about anticipating, conforming to and sometimes exceeding the clients' expectations and requirements. Effectiveness is also about service delivery being on time and resources being used effectively.

A quality service has the following characteristics:

- It is willing to, and finds the resources to, be flexible.
- It meets the needs of the clients.
- It involves the client at every stage of planning, delivery and review.
- It has policies, procedures and safeguards in place to protect staff.

It is important that agencies expend time and energy into reflecting on and evaluating their practice delivery. This includes thinking about what they do, how they do it and what they could do better.

It is also important to ask:

- Is there anything we are not doing that we should be doing?
- Is there anything we are doing that we should not be doing?

It is vital that they look at their outcomes of service delivery objectively.

Outcomes of service delivery can be measured in several ways:

- How the client's needs have been met
- the quality of the relationships between workers and clients
- How timely the support is?
- The flexibility of the organisation and the support workers
- The quality of the communication between support workers, and clients and others in the organisation
- Adherence to the code of conduct and other standards/agreements
- The functioning and motivation of the team
- Policies and procedures.

Consult with relevant people

You should consult with relevant stakeholders to identify areas of the plan that are working well and issues that have arisen. Feedback from a range of sources can be very useful to clarify how the plan's implementation is working. Feedback can come from

- Family members
- Advocates
- Healthcare workers
- Health professionals
- The person being supported

Feedback can be given:

- Email
- Written – case note
- Verbally
- Telephone
- Face-to-face

Assesses the quality of service delivery

When assessing the quality of the service, stakeholders and relevant others involved in the delivery of the service can look for the following:

- Is the person enjoying the activity?
- Is the person finding it easy to complete the activity and/or tasks?
- What does their facial expression and body language portray?

You can collect feedback on the quality of the service through:

- Observations
- Conversations with stakeholders
- Conversations with the person receiving support
- Questionnaires

Assess the satisfaction of service delivery

The person's satisfaction with service delivery is also important, if they are not satisfied they may not participate fully and will not reach their goals. Feedback tools which can be used to assess service delivery satisfaction can include:

- Questionnaires
- Surveys
- Review of individualised plan

Address service delivery problems

If you become aware of any problems with the quality of service delivery, either through observation or from feedback from stakeholders or the person, it is important that you address these issues immediately to ensure the person is receiving the support required. Your organisation will have procedures to report and respond to identified issues, which you would follow when addressing them.

Address and report on problems

You need to have a clear understanding of what the problem with service delivery is before you can address it. Decide whether the issue is with the service delivery plan or with the quality of service delivery. To resolve issues this may include changing the service delivery plan to better support the client's needs, improving the quality of service delivery by providing additional staff training or requesting additional feedback from the person to improve their satisfaction with service delivery.

- When addressing the problem, you could ask the following questions:
- Have the person's circumstances changed?
- Does the service delivery plan need to be amended to meet their needs?
- Is there an issue with staff knowledge and skills?
- Are the activities or tasks enjoyable for the person?
- Are additional resources required to improve service delivery?

If you identify that there are problems with service delivery, your role as a support worker is to report these problems to a supervisor or more senior staff member. Your organisation will have a process which you will be required to follow when reporting and documenting feedback and/or complaints.

Organisation procedures

Most organisations have a complaints procedure that you should follow to manage and report any problems associate with service delivery. A complaints process may look similar to the following:

1. Identify the complaint
2. Assess the complaint
3. Determine appropriate course of action for the complaint
4. Inform the person of any action to be taken to address the complaint

Adjust individualised plans

When changes are identified, service delivery plans must be adjusted to improve outcomes for individuals and prevent further complications. It is important to consult with the person and their family to identify their preferences and needs. It is also equally important to gather feedback from health professionals before making any changes to an individualised plan to avoid an adverse effect. Always keep in mind that the client has the right to refuse a service if they feel that it is not suited to them or their needs and preferences.

Types of adjustments

The need for adjustments to the service delivery plan can be identified by observing the person engaging in the activities or tasks outlined in the plan. They can then be identified by discussing how the plan is going with the person and other stakeholders.

After discussing the need for adjustment, there can be a number of changes that can be made which can include:

- Additional services engaged
- Modification of services to suit a particular need
- Change in circumstances resulting in different service applied
- Different providers taking over plan
- Working with and supporting advocates
- Providing accessible communication channels and information
- Responding to individual needs

Change to individualised plan

When a person or their advocate would like to make changes to the individualised plan, the details must be documented and recorded according to organisation procedures. The goals and outcomes must be clear, including who is responsible for implementing the new plan. The changes must be communicated to all people responsible for implementing and monitoring the plan.

Here is an example procedure for changing or amending an individual plan.

Procedure for amending individual plan
Seek feedback from the person
Research alternatives
Brainstorm alternatives with the person
Complete a draft of the changes
Discuss the draft with the person and their advocate or significant others
Formalise the new plan
Implement the new plan
Monitor and review the new plan
Make further adjustments if required

Support the person's self-determination in making adjustments to plans

Self-determination refers to the right of individuals to have full power over their lives and to be able to make independent choices about decisions that affect them. As a support worker it is important to acknowledge the person as an expert in their needs, knowledge, skills and health. This acknowledgement empowers the person and supports them on their journey to achieve quality life and health outcomes.

One of the roles you play as a support worker is that of facilitator. You support and assist the person to make decisions about their plan and the services they receive.

To work in a way that supports self-determination of the client you can use some of the following approaches:

- Provide accessible communication channels and information
- Work with and support advocates
- Commit to maintaining privacy
- Respond to individual needs

Identify areas for improvement to overall service delivery implementation of organisation

Sometimes the feedback from people receiving services and your own observations, will identify systemic problems with service delivery in your organisation. You may notice patterns where individuals commonly indicate dissatisfaction with a particular component of service delivery, or you may identify that a number of individuals are not making progress in their service delivery plans in one particular area.

Identifying gaps in services

The process of identifying gaps is closely linked to the process of identifying needs. Once we are aware of what is needed (through the various strategies we have discussed, such as newspapers, talking to service providers, and so on) and we have found out what services are available to meet the need, we can compare the two and come up with what needs are not being met (i.e., the gaps).

As well as using a number of strategies suggested to uncover need, it is also useful to link with local lobby groups or peak advocacy bodies which may have done some research that gives you some valuable information related to the gap you are focusing on.

Consultation can occur informally or on a more formal basis whereby meetings are held with a number of interested people: representatives of the target group and their advocates, service providers, and other people in the community, to discuss needs and the gaps in services and how these gaps could be addressed.

What are some other ways that a service may not meet the needs of the target group?

Some services may 'on the surface' meet needs but actually not meet them in a meaningful way. Some examples of these sorts of services are:

- A recreation service for older people may be located a long way from public transport.
- A support service for families of young children may close every school holiday (when the families most need it).
- A crisis accommodation service may have no one answering the phone and people seeking help have to leave a message on an answering machine (people in distress often don't feel comfortable doing this).
- A meals on wheels service may provide three-course baked dinners to all aged and people with a disability, regardless of their cultural background, dietary requirements and preferences.

Effective service delivery

There are a number of key factors to effective service

Cultural awareness

- Are staff trained in cultural awareness?
- Do your services cater for the diverse needs of individuals?
- Do you have access to resources to support communication needs of diverse individuals?

Strengths based approach

- Do the programs and services which are offered focus on the strengths of the individual
- Are individuals encouraged to build on strengths, skills and capacities

Privacy and confidentiality

- Does the organisation meet legislative and industry standards to protect the individual's privacy?
- Does the organisation ensure services provided are confidential?

Person-centered approach

- Does the organisation focus on the person receiving services?
- Does the organisation support self-determination?
- Does the organisation provide opportunities for the person to grow through managed risks?

Barriers to effective service delivery

While evaluating existing services, you are likely to come across barriers to effective service delivery. Barriers can include:

- Limitations in skills, experience and knowledge of support workers
- Insufficient funding to provide services
- Communication challenges between different organisations /agencies

Element 5: Complete reporting requirements

Documentation of service delivery plans, case notes, and reports is likely to be part of your role. Current information documented accurately assists in providing quality service delivery, ensures that the needs of people are met appropriately and assists in continuously improving organisational processes.

Clearly record planning activities and decisions made

Completing documentation and reporting is an essential role of support workers and the staff they supervise. Information that is documented should be complete, factual and easy to read. There are legal requirements and organisational procedures to follow when completing paperwork this includes when it is to be completed and where it is stored.

Reporting and documentation requirements have two main purposes: communication and accountability. Records and documentation may identify client needs; act as a guide for planned action and as a reference point to ensure the client is receiving the required services, particularly if several workers support a client.

Demonstrating accountability to service users, funding bodies, government and other stakeholders is another reason for complying with organisational reporting and recording requirements. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Inaccurate or ineffective reporting and documentation may therefore have a significant impact on an organisation's professional reputation.

It is imperative that all legislative requirements and organisational protocols about how documentation and reports are completed, maintained and stored are followed. Policies in the workplace dictate how information is gathered, who receives information about a client's progress, how the information is stored and who may access the information. These policies are designed to meet legislative and regulatory requirements which include privacy laws, freedom of information legislation and aged care services standards and principles.

All support provided to clients must be documented by the person providing the support. Workers must be aware of their responsibilities in regard to completing, maintaining and storing documentation. The following example shows progress notes written after personal care support has been delivered to a client at home.

Attended Mr Bable at home today. Provided support with showering and dressing as per support plan. Mr. Bable was being picked up by his daughter and taken out for lunch, so I did not prepare his meal as usual. Signed - Lea Gardner 2/6/13

Prepare reports and other documentation according to organisation requirements

Any changes to a client's condition must be documented so action can be taken to assess why the change has occurred and what impact it is having on the client's needs. If information is passed on verbally it must be documented in writing in progress reports or case notes.

As part of work health and safety requirements in the workplace, all Incidents and hazards should also be reported and documented. If you witness a workplace accident involving a client or another person, you may be required to fill out an accident report form. All near misses should also be documented as this will assist in making improvements in the workplace.

When recording information, it must meet organisation standards and requirements. Most government funded organisations undergo regular audit evaluations with record examined to ensure work is being carried out to these standards. Some common standards and requirements are listed below.

Be objective and factual

Objectivity is important for accuracy and accountability; ensuring individuals are described in ways that are not affected by judgements, stereotypes, assumptions or opinions.

Be timely

Internal documentation is dictated by urgency and organisational policy. For example, client notes or case notes should be completed regularly so the most current information is always available.

Maintain the confidentiality of other parties

Confidentiality of clients and others must be maintained when writing notes or reports that are recorded in one client's file or records.

Be aware of language, jargon, acronyms

To ensure clarity and accuracy use complete words rather than abbreviations or acronyms, plain English instead of jargon.

Use correct spelling

Spelling is an important aspect of recording information. Incorrect spelling can lead to confusion or duplication of records.

It is important that documentation is maintained appropriately. Your workplace will have procedures and guidelines about how and when documentation is to be completed. Documentation must be completed:

- On patient/client intake
- When developing care plans
- When providing care
- When consulting with others
- When reporting incidents and accidents

Reporting and recording guidelines can include:

- Utilise a person not directly involved in meeting to take notes
- Ensure records are factual – be objective
- Clear and concise language should be utilised
- Follow privacy and confidentiality legislation
- Meet timelines
- Use appropriate forms

Once reports and documents have been filled in, these must be filed away. Records must be stored in the correct place, so they can be easily located and referred to when required. Within client files, each type of record or document is stored in the same place. For example, in a client file you may find personal information is always at the front, progress notes next, assessments behind that and payment records at the back. Many community agencies use electronic systems that allow users to input all client details, referrals, assessments and case notes directly to a client database. These systems can be password-protected, which limits access to authorised staff only.

The table provides examples of different types of information which should be stored and how it is stored.

Information to be stored	Why it is stored	How it is stored
Legislation and standards	As a reference for obligations of the organisation and workers To ensure currency and accessibility of information about legislation and standards	In some organisations this information is stored within policy documents.
Policies and procedures	To ensure information about policies and procedures is accessible and up to date	May be in a hard copy and provided to staff.
Client files and information	To have information about clients stores so a plan can be developed and implemented to meet individual needs To meet duty of care and other legal requirements	In a locked filing cabinet or password-protected database

Below gives an example of the importance of establishing and following proper procedures for storing and filing documents.

For the last 12 years, forms for staff to apply for recreation leave were filed under P for photocopies. Everyone knew this and laughed when they reached for a form. A new worker thought this was silly and re-filed the forms under R for recreation leave. The worker was away one day when another worker wanted to apply for leave – and no-one could find the forms!

Maintain currency of documentation by making appropriate updates

Recording and documenting work is an ongoing task. You should always ensure that all information is relevant and up to date. There are a number of ways that you can maintain the currency of documentation. This can include:

- Ensure that your clients details are regularly checked and confirmed
- Make sure assessment forms are completed correctly, signed and filed away immediately in the clients file
- Ensure are documents are filed in the relevant files/folders
- Ensure that care plans are amended after observations or a formal review
- Hold regular meetings to ensure staff are completing progress reports and communication notes in the client's communication book
- Record all training sessions with staff concerning implementing care plans

It is also important to ensure that updates in the event of the following:

- Changes to the care plan if the person's circumstances change
- Occurrence of an incident or a hazard
- Concerns raised in regard to the client

Incorporate review findings into continuous improvement processes

Continuous improvement is an important principle of TQM. Many organisations work towards continually providing better living and work conditions and standards of care. The steps taken may be small but achieve impact by the sheer weight of accumulation. The major focus is to improve quality. It does not mean to attain perfection but to meet the continually changing standard set by consumers and the work environment.

The PDCA cycle can be used to coordinate continuous improvement efforts. It emphasises that improvements must start with careful planning, must result in effective action, and must move on again to careful planning in a continuous cycle.

At the basic level, “continuous improvement” is looking at something and seeing how it could be done better. Sometimes this happens almost without people realising they are involved in a process at all. Continuous Improvement can result in new policies or procedures being developed.

Participating in quality improvement activities can be as simple as identifying and implementing improved work practices. Examples may include:

- Reporting and implementing suggested improvements
- Seeking and addressing client feedback
- Monitoring tasks
- Responding to surveys and questionnaires
- Assessing/observing/measuring environmental factors
- Checking equipment
- Application of safety practices, including for work in a client’s home.
- The PDCA cycle can be used in team meetings to take stock of what stage improvement initiatives are at, and to choose the appropriate tools to see each stage through to successful completion.

Continuous improvement should:

- Involve all stakeholders
- Be systematic
- Consider the needs of the individual
- Relate to measurable standards
- Be imbedded into the organisations culture

Continuous improvement activities can include:

- Implementing a process for reporting and review
- Adopting a formal complaints process that encourages this sort of feedback
- Applying a systematic approach to continuous improvement
- Having a continuous improvement committee that reviews complaints

CHCCCS023 - Support independence and wellbeing

Welcome to the learning resource for the unit CHCCCS023 - Support independence and wellbeing

This unit applies to workers in a range of community services contexts who provide frontline support services within the context of an established individualised plan.

On completion of this unit you will have covered the requirements for:

1. Recognise and support individual differences
2. Promote independence
3. Support physical wellbeing
4. Support social, emotional and psychological wellbeing

You will be able to demonstrate your ability to:

1. Safely support at least 3 people to enhance independence and wellbeing
2. Perform the activities outlined in the performance criteria of this unit during a period of at least 120 hours of direct support work in at least one aged care, home and community, disability or community service organisation

You will gain knowledge about the:

3. Basic human needs including:
 - Physical
 - Psychological
 - Spiritual
 - Cultural
 - Sexual
4. Concept of self-actualisation
5. Human development across the lifespan
6. Wellbeing, including:
 - Physical
 - Psychological
 - Social
 - Spiritual
 - Cultural
 - Financial
 - Career/occupation
7. Individual differences, how these may be interrelated and impact on support provided
8. Basic requirements for good health for the person, including:
 - Mental health
 - Nutrition and hydration
 - Exercise
 - Hygiene
 - Lifestyle
 - Oral health

9. Mental health issues and risk and protective factors

10. Indications of neglect or abuse:

- Physical
- Sexual
- Psychological
- Financial

11. Reporting requirements for suspected abuse situations

12. Service delivery models and standards

13. Relevant funding models

14. Issues that impact health and well being

15. Impacts of community values and attitudes, including myths and stereotypes

16. Issues surrounding sexuality and sexual expression

17. Indicators of emotional concerns and issues

18. Support strategies, resources and networks

19. Legal and ethical requirements and how these are applied in an organisation and individual practice, including:

- Duty of care
- Dignity of risk
- Human rights
- Discrimination
- Mandatory reporting
- Privacy, confidentiality and disclosure

20. Work role boundaries – responsibilities and limitations

A copy of the full unit of competency can be found at:

<http://training.gov.au/Training/Details/CHCCCS023>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

Element 1: Recognise and support individual differences

Valuing diversity means that differences between people and groups of people, including cultural background, where people live, disability, sexuality, religious beliefs and age, are respected, valued and incorporated into service provision. If the older person is to see any value in the services available to them, it is necessary the services being offered are a reflection of the person's preferences and usual life choices prior to any limitations they are experiencing and the type of life they would like to continue having. The support worker must therefore explore with the older person the type of lifestyle they would like to have and how they would like to be supported according to their individual differences.

Basic human needs

To understand and support an individual's differences, you must first identify their basic needs.

Psychologist Abraham H. Maslow described a theory of human needs that identified simple basic needs in relation to the more complex, higher-level needs. These needs are common to all people regardless of age, sex, race, social class, and state of health (well or ill).

After they meet their basic survival needs, people can progress to more complex needs, such as safety, love, and self-esteem. For example, people who are hungry will not be concerned about cleanliness or learning until they are fed. Individuals in pain will not be concerned about personal appearance or relationships with others until pain is relieved. Regression, or focusing on a lower level need that has already been fulfilled, is common in illness or injury. For example, a client recovering from an illness will focus their physical and emotional energies on recovery (physical needs) before returning to employment (security).

Hierarchy of needs. According to Maslow, basic physiologic needs, such as for food and water; must be met before a person can move on to higher-level needs, such as security and safety.

Basic human rights

Human rights are about everyone, and they are very important for older people in Australia. We are all entitled to the enjoyment of human rights without discrimination of any kind, including discrimination on the basis of our age.

There are certain human rights and freedoms that are particularly relevant to older people, including the right to:

- An adequate standard of living including access to adequate food, clothing and housing
- The highest possible standard of physical and mental health
- Work and fair working conditions
- Be safe and free from violence
- Be free from cruel, inhuman or degrading treatment
- Privacy
- Family life.

Some of the major human rights problems faced by older people in Australia include:

- Workplace discrimination – older people may face prejudice when applying for jobs, seeking promotions, accessing training or may be harassed in the workplace
- Balancing paid work with caring responsibilities – older people often care for adult children, grandchildren, spouses and/or elderly parents
- Access to appropriate and adequate aged care facilities and health care
- Abuse – including financial, physical and psychological abuse of elderly people
- Homelessness, poor living standards and dependency on social security payments
- Barriers in accessing government services and other opportunities to participate in community/public life.

Clients must know and understand their rights, so they can determine when their rights are not being met or are being infringed. The following are some individual rights that need to be upheld in a care environment:

- The right to be treated with respect
- The right to be informed and consulted
- The right to be part of decisions made about their care
- The right to privacy and confidentiality
- The right to an advocate
- The right to make a complaint

Clients' rights should be known to both staff and individuals so that an optimum standard of care can be reached. You and your individuals should have access to information on rights.

Discrimination

People who receive aged care services (whether in the own home, in the community or in an aged care home) are protected by government legislation. These laws aim to make sure that aged care services are provided correctly, and consumer rights are managed properly. They also aim to protect you and your carer from any discrimination. If needed, there are government departments and independent aged care advocacy services that you can go to for help interpreting the laws and understanding your rights.

Age Discrimination Act

No matter how old or young, all Australians have the right to be treated equally. Unfortunately, age discrimination can often be a problem for older people.

To make sure all Australians are treated equally regardless of their age, the Australian Parliament has passed age discrimination legislation. The *Age Discrimination Act 2004* makes direct and indirect age discrimination unlawful in many areas, such as employment, the provision of goods and services, accommodation and requests for information.

Recognise and respect the person's social, cultural and spiritual differences

Every individual has the right to practise their own spiritual and/or religious beliefs. Part of the cultural heritage of your clients will be their various spiritual and religious practices.

Spirituality is a very important issue in the lives of many, especially as we grow older. As a person nears the end of their life, they begin to question the afterlife and form a stronger bond with a sense of spirituality or religion. It is often during times of loneliness, sickness, stress or loss that the individual calls upon spiritual or religious assistance. For many people their spiritual needs are met through religion, for others spirituality is about spending time on their own and reflecting, or forming a closer bond with their family, or even going for quiet walks in the park.

For you to support your clients in achieving maximum well-being, it is important that you attempt to understand what some of their spiritual needs may be. These include:

- Practicing their beliefs such as praying at specific times or in specific ways
- Adherence to dietary restrictions
- Involvement with a church community
- Attending the church, synagogue, mosque, temple or other place of worship of their choice
- Being provided with literature that complements their spiritual or religious beliefs
- Having access to others of similar beliefs for social communication
- Being given respect and privacy whilst practising religious beliefs.

Tradition

In most cultures the family is the main unit of support. However, with migration, arrival of refugees and general patterns of dispersion, the family may not be present to support an older person. This increases problem during care, feelings of isolation, depression and abandonment.

For the older person this loss of their traditional lifestyle results in additional dislocation and trauma as they receive care services from strangers – regardless whether it is in a HACC or residential care setting.

Use of English with non-English speaking clients

Your non-English speaking client may have a little English.

Consider the following:

- Speak slowly and clearly, never shout
- Repeat the same sentence if you think you have not been understood, then if it is still not understood, rephrase it
- Try to use words the client might know and keep sentences simple
- Don't use pidgin English
- Give instructions in a logical sequence
- Work out what you want to say in your mind before you commence
- Present one idea at a time – don't give too much information in one go
- Try to check on understanding by asking questions or getting the client to repeat

Culture and religion

Religion is an organised system of faith and worship consisting of a belief in a God or divine power. Awareness of the culture and religion of your client is important.

There are a very diverse set of religious traditions at work in the Australian community.

Major religious groups in Australia

- Christianity
- Judaism
- Taoism
- Buddhism
- Islam
- Hinduism
- Sikhism

Taking into account the spiritual needs of your clients is an important part of the Individual plan. Spiritual needs may be expressed for many clients through organised religion. Religious customs, practices and needs in different groups, vary widely, and you may need to learn basics about religious groups of which you have little or no knowledge. Some clients will not belong to any organised religion. However, this does not mean they have no spiritual beliefs or needs, it means their beliefs are personal to themselves.

As a support worker you should:

- Recognise the differences in beliefs of your clients
- Be willing to listen
- Show clients you respect their beliefs
- Assist clients to meet any special needs associated with their religion
- Provide information on local services, etc. To clients
- Assist in accessing churches and religious meeting places and leaders
- Know any special needs related to death and dying
- Know any special requests related to spiritual requirements for death and dying.

Pastoral and palliative care

Pastoral is care which includes clinical experience and crosses denominational barriers of organised religion to provide spiritual care for those who are sick and in need.

Palliative care

There are many ways you can assist your client during the palliative care process. This can include:

- Encourage your client to tell their story and to talk about their feelings and emotions about their own death.
- Encourage reminiscing by your client. It is often a good way for them to work through the meaning of their life.
- Respect the right to confidentiality of your client and the right to choose who to communicate with.
- Religious beliefs
- Support client beliefs pray with the client if asked and facilitate contact with a religious adviser if appropriate.
- Encouraging creativity
- Encourage talents that give satisfaction.

Pre-death rituals can help the client accept that they are dying. These might include:

- A video or audio tape on the client's life
- A journal or record of their life
- A party to celebrate their life
- Ensuring the client's spiritual adviser performs sacraments

Support the person to express their own identity and preferences

How do we support the older person? We support through our presence – through being there. The following description outlines some of the general support skills of helping, applicable to the aged care context.

As support workers, we demonstrate our support through the following skills and attitudes.

Attending

Attending means being with the client, both physically and psychologically. You can demonstrate that you are attending to your client in the following ways:

- Make sure you face the client, and that your body is turned towards them. This indicates that they have your attention.
- Make sure that your posture is open, i.e.: no crossed arms and legs. An open posture demonstrates that you are willing to hear what the client is saying; that you have not closed yourself off from them.
- Lean towards the client – this indicates that you are engaged by what they are saying.
- Maintain appropriate eye contact – this indicates that your attention is focused, that your thoughts are not wandering off elsewhere.
- Demonstrate that you are relaxed. Sit comfortably, try not to fidget and be aware of what gestures you might be making with your face. Your composure will make the client feel at ease themselves.

Active Listening

Active listening is one of the key factors in demonstrating your support and commitment to the client. Active listening can be characterised as follows:

- Providing support and affirmation through summarising, paraphrasing what the client is saying to you – letting them know that you hear them, and that you understand them.
- Asking questions.
- Giving the client time to express their emotions, as well as their thoughts.

Remember: we do not just listen to the verbal message. We also need to listen to and interpret:

- What the client's body movements tell you? Are they fidgety? Nervous? Restless? Hunched? Closed off? What do their gestures indicate?
- Facial expressions. What do smiles, frowns, raised eyebrows, contorted mouths, intense eye contact or avoidance of eye contact tell you?
- Voice. What can you learn from the intonation, pitch, loudness, pauses, silences, emphases and fluency of the client's voice?
- Other physiological responses, e.g.: rapid breathing, blushing, temporary rashes, paleness, pupil dilation
- Physical appearance, e.g.: level of fitness, height, weight, complexion, etc
- General grooming and appearance

Communication strategies and good rapport

Rapport building is essential for a successful assessment. It is the connection that develops from free and open discussion between you and your client.

It is important to develop rapport to:

- Determine needs
- Establish goals
- Review progress and plans
- Make decisions
- Understand the perspective of the clients
- Collate evidence
- Receive information, grievances, complaints, questions
- Clarify processes being used in the agency.

Avoid imposing own values and attitudes on others

Social role valorisation (SRV) is especially relevant to two classes of people in society those who are valued and those who are not valued. There are many groups of people and individuals in society who are not valued. They are people who do not fit in or people, who do not act, speak or look like the majority of people. Examples are older people who are suffering the effects of ageing, people from other cultures and people with a disability. Social Role Valorisation provides a theory why these people are devalued.

It looks at attitudes, values and beliefs and the impact that these have on:

- The individual who is being devalued
- Other members of the community
- The services we as a society provide to those who are devalued.

Devalued people, groups or classes are more likely to be treated badly and to be subjected to a systematic and possibly life-long pattern of the following negative experiences:

These people can be perceived as:

- Deviant due to negatively valued, either due to physical or functional impairments, low competence, or a particular ethnic identity, certain behaviours or associations, skin colour, and many others.
- Being rejected by community, society, and even family and services
- Being cast into negative social roles such as "menace" and a burden to society".
- Being put and kept at a social distance
- Having negative images (including language) attached to them.
- Being the subject of abuse, violence and humiliation.

Addressing ageist attitudes

One of your roles as an aged care worker is to promote “positive ageing”. Positive aspects of growing older may include:

- A lifetime of experiences and memories
- Time to pursue interests
- Time to learn new skills
- Time to spend with old and new friends
- Time to reflect
- Time to integrate life’s experiences’
- Time to develop the interior life
- Less influenced by what other people think of us
- Less drive by materialism
- Eligible for aged pension

Other ways to address ageist attitudes is to consider the following:

- Older people have a lot of knowledge to share with society. Their experience is irreplaceable.
- Older people have a lot to offer, they have experience and skills which can be passed down to new workers.
- Older people have the right to access the same health services as all individuals.
- Older people have the same basic needs as all individuals. They have every right to express their sexuality.
- Older people are encouraged to stay active and age positively.

Ageism is restricting to those who believe it and to the people they are applied to. These types of attitudes don’t consider the uniqueness of the individual with the consequence being that an elderly person devalues themselves and becomes reliant on others. This can result in a lowering of their self-esteem thereby reducing their health and fitness levels as they allow others to step in and do everything for them. If society places a low value on elderly persons in general, then this will be reflected in the standard of care and services that are provided for them.

It is important to treat each person as a unique individual and develop individual plans that reflect the specific needs of each person. Recognising that older individuals have feelings just like other people but simply look different on the outside is an important factor to consider when developing understanding and providing care which acknowledges each person as an individual but who share many of the same needs and feelings as ourselves.

Consider the person’s individual needs, stage of life, development and strengths when engaging in support activities

When assisting the client to engage in support activities, it is important to identify their individual needs. Having a good understanding of your client’s health status, their strengths and capacities will allow you to explore and identify options which are suitable to their needs.

Person centred approach

Adopting a person-centred approach enables you to support your client to make choices and decisions based of their individual preferences and needs. Your role in this process is to encourage and empower your client to engage in support activities which maintain independence and develop new skills. When you get to know the client well, you can provide care that is more specific to their needs and therefore provide better care. By promoting and facilitating greater client responsibility, clients are more likely to engage in treatment decisions, feel supported to make behavioural changes and feel empowered to self-manage.

Life stages

Human development follows particular pathways from birth to death. These ages and stages vary from person to person; however, many are marked by milestones allowing each stage to be recognised and identified. These milestones make it easy for you to keep track of progress and take action when needed.

Where a person is at in terms of their development influences the types of services they may require and how services are provided. Their life stage will influence what significant others are present in their lives, how long services may be required for and what other roles need to be considered.

Stages of development

There are various theories on the stages of development. These theories outline the different stages of learning, physical growth and psychological and emotional growth. To learn more about these theories, you can conduct your own research by following the links below.

Erik Erikson's stages of psychosocial development <https://www.simplypsychology.org/Erik-Erikson.html>

Piaget's theory of cognitive development <https://www.simplypsychology.org/piaget.html>

Freud's stages of development <https://www.simplypsychology.org/Sigmund-Freud.html>

Physical and psychological factors

As we move through life stages from birth to death, there are physical and psychological factors which impact on what we might need. When planning activities for the person, it is important to recognise that not all physical and psychological factors will be the same as someone else at the same age. All individuals are different. The person's perspective on their life and events can be impacted by their psychological development and maturity. This is why it is important to understand the changes that can occur when people age. Some of these changes can include:

- Loss of vision
- Loss of hearing
- Decrease in health
- Decrease in skin integrity

The following table describes how changes to a person's health condition can impact on their activities of daily living.

Health condition	Impact on activities of daily living
Arthritis	Makes it hard to move things and carry out activities requiring movement.
Dementia	Makes it hard for the person to remember, organise their finances, maintain their health, eat the right foods, maintain a safe environment, and maintain their community connections.
Depression	Drop in motivation. Disinterest in maintaining their environment. Lack of energy. Not eating properly or overeating. Difficulty socialising.
Diabetes	Additional dietary requirements. Additional medication requirements. Exercise becomes of increased importance.
Heart and lung disease	Lack of energy.
Incontinence	Makes it hard to maintain personal hygiene. Makes socialising difficult.
Skin disorders	Additional personal care needs.

Psychosocial changes

In addition to the physical aspects of ageing, there are many psychosocial changes that an older person may experience. As a support worker you have a duty of care to ensure the health and wellbeing of individuals and apart of this care is to be aware of the psychosocial changes and the impacts this can have on an individual.

Psychosocial changes can include:

- Grief and loss
- The psychological effects of experiencing stereotypes and ageism
- Feeling inadequate
- Social devaluation
- Memory loss
- Loneliness
- Depression and mental disease such as Alzheimer's/Dementia
- Level of independence (financial, community access, self-care)
- Living arrangements
- Social interaction

Recognise, respect and accommodate the person's expressions of identity and sexuality as appropriate in the context of their age or stage of life

The idea that older people have no interest in sexuality is based on beliefs about their inability to perform, their lack of interest in sex, or thinking that those who are interested are perverted. Older people reject it, saying that media images are changing. Acknowledging that health problems and lack of a partner hinder some people, they point out that sex is more than a physical act and can be expressed in other loving ways. It can also be more fun without hang-ups and there are drugs that can help.

The capacity for an interest in sexual activity at any age can be influenced by disease, medications, psychological, social and cultural conditions, and religious beliefs, but it does not necessarily abate with age. Many people retain sexual ability and interest, often into their 70s.

Recognising sexuality and sexual expression

Sexual activity is more common in the elderly than society tends to think. Needs will vary from individual to individual but catering for the need for sexual activity as required is essential

Affection

The first and foremost need is for affection, which is not reduced by advancing age. This does not only include receiving affection but giving affection and sharing affection as part of a family.

Intimacy

When your client is still active there is no reason why sexual activity should not continue. Sometimes physical adjustments have to be made, thus making sexual relationships a pleasurable experience, actually enhancing communication and love.

Same sex relationships

Men and women in same sex relationships will face additional problems in institutional care with a health system that presumes heterosexual relationships. This may increase isolation and loneliness.

Support the person to express their sexuality

In order to show respect for people sex and sexuality, it is important to create an environment that advocates responsibility, respect, understanding and acceptance towards each individual's views in sex and sexuality.

Your attitude to sex is depicted through:

- Your religious beliefs
- The way you talk about marriage
- Your culture
- The people you pay the most respect to
- Your current family situation
- Your personal hygiene
- The roles you set for yourself
- The material you read
- The style of your clothing
- The way you talk about marriage (including others' marriages)

Promoting sexuality

Some ways of promoting sexuality are listed below:

- Encourage independent selection of clothing and commend the person choice
- Ensure the person feels confident to select colour themselves. Do not assume that a person would want to wear or purchase a particular colour or clothing; enable the person to make the choice themselves.
- Create an environment conducive to healthy attitude toward sex. Discourage comments of as derogatory or disrespectful nature. If such comments are made find a time to speak to the person privately about whether they feel those comments were appropriate and respectful.
- If you accidentally walk in on someone masturbating, do not make a big deal of it. Quickly, but sincerely apologise and leave. If necessary, you can speak to the person in private afterwards about measures that could be employed to avoid the situation occurring again.
- Respect people's privacy
- Cover people when they are naked- close blinds when possible, cover in addressing gown or sheet if transporting from one place to another.
- Assist people to acquire a do not disturb sign to independently protect their privacy.
- Ensure that your own values about sex do not cause a conflict of interest that impairs a person's confidence in making independent choices in sexual relationships.
- Above all do not be judgemental or gossip about the person.

Support for an active sexual life may be supported through:

- **Providing information:** clients and their partners may need basic information, understanding and practical advice on how to manage changes and live a full life as they age.
- **Providing privacy:** provision of privacy in institutions is most important, simply knocking on a door before entering helps the client feel their privacy is more respected.
- **Assessment and counselling:** residents may need a physical and psychological assessment of sexual functioning

Few clients will bring up sexuality unless they know the care worker well and have developed a sense of rapport. Some areas that care workers might like to discuss with clients include:

- Having realistic expectations
- Creating a relaxed, comfortable atmosphere
- Coping with physical aspects of ageing

Issues surrounding sexuality and sexual expression

Older people have sexual desires just as younger people do. The belief that they lose interest and are no longer to maintain a sexual relationship is a myth. Basically, there is little deterioration in the aged person's capacity to enjoy a fulfilling sexual life as they grow older. Residents who form relationships may be content to simply enjoy talking and participating in activities together.

Companionship may be all that is sought and needed. However, there may also be a desire to express mutual affection in physical ways.

Therefore, the aged care team needs to be aware of residents' requirements regarding intimacy and sexuality. For instance, residents need to have appropriate privacy to ensure their intimacy needs are met. In a study of older female residents, by Butts found that comfort touch (i.e. back rub, massage, hand holding, a friendly hug) improved residents' perceptions of themselves.

Social prejudices

Include:

- Older people are sexually unattractive, and that sex is only for the young
- Women past menopause are not interested in sex
- Sex between older people is immoral
- Older men wishing to enjoy sex are just "dirty old men"

Sexual desires and needs do not disappear because we age. They do however change – in part as a result of the physiological changes associated with ageing. Such changes may include:

- Increased time needed for foreplay
- Longer time needed for the penis to become erect; and it is frequently less firm
- Diminished lubrication of the vagina
- Orgasms are less intense
- Increased sexual drive for women – often attributed to psychological barriers (such as fear of pregnancy) being overcome

Reflect the person's individual physical, social, cultural and spiritual need

Holistic care focuses on supporting the person so that they can take responsibility for achieving balance and wellbeing in their life. It promotes a belief in the ability of clients to control or at least participate in the planning of their lives if given the necessary knowledge, skills and support.

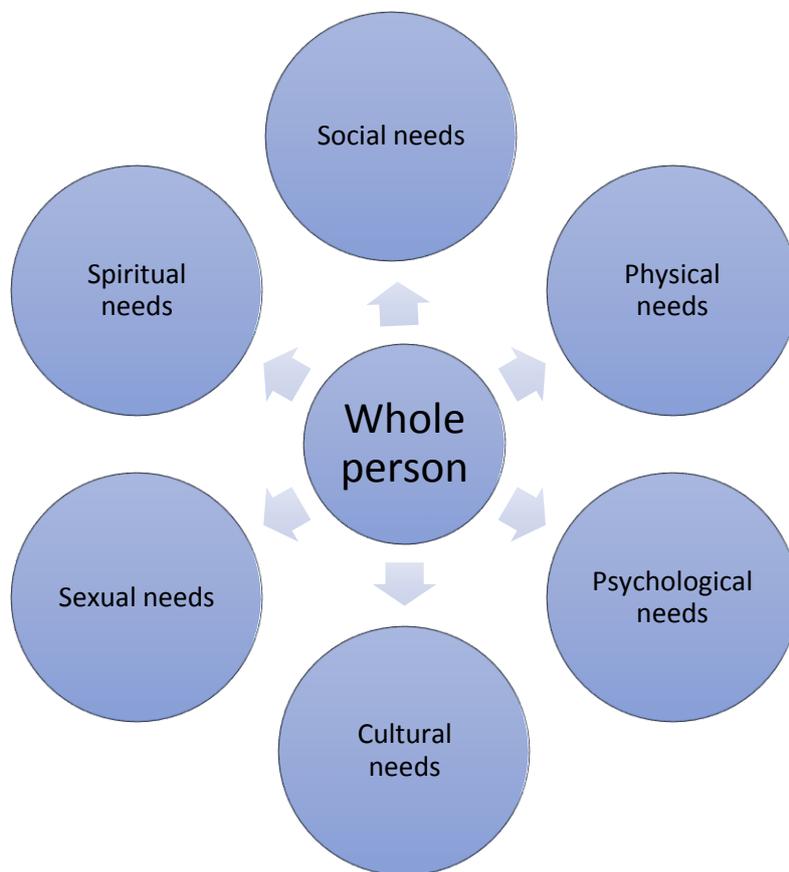
Working with clients in a holistic approach requires you to look at the person from a whole-of-life perspective, including:

- Emotional support
- Education
- Work
- Recreation
- Health and mental health
- Finances
- Accommodation/housing
- Networks/community/family
- Culture/religion
- Legal issues

The concept of holistic care is not restricted to the field of medicine and health care. It is now the guiding principle in all forms of community and disability service work.

Workers in all sectors (e.g. domestic violence work, youth work, and disability services work) need to adopt an approach that emphasises the need to look at the whole person and consider their physical, environmental, emotional, social, spiritual and lifestyle situation. To achieve this, you attempt to understand the interplay of personal, relationship and social factors that affect the current situation for each client. This approach recognises that people need resources, support and knowledge so they can make choices that will better enable them to function in their environment

Holistic care



Social needs

Older people have the same leisure and recreational needs, as other age groups. The need to meet and socialise, with other people, does not diminish with age and as you learnt earlier many older people view later life as an opportunity to travel and pursue hobbies and interests that they have not had time for previously because of family and work responsibilities.

People, who are involved in activities outside the home, tend to be more positive about ageing and gain much enjoyment and satisfaction from being able to interact, and maintain relationships with other people. Older people from some cultural backgrounds, however, often have fewer family members and friends of the same age and cultural group as themselves. This can mean they have limited opportunities to participate in leisure activities outside their home.

Older people who participate in regular exercise, experience better physical health. They are more likely to be able to manage everyday activities such as shopping, cooking, household cleaning, laundry and home maintenance and therefore remain independent and able to continue to participate in leisure activities and hobbies of their choice.

Aged care workers need to have a holistic approach to the health and well-being of aged people. This involves the fundamental belief that all of the various elements (i.e.: physical, mental, social, spiritual, emotional and environmental aspects) are linked together and interact with one another to constitute the overall health of a person.

Each individual's health should therefore be considered holistically, to enable Community Services and Health workers to care for aged people in a harmonious way and to achieve a balanced plan of care that incorporates all of the elements.

Ageing can result in a variety of physical and sensory limitations. One of the challenges for aged care workers is to ensure that individuals can continue to participate and enjoy everyday life activities.

Research has shown that frequent participation by older people in a variety of social, recreational and educational activities leads to a more successful ageing and to greater psychological well-being and contentment. It is the general consensus of health and aged care workers that physical, creative and mental stimulation helps older people to feel good about themselves.

As a carer you must also holistically approach the participation of your aged clients in social, recreational or educational activities.

You need to:

- Find out about a client's past and present interests and talk to them about these
- Interests and experiences
- Know about a client's health and abilities
- Offer choices, alternatives or suggestions for participation
- Explain implications
- Acknowledge individual and cultural differences and perspectives about
- Participation
- Acknowledge frustration

There are also numerous aids available to assist people to participate in social, recreational and educational activities, including:

- Holders for playing cards
- Modified art equipment including easels and paintbrushes
- Modified sports equipment
- Modified knitting, crocheting and sewing tools
- Modified gardening equipment
- Large print or sized board and table games
- Within a community there are many opportunities for older people to participate in a wide range of activities, regardless of whether they are living independently, in residential or community-based care.

Providing the client with information regarding relevant cultural and spiritual networks

Every individual has the right to practise their own spiritual and/or religious beliefs. Part of the cultural heritage of your clients will be their various spiritual and religious practices.

Spirituality is a very important issue in the lives of many, especially as we grow older. As a person nears the end of their life, they begin to question the afterlife and form a stronger bond with a sense of spirituality or religion. It is often during times of loneliness, sickness, stress or loss that the individual calls upon spiritual or religious assistance.

For many people their spiritual needs are met through religion, for others spirituality is about spending time on their own and reflecting, or forming a closer bond with their family, or even going for quiet walks in the park.

- For you to support your clients in achieving maximum well-being, it is important that you attempt to understand what some of their spiritual needs may be. These include:
 - Practicing their beliefs such as praying at specific times or in specific ways
 - Adherence to dietary restrictions
 - Involvement with a church community
 - Attending the church, synagogue, mosque, temple or other place of worship of their choice
 - Being provided with literature that complements their spiritual or religious beliefs
 - Having access to others of similar beliefs for social communication
 - Being given respect and privacy whilst practising religious beliefs.

In assisting a client/resident to participate in cultural activities you need to be aware of:

- Relevant religious holidays, feast days and fasting days.
- Religious and cultural beliefs which may impact their participation in certain activities. (For example, a Muslim woman may not be permitted to swim with men. Aboriginal men and women respect "men's business" and "women's business".)
- Food and beverage taboos imposed by certain religions- For example: Hinduism prohibits eating meat and Islam prohibits drinking alcohol.

In order to obtain current information on cultural and religious observances, it may be useful for the workplace to provide:

- A list of phone numbers and addresses of relevant religious leaders
- A calendar of religious feasts, fasts and other celebrations

Element 2: Promote independence

Maintaining as much independence as a person is able, is a great motivator. Dependence upon other people, particularly if it is brought about by an unexpected illness, injury or other circumstances can be devastating for a person. Their ability to respond to this, whether it is in a negative or positive manner, impacts the future lifestyle of the person.

As a support worker it is important for you to acknowledge the strengths of the person you provide care to, and to facilitate access to support services and resources which align with these strengths. It is also important that you encourage the person to maintain their independence by developing and providing strategies which assist the person to self-manage their own service delivery.

Support the person to identify and acknowledge their own strengths and self-care capacity

In a person-centred approach, the worker acts as a facilitator, using the skills of active listening and reflection to develop and demonstrate understanding of the client's situation, how they feel about the situation and what they feel are possible solutions to the problems in their life. The worker is non-judgemental, and does not impose their views, values and solutions on the client.

Instead, the focus is on empowering the client as 'the expert' on their life and helping them recognise that they have the ability to solve any concerns they may have. The worker's role is supporting the client to identify their concerns and interests, what they want to change, and to assist them to develop processes and strategies, which work for them in achieving their goals, and to access opportunities and resources which will assist them in reaching their goals.

Adopting a person-centred approach doesn't mean that as a support worker can't offer suggestion about what the client should do. It means we share our ideas and understandings of what they are experiencing, and we talk about the range of options they could consider as a means of meeting their needs.

Sometimes we may need to help the young person brainstorm and then weigh up the pros and cons of taking certain action or alert them to any legal implications arising from their decisions. However, the final decision is generally the young person's (exceptions to this would include if the young person's decision would harm themselves or others).

As with the client focused approach, a strength-based approach involves developing a collaborative relationship with the client that respects their views and acknowledges the client as the expert on their own situation and capable of finding solutions to their problems. Often clients come into a helping relationship with very little self-esteem or confidence in their own ability to find solutions to the problems in their lives. Our role as workers is to support the person to begin to recognise their strengths, by identifying and reflecting strengths that emerge from the client's story, challenging negative self-talk, and affirming the client's achievements.

Identify opportunities to utilise their strengths

Employing strategies to motivate, support and encourage clients is one of the major requirements of support workers. This can sometimes be a challenge, especially when clients are in crisis or are feeling depressed and lack self-esteem.

There are a number of ways to support clients who need to be motivated, to make decisions for themselves, and to have the confidence to act on those decisions.

You can encourage clients by:

- Asking them how they think a situation should be handled, rather than telling them how to handle it
- Assisting them to think of options based on prior success in their individual situation, rather than options based on theory
- Assisting them to select an option rather than telling them which one to choose.

You can support clients in this process by:

- Encouraging them to reach a decision
- Emphasising that they have reached a decision and now they need to act on it
- Affirming their ability to make decisions and develop steps to reach their goals.

Offering assistance

Offering or arranging practical help can support clients to move to the next stage of making decisions and setting goals for themselves. It is important not to overlook practical matters, for example, those associated with a client's capacity to accept and access programs they are referred to. Attention to practical matters, such as cost of equipment or transport, can ensure that they are able to access programs and resources more easily and increase the chance of their success.

However, it is important in this process not to do things for clients that they can do for themselves. Encouraging dependency can disempower people, prolong intervention and set up failure.

Shifting the focus of your support from problem solving to solution building will support and encourage clients. Focusing on the clients' strengths and what is working in their situation empowers them to create more positively.

Focusing on constructive and positive outcomes motivates them to move towards change, rather than being immobilised by what is difficult in their lives.

Facilitate access to support services and resources

Personal carers may find the aged person needs social opportunities but lacks the confidence to find or knowledge to arrange them. For the aged person learning, and sharing, achievements; leads to improved self-esteem and a sense of empowerment and confidence. Maintaining independence and control over daily life is one of the keys to successful and positive ageing.

You can encourage the resident to keep up their association with family, friends and groups by personal contact and by telephone. Strategies may have to be implemented for a person with a hearing impairment or other sensory disability. Also, practical assistance may have to be given by arranging community transport to take the person to family or group events or day care activities. There are four main ways which a person can receive social support.

This can include:

1. Receiving emotional support.
2. Participating in social activities.
3. Receiving information that is needed.
4. Receiving practical help from other people.

It may also be helpful for you to locate the following groups and inform the older person of their services in the community.

Such services may be provided by:

- Trade/professional groups
- Educational centres such as University of the third Age (U3A)
- Self-help groups
- Day activities centres
- Community centres
- Community Welfare groups
- Local ethnic or cultural groups
- Indigenous groups
- Contact with others at a medical clinic

Support networks

A support network is a group of people the resident considers provides for their emotional, psychological and practical care needs. A support network usually includes family members and carers.

Support networks may include the following:

- Advocates
- Family members
- Carers
- Friends
- Clergy
- Veteran's War widow organisation

Social networks for older people are:

- Neighbours, family or friends
- Regular visits to market
- Churches
- Visiting religious leaders
- Cards or bingo groups

Provide information and assistance to the person

As a support worker, you can provide assistance to your aged clients to access information about the range of activities available in their communities.

Information can be accessed through:

- Seniors information services
- Community-based organisations
- Local libraries
- Newsletters
- Regional papers
- Local radio stations
- Health professionals
- Local councils
- Community information centres.

People from non-English speaking backgrounds can access information through:

- Ethnic radio stations
- Ethnic link services
- State migrant resource and support services.
- The Aboriginal Home Care Program and local Indigenous organisations provide social and recreational activities for older Aboriginal people.

Support person to self-manage own service delivery

Consumer Directed Care is a term used in the aged care sector to explain a way of providing services that allows those receiving services to make choices about the types of services they want, and who should provide them.

The Australian Government funds the bulk of aged care in Australia, the rest is paid privately by individuals or provided by volunteers. The government funds the following initiatives:

- Commonwealth Home and Community Care (low level assistance)
- Home Care Packages (high level assistance)
- Residential Care
- Transition Care (temporary support at home, or aged care facility, after leaving hospital)

Shared responsibility for health and wellbeing

Person-directed care relies on the service provider and the person to share responsibility for their support needs. This model of care also relies on services being provided in a way that enables the person the opportunity for self-determination. To encourage a shared responsibility for their health and wellbeing you could:

- Inform the older person of suitable activities in relation to their interests and preferences
- Adapt activities to suit the older person's abilities
- Provide the older person with choices
- Provide the older person with information about community networks and activities

Health promotion

Health Promotion is the process of enabling people to manage and improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion action is not just the responsibility of the health sector but goes beyond lifestyles to well-being.

Health promotion can be described as any activity that improves public awareness of disease, health services or risk factors for disease. Brochures, television and radio advertisements, community programs, school-based programs, flyers, etc, are all typical methods that may be employed to promote health in your community.

With the huge number of people living with chronic disease the cost to the community is huge. Along with the pain and suffering of the person living with a chronic disease there is the impact on their family and the lost productivity in the workplace. Even small changes to improving this situation could have big consequences for the community and the health budget.

It is important as carers that we realise that older people are a diverse population which include the following:

- People with reduced physical capacity
- Age related disabilities
- Long-term disabilities
- Reduced mental capacity
- Had minimum involvement in health enhancing activities

Encourage the person to build, strengthen and maintain independence

It is important that older people have the opportunity to participate in activities that interest them. Lack of meaningful activity in an older person's life can lead to a loss of self-esteem and decreased mobility. Purposeful activities reduce feelings of loneliness, helplessness, and boredom, and increases feelings of dignity, independence, and self-worth. Activities need to be age appropriate and link with the person's past interests. Activities need to be tactfully adapted to meet the client's physical or cognitive limitations.

Empowering the client

Empowerment is the expansion of freedom of choice and action. It means increasing one's authority and control over the resources and decisions that affect one's life. As people exercise real choice, they gain increased control over their lives. Empowerment often addresses members of society that are affected by discrimination - for example - discrimination based on age, disability, race, ethnicity, religion, or gender.

Some examples of empowerment include:

- Support and assist with activities of daily living
- Seeking feedback from the client
- Encouraging the older person to invite family and friends for support
- Allow time for the older person to speak and offer support and positive responses

Element 3: Support physical wellbeing

In order to support a client's health and physical wellbeing, it is important to have an understanding of the basic requirements for good health. Such requirements include diet, exercise, lifestyle, hygiene and oral health. Gaining an understanding of these requirements allows you to promote and encourage the client to live a healthy lifestyle. It is also important to ensure that you support the client to maintain a safe and healthy environment by identifying hazards which may pose a risk to the client's health and wellbeing. You should also report any variations that may be affecting your client's physical wellbeing and health status.

Basic requirements of good health

In this section we will discuss the basic requirements needed to ensure good health.

Nutrition and hydration

A healthy diet is integral to health and well-being. The Dietary guidelines for Adults in Australia (endorsed by the NHMRC (National Health and Medical Research Council) April 2003) promote good health and nutrition for all Australians. It is important that when we eat, we include a wide variety of nutritious foods in our diet. Energy requirements vary depending upon age, gender, body mass and activity. The energy intake should reflect the amount of activity.

Care should be taken to:

- Limit saturated fat and moderate total fat intake
- Choose foods low in salt
- Limit alcohol intake
- Consume only moderate amounts of sugars and foods containing
- Added sugars

Maintaining a healthy body weight

Maintaining a healthy body weight means balancing the energy going into the body [types and amounts of food and drink] and the energy being used by the body (physical activity). To keep weight at a steady level, the energy from the things you eat must balance the energy used by your body for growth and repair, for physical activity, and to keep your bodily functions working. Healthy eating habits throughout life can help reduce the risk of health problems such as heart disease, cancer, diabetes and obesity. To avoid the consequences of an unhealthy lifestyle we need to think about the choices we make about our own lifestyle right now.

Choices such as choosing not to smoke, choosing to be more active, choosing to eat better. To achieve these, we may need to think about setting some goals.

Factors affecting ability to meet nutritional needs

Some of the more common factors that may affect an individual's ability to meet their nutritional needs follow:

- Environmental/lifestyle factors
- Poor mobility can lead to issues with people in their own home obtaining and preparing their own food.
- Living and eating alone makes it more difficult for the person to be motivated to eat nutritious food at regular intervals. Feeding one person is often more expensive.
- Recent hospitalisation can impact on a persons' ability to enjoy their food as they may also be emotionally or physically affected by the event.
- The food that is available may not be culturally or spiritually appropriate if the provision and availability of food is changed due to health, lifestyle or residential factors.
- The person may not have the skills or knowledge to shop and prepare their own food.
- Change in living conditions (e.g.: moving to a relatives' home, retirement village, residential accommodation) often result in a change in diet and lack of control over what is available and the timing of meals.
- The food that is available may not be culturally or spiritually appropriate if the provision and availability of food is changed due to health, lifestyle or residential factors. The person may not have the skills or knowledge to shop and prepare their own food.

Personal factors

- The side effects of some medications include those relating to appetite and gastrointestinal function. They may cause loss of appetite, nausea, vomiting, constipation and/or diarrhoea.
- Gait and balance disorders make it difficult to shop and prepare and cook meals. Swallowing disorders can be caused by a number of chronic illnesses and make it difficult for a person to eat food that is not soft or cut into small pieces. Choking is also a risk.
- Dentures, particularly if they are a poor fit affect the person's ability to chew food and may cause pain and ulcers to the mouth. Cognitive impairment affects the ability to plan, so making shopping and cooking difficult.
- People with visual impairment may have difficulty in the shopping, food preparation and cooking. The actual feeding may also be difficult. Injuries, particularly to the hand arm or shoulder make shopping, food preparation and cooking and the actual feeding process difficult.



Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.



Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties



Vegetables and legumes/beans



Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans



Milk, yoghurt, cheese and/or alternatives, mostly reduced fat



Fruit



Use small amounts



Only sometimes and in small amounts



Exercise

Exercise is of immense benefit in improving health and well-being and reducing the risks of premature death, illness and disability. Regular exercise burns kilojoules builds muscle mass and increases metabolism.

The benefits of exercise

Regular exercise reduces the risk of heart disease, stroke and some cancers. It helps to maintain and increase joint movement, to keep bones healthy and strong and helps to prevent falls and injury. It also helps to prevent weight gain and if associated with a healthy diet, can help to reduce weight.

Regular physical activity can help those people with chronic, disabling conditions to maintain at least some muscle and joint function and perform some activities of daily living, as well as helping to manage pain.

Rehabilitation and early mobilisation with weight-bearing exercises following injury or other events that affect mobility, promotes optimal physical and emotional health. It also encourages the person to regain some independence and increase the opportunities for social contact. Regular exercise in a shared environment, e.g.: walking group, aerobics, leisure or fitness centre, team games such as bowls, golf, carpet bowls, invites social interaction.

Physical activity also helps to improve mental health. It can reduce stress and anxiety and improve concentration.

Physical activity guidelines

Australia's physical activity guidelines outline the minimum levels of physical activity required to gain a health benefit and identify ways to incorporate physical activity into everyday life.

The recommendations for older Australians indicate that it is never too late to become physically active and to feel the associated benefits. Most physical activities can be adjusted to accommodate older people with a range of abilities and health problems, including those living in residential care facilities.

There are five physical activity recommendations for older Australians.

- Older people should do some form of physical activity, no matter what their age, weight, health problems or abilities.
- Older people should be active every day in as many ways as possible, doing a range of physical activities that incorporate fitness, strength, balance and flexibility.
- Older people should accumulate at least 30 minutes of moderate-intensity physical activity on most – preferably all – days.
- Older people who have stopped physical activity, or who are starting a new physical activity, should start at a level that is easily manageable and gradually build up the recommended amount, type and frequency of activity.
- Older people who have enjoyed a lifetime of vigorous physical activity should carry on doing so in a manner suited to their capability into later life, provided recommended safety procedures and guidelines are adhered to.

Hygiene

Personal hygiene refers to the activities a person takes to keep their body clean. If a person neglects their personal hygiene it can have a detrimental effect on their physical and psychological health and can cause them discomfort.

Many factors influence a person's ability to attend to their personal hygiene needs and these include:

- Personal preference
- Cultural values
- Religious beliefs and values
- Lifestyle
- Level of independence
- Physical capabilities
- Intellectual capacity
- Emotional state
- Economic status
- Knowledge of the significance of hygiene
- Climate
- Environment
- Availability of facilities such as water and infrastructure.

Many people are able to attend to their own hygiene needs; however, some may require partial or total assistance from a carer. When assessing a person for their hygiene needs and formulating an individual plan, it is important their usual routine is followed as closely as possible. If the person prefers a bath to a shower or wishes to shower in the evening or every other day, these preferences should be accommodated as closely as possible.

When assessing the person's hygiene needs the team leader should take into account the following:

- Limitations in mobility
- Poor vision
- Dizziness and loss of balance
- Decreased sense of touch
- Ability to remember how to attend to their hygiene needs.

A number of aids such as shower stools, mechanical lifters and handheld showers can be used to assist with personal care. It may be necessary to arrange for the addition of support rails, handheld showers, toilet lifters and other aids to be installed in the person's home by a home maintenance service.

It is important for the carer to remember that it can be very embarrassing for a person if they are unable to meet their own hygiene needs without assistance. There is a lack of privacy and the loss of independence can be very demoralising and depressing. If the person is receiving care support in their own home, they may also feel that this is an invasion of their personal space and the sanctity that their own home provides. A calm sensitive and caring approach can help to reduce these fears.

The person must give their consent to receive assistance with their hygiene needs. The meeting of personal hygiene requirements includes care of the skin, hair, nails and mouth.

If the skin is not washed regularly dirt, sebum, dry sweat and dead skin cells collect, providing an ideal medium for the growth of bacterial and fungal infections.

Hair should be washed regularly. If it is not, it may become oily or dry and can become lank or brittle. Some people wash their hair daily, while others prefer to have it washed every two or three days and up to weekly.

Oral health

The most common issues that affect a person's oral health are:

- **The build-up of plaque** – This is a problem as it is responsible for dental cavities. Plaque corrodes the tooth enamel and causes inflammation of the gums (periodontal disease). It is caused by the build-up of micro-organisms from food debris left for too long in the mouth. If the teeth are not regularly brushed and flossed, plaque will build up.
Another factor that increases the build-up of plaque is sugar. All sugars and sweet foods, such as cordial, soft drinks, flavoured milks, honey and dried fruits increase the risk of cavities.
- **Dry mouth (xerostomia)** – Production of saliva may be slowed by some medications and as people age. This affects the person's ability to chew food. An adequate fluid intake and the chewing of raw vegetables can assist this. If the person is not able to do this, specific toothpastes and gels are available to assist with saliva production.
- **Tooth wear and damage** – Cracks and rough edges on teeth can cause ulcers, pain and discomfort. This causes poor mastication and a reluctance to brush and floss the teeth.
- **Tooth loss** – This can impact on a person's bite and swallowing, and the person may need partial or complete dentures.
- **Poor mastication (ability to chew)** – Chewing of food is the first part of the digestive process. Poor mastication may slow the process of digestion and reduce the absorption of vital nutrients.
- **Ill-fitting dentures** – If dentures do not fit properly, they can cause pain and ulceration, poor mastication and changes to the appearance of the person, which can affect their self-esteem and mental and social health.

People at great risk of dental disease and poor dental hygiene These include those who:

- Do not regularly attend the dentist
- Are smokers
- Are financially disadvantaged
- Are physically frail
- Are physically dependent
- Have cognitive impairment
- Are not able to hold and manage a toothbrush
- Have impaired sensory function
- Have swallowing problems
- Have carers who are not aware of the need for dental hygiene.

Mental health

Depression is the most common psychological problem experienced by the elderly. Depressive reactions can be mild or major and can be a result of illness or medication, change or loss. Tendency to depression may have been present throughout life but more often it is a reaction to events, including:

- The death of a spouse or loved one
- Illness, including thyroid disease
- Increasing disability
- Lack of mobility
- Lack of social involvement
- Social isolation
- Family or financial worries
- Change, including the move to residential care
- Certain drugs are known to be likely to produce depression in older people and are either avoided or used in smaller quantities.

People who are depressed may show the following symptoms:

- Unusual tiredness
- Lack of appetite
- Lack of interest in one's appearance
- Lack of interest in usual activities

Improving wellbeing

There are plenty of things you can be done to improve mental health and wellbeing.

These include:

- Eating well
- Getting enough sleep
- Exercising regularly
- Spending time with friends and family
- Sharing feelings with others
- Doing enjoyable and relaxing activities
- Volunteering and helping others.

Support for mental health

Asking a doctor for advice about your client's mental health is a good first step – if necessary, they can refer your client to support services that best suit your needs. There are also a number of excellent organisations seniors and older people can contact for help:

- My Aged Care (aged care services provided by the Australian government) – call 1800 200 422
- At Ease (mental health support for veterans, ADF personnel and their family members) – online help
- beyondblue (for people feeling depressed or anxious) – call 1300 22 4636 or chat online
- SANE Australia (people living with a mental illness) – call 1800 18 7263
- Black Dog Institute (people affected by mood disorders) – online help
- Lifeline (for anyone having a personal crisis) – call 13 11 14 or chat online
- Suicide Call Back Service (for anyone thinking about suicide) – call 1300 659 467.

Lifestyle choices

Lifestyle choices relate to:

- Health and well-being
- The environment
- Maintaining independence
- Accommodation.

These components are interrelated, each impacting the others. Making good lifestyle decisions can help a person to maintain their health status and increase their physical, mental and emotional health. As we address each of these aspects, we will follow a number of case studies to see how they impact within the framework of an individual's life.

Avoidance of the five main lifestyle risk factors for chronic disease is an important aspect of health and well-being.

These are:

- Smoking
- Poor nutrition
- Alcohol misuse
- Physical inactivity
- Unhealthy weight.

Promote and encourage daily living habits that contribute to healthy lifestyle

Promoting healthy lifestyles including physical activity, healthy eating, and social activity has a range of health benefits for individuals and impact on quality of life.

Positive ageing

Positive ageing is a term used to describe the process of maintaining a positive attitude, feeling good about yourself, keeping fit and healthy, and engaging fully in life as you age.

Key principles of positive ageing include:

- Ageing is a lifelong process
- Positive ageing relies on the actions of individuals supported by their wider community, including business and government
- Older people have a right to have access information that enables them to make informed choices and to be included in making decisions about their lives
- Partnerships between individuals and communities, including businesses and governments are essential in ensuring the planning and delivery of services for older people as they age
- Older people's desire and capacity to participate fully and independently in community life is acknowledged
- Older people are not a homogenous group. The diverse needs, interests, and abilities of older people from different cultures, groups and socio-economic backgrounds are to be recognised
- Intergenerational community participation and opportunities enhance positive ageing. The continuing contribution of older people in the community is valued

Strategies to promote healthy lifestyle practices

There are a number of ways positive ageing can be used to prevent, delay, or manage some of the physical, psychological, social, and personal challenges people face as they age. Some of these are described below:

Maintaining a positive attitude

The way you feel about yourself and the ageing process can affect how you view life and the extent to which you are involved in activities and the opportunities life offers. If you can make choices and have control over important aspects of your life and take part in and enjoy activities, you are more likely to feel good about yourself and get more out of life.

Staying connected

Social interaction and relationships with others are associated with positive ageing and feeling optimistic about life. Maintaining social networks through membership of clubs, engaging in voluntary work and keeping in touch with family encourages interaction with others, prevents isolation and promotes good mental health and physical activity.

Keeping the brain active

Keeping the brain active, alert and flexible can promote good mental health and positive ageing throughout the lifespan. Having an active mind can be as simple as reading a book, learning a new hobby or problem solving (e.g. doing crosswords). Learning new skills is exercise for the brain and makes it work a little harder, which helps to keep it active and healthy.

Managing stress

Stress is a natural part of life. While a little stress can be beneficial, when things become too much and usual methods of coping fail, stress may become unhealthy.

The symptoms of stress vary greatly among different individuals. High levels of stress can produce emotional, behavioural, and even physical symptoms. In addition to affecting general wellbeing, stress can also impair the immune system and increase the risk of physical and mental health problems.

Significant changes associated with ageing can cause both short term and chronic stress. Stress can be caused by everyday hassles or be a result of difficult relationships, adjusting to retirement, financial concerns or chronic illness.

Avoiding negative stress as much as possible and learning how to effectively cope with unavoidable stress can promote positive ageing in all areas of your life.

Some good ways to manage and cope with daily stress include:

- Thinking positively - stay focused on the positives and use strategies that have worked in the past to relieve stress such as problem solving or goal setting
- Looking after yourself - do some physical activity, get quality rest and eat well
- Seeking support – sharing your thoughts with a friend or family member can help as they may be able to suggest some coping strategies
- Being calm - take some deep breaths, use meditation and relaxation techniques to relax your body and clear your mind

Volunteering or seeking part-time employment

Many older people find part-time employment or voluntary work rewarding and a chance to give something back to the community. Any type of work can help to keep your mind sharp and can provide a social network outside of the home and family.

Engaging in physical activity

Regular physical activity is vital for improved health and wellbeing. It is never too late to get moving - the human body responds to exercise, regardless of age. Exercise is a great way to maintain good health and promote positive thinking. Being fit and engaging in regular exercise can also promote recovery from illness and reduce the risk of disease. It has been demonstrated that physical fitness is more important for maintaining good health than weight loss.

Strength training is especially beneficial. It can help to build and maintain healthy bones, muscles and joints, which in turn will increase physical strength and improve balance and mobility.

Taking part in leisure activities that you find interesting and suitable for your level of physical functioning is an effective way of becoming more active. People should undertake at least 30 minutes of moderate exercise, such as walking, every day.

Physical activity can also provide social interaction through being outdoors, engaging with others, or by becoming a member of an activity program or club.

It is important to remember that as we age, physical capabilities are likely to change. Seeking guidance from a health professional before engaging in strenuous activity can identify and reduce any possible risks that may be involved.

Having regular medical check-ups

Older people who have fewer medical conditions have better quality of life, better mental health and are less restricted in their daily activities. By having regular medical check-ups (e.g. blood pressure, dental) and engaging in illness prevention strategies (e.g. not smoking, drinking alcohol in moderation) you can help to reduce the possible onset of chronic conditions.

Eating a healthy diet

Eating a healthy diet is important to maintaining a healthy weight which will help to reduce the likelihood of developing conditions such as diabetes. A healthy weight will also improve energy levels and make it easier to participate in daily activities.

Promote self-esteem and confidence

In order to achieve psychological wellbeing, it is important to have a good self-esteem. Self-esteem means feeling good about yourself and having confidence in your own worth or abilities. It is important for care workers to recognise that a person's self-esteem is fluid and ever changing. Recent research has determined that it is common for an older person's self-esteem to decline after retirement.

As people get older, they may begin to experience social devaluation. This can be described as when a person feels they have less social value than others.

It occurs when a person feels a sense of rejection and a loss of control over their lives. Social devaluation can severely impact a person's self-esteem and sense of identity.

You can use the following strategies when providing support to your Individuals to promote their self-esteem and confidence:

- Support autonomy and independence by 'doing with' rather than 'doing for' and actively involve Individuals in setting goals and making decisions about their care
- Encourage and foster social connections within and external to the service
- Focus on strengths, abilities and improving capacity, rather than disabilities
- Promote personal responsibility for activities of daily living and engagement in activities of personal interest
- Provide person-centred services that are flexible and responsive to changes in an older person's health and wellbeing, and are based on their goals
- Create relationships with the individual to explore their interests and strengths and to develop their goals
- Respect individual's decision-making ability and incorporate their wants in decisions about care they receive, and the types of services provided
- Work in partnership with other local services and agencies, and with the person's carers and family, but recognise that sometimes a person may not want other parties to be consulted
- Respect privacy and dignity in relation to consulting with friends, families, neighbours, relatives and service providers when making decisions about an individual's future
- Provide genuine praise/positive reinforcement
- Adjust activities to enhance the Individual's success and enjoyment
- Assist Individuals with difficult tasks that they might not otherwise be able to undertake
- Help establish and maintain routines which suit the Individual's lifestyle and abilities
- Provide a homelike environment
- Provide variety of experiences

There may be aspects of supporting an Individual's emotional wellbeing that are outside of your scope of knowledge, skills and or job role. These aspects would require the assistance of a qualified health professional such as a psychologist or psychiatrist. In these cases, ensure you seek assistance from the appropriate person such as your supervisor.

Strategies to promote good health

Maintain a healthy diet and adequate hydration

Provide appropriate exercise

Maintain mobility – assist with aids

Ensure adequate rest and relaxation

Assist with medication

Maintain health checks

Assist with hygiene and personal care

Support and assist the person to maintain a safe and healthy environment

Safety and security are basic human needs. All of us want to feel safe and secure and most of the time we act in ways that prevent us from harm. From a very early age we learn how to protect ourselves from being hurt from things around us, like extreme heat and sharp objects. As we grow older, we become more aware of the things we must do and ways we must behave so that we do not put ourselves in situations where things in our environment may cause us to experience injuries and where other people may cause us harm.

Encourage and assist client to maintain their environment

Care workers need to provide their aged clients with support to maintain a clean and comfortable environment and to minimise the risk of infection. A clean and comfortable home environment is essential to maintaining the good health and maximum well-being of aged people. As care workers, it is important to avoid making the home too 'sterile' but equally important to be responsible for ensuring that the people being cared for are happy, safe and comfortable.

In your role as a carer, you may be required to provide assistance to your client to maintain a clean home. You will need to be aware of the special needs or individual preferences and routines which each individual client has. Information about the special needs or individual preferences of each individual client should be listed on their care plan. If not, it is advisable to obtain the information from discussion with your clients, or your supervisor.

Examples of client preferences which may need consideration include:

- The frequency and order of cleaning jobs to be done
- The use of particular cleaning products
- The use of particular equipment for each job
- Replacing ornaments or furnishings to their original and familiar location – this is most important for older people who have impaired vision, limited mobility or who suffer from confusion.

Home hygiene is very important, particularly for elderly people who, as a result of being ill or frail, can become increasingly vulnerable to infection. In your role as an aged care worker, it is essential that you assist your aged clients to maintain a home environment that is as hygienic and germ free as possible. You will also need to protect yourself from infection and avoid putting the health of your clients at risk.

Identify hazards and report according to organisation procedures

There are risk factors in everyone's living environment. However, for the client, risk of injury from physical factors in their environment may increase due to increasing frailty or the inability to process thought patterns required to organise a task. How the client copes with their surroundings influences the potential risks that they will face.

Areas for activities of daily living include:

- Bathroom and toilet
- Laundry
- Kitchen
- Living room and bedrooms
- Garden and exteriors.

Personal safety and environmental security

Issues of personal safety and security are very important for many older people still living in their own homes. Many older people feel a reduced ability to maintain their own safety, due to physiological degeneration associated with ageing, or they may have limited mobility, impaired vision or hearing. These factors make older people feel extremely vulnerable. As a personal carer you can help your client's address issues of personal safety and security issues by suggesting solutions to assist your clients to overcome their fears.

There are strategies which personal carers can suggest which make it less obvious that someone is living alone, including:

- By never informing strangers or casual acquaintances that they live alone
- By leaning extra pairs of shoes outside the door
- Putting extra clothes on the clothesline

Personal safety strategies

Encourage you clients to develop good security habits that will reduce their vulnerability and increase their personal safety by:

- Encouraging clients to lock their front door when working in the garden
- Discouraging clients from hiding keys in obvious places
- Discouraging clients from labelling keys with names and addresses
- Making suggestions about possible responses clients can use for door to door salespeople or charity collectors
- Advising clients to keep valuables in the bank, or in a safe

Reporting hazards

Every workplace should have a clearly defined hazard reporting system, set down in writing and readily available to all staff.

The purpose of such a system is to identify hazards as soon as they are found or noticed. These hazards can then be controlled by the most appropriate method. The more hazards that are removed from the workplace, and the more promptly they are removed, the safer workers will be.

A hazard reporting system is one in which there are processes and mechanisms in place, not only to report the hazard, but also to follow up both the report and the actions taken to control associated risks.

The system for reporting may include:

- Informal, verbal reports to an immediate supervisor, e.g.: face-to-face or via phone/intercom
- Informal, written reports to a supervisor or manager, e.g.: via email or fax completion of specially designed forms for hazard reporting and lodging that form with a nominated staff member
- Reporting (either verbal or written) to an elected health and safety representative
- Reporting (either verbal or written) to the Health and Safety Committee.
- The hazard report is an important legal document and will be the primary source of future legal reference if legal action results from the incident.

Duty of care

Workers in aged care who involve themselves in the lives of individuals must exercise proper professional care in the way they carry out their legal duties or responsibilities. Aged care workers are personally accountable for the provision of safe and competent care and must be aware that undertaking activities that are not within the scope of practice for which they are competent, might compromise individual safety.

You are required by law to make every attempt to protect the rights and enhance the safety of your individual. This means it is your responsibility to ensure reasonable care takes place and the individual is not placed at harm or risk while in your care.

Dignity of risk

Dignity of risk refers to respecting individual's self-determination and rights to make a decision for themselves. To take advantage of an opportunities for learning, skill development and sometimes taking calculated risks. The dignity of risk is right to take risks when engaging in life experiences, and the right to fail in taking these.

As a support worker it is almost an instinctive to want to protect, to care and eliminate any possibility of risk to the individuals you are caring for. But what if they decided to participate in an active that you felt was too risky? You have a responsibility to ensure the safety and wellbeing of individuals is imperative, however your role will also encourage independence, promote choice and person individual focused care.

Identify variations in a person's physical condition

There are a number of variations in clients' physical condition which should be monitored to ensure their health and well-being. In all cases, a carer should record and report their observations and any changes that occur.

Client reports feeling unwell

If a client reports feeling unwell, the carer should record and report to the supervisor what the client complains of and what they observe.

Aches

If a person complains of aches, these may be generalised or in a specific limb or body part. It may be continual or spasmodic ache and may be related to a particular activity.

Pain

A person's perception and response to pain is very individual. Some may experience pain earlier than others and some may tolerate pain better than others. A person may tell the carer they have a pain, or they may 'flinch' when the affected limb or body part is touched, is required to function or bear weight.

A person with cognitive impairment may not be able to verbalise their pain but may be irritable or cry or pull away when the affected limb or body part is touched. Cultural values, attitudes and feelings may affect a person's response to pain. Also, a person who is physically or emotionally exhausted often has a reduced capacity to tolerate pain. It is important that if a person complains of pain, the carer records their observations and reports these to an appropriate person, as a further assessment will be required.

Weight loss

Weight loss could be because the person has an eating or swallowing problem, does not like the food that they are being given, is not eating enough, or has developed an illness. The carer and/or person themselves may notice this, because their clothes are loose or baggy and their dentures do not fit as well as they used to.

Weight gain

A gain in weight could be because the person is eating too much, or the wrong food is inactive, has fluid retention or an illness.

Skin tone and colour

The skin should be observed for:

- Colour: if the skin looks pale or has a bluish (cyanosis) appearance or yellowish tinge or altered pigmentation, it could indicate the person has, or is developing a medical condition. Areas of red, deep pink or mottled skin or a break in the skin should be recorded and reported immediately to the team leader as this may be a sign that a pressure ulcer is developing.
- Hydration: changes from normal include excessive dryness, oiliness, fluid retention (oedema) and increased sweating
- Texture: the skin may be smooth and supple or have rough scaly patches lesions – the skin should be observed for the presence of bruises, blisters, scratch marks, lumps or puncture wounds.

Indicators of possible emotional concerns and issues

If a person's emotional psychological well-being is compromised and this is not recognised, it may lead to depression and other mental health issues and/or affect their ability to attend to their activities of daily living.

Indicators of possible concerns may appear as:

- Physiological responses
- Behavioural response
- Psychological responses
- Cognitive responses.

Physiological responses may include diarrhoea, constipation, raised pulse rate, difficulty in and rapid breathing, sleeplessness, sweating, increased muscle tension leading to headache and backache, dizziness and in extreme cases of panic, chest pains and palpitations. It is important to remember that these may also occur as a result of a physical illness.

Behavioural responses may include attention-seeking behaviours, chain-smoking, increased use of alcohol and other substances, avoidance behaviour (e.g.: refusing to go out in case they have a panic attack), withdrawal from interpersonal communications and loss of the ability to engage with other people. Others include under- or over-eating, talking rapidly or loudly, stammering, inability to keep still, finger tapping, constant pulling at hair, constant pumping of leg up and down and an inability to control tears.

Psychological responses may include prolonged sadness, depression, irritability, a heightened level of emotional expression, changes in moods and sudden anger.

Cognitive responses include confusion, inability to concentrate, impaired understanding and difficulty in making decisions.

The worker should record and report responses they observe or are aware of to their team leader or supervisor as soon as possible. In many instances the person and their carers will require counselling and support from skilled counsellors, social workers, mental health workers, doctors or other health professionals. The worker should provide support and encouragement to the person and their carer and may need to organise transport for the appointments or facilitate home visits.

Element 4: Support social, emotional and psychological wellbeing

When supporting the client, it is imperative to ensure that you as the support worker offer positive encouragement to promote self-esteem and confidence. Once a client feels confident and is motivated, they are more likely to participate in activities which holistically support their needs, health and wellbeing. It is essential to keep in mind that there may be times when you are required to report on situations which may be impacting on the client's health and wellbeing. You must ensure that all situations beyond your scope of role are reported to the relevant people.

Promote self-esteem and confidence through use of positive and supportive communication

The ultimate goal of maximising the well-being of aged care clients is to maintain or improve their 'quality' of life. As people age, they need to make changes to the way they live, but that does not mean that they should stop enjoying life, having fun or participating in the things that are of interest or importance to them. Every individual including older people and those with disabilities, in the community have the right to achieve maximum independence within that community.

Older people, like people of any age, want to be listened to:

The following are the things which are known to be important to older people:

- To manage and maintain their own health and independence for as long as possible
- To remain stimulated, involved and challenged by life
- To be informed so they are aware of the choices open to them
- To be recognised and respected as contributors to, not burdens on society
- To continue to be valued in society, either through the paid workforce or through voluntary activity
- To fight for the things, they believe in.

In order to promote the well-being of aged care clients, you need to understand and acknowledge their complete lifestyle, including:

- Daily living skills
- Social contact and networks
- Background-cultural, religious, spiritual educational
- Emotional needs
- Financial position
- Recreational activities

A sense of self-esteem is developed as a result of the individual's perception of positive feedback from those close to them i.e. our parent, teachers or friends. Aged related changes which cause negatively valued changes in appearance, may affect role performance and independence. This may lead to a reduction of self-esteem, affecting the socialisation process and depression in the older person.

Some characteristics of low esteem, which you may see in your residents/clients, are:

- Poor view of self
- Lack of eye contact
- Self-centred egotistic
- Frustrated /angry
- Depressed/despairing
- Head and shoulder flexion
- Negative remarks about themselves
- Self-neglect
- Withdrawal/isolation
- Self-destructive behaviour
- Non-participation in recreational activities/social contact

It is important that the older person has positive feeling about themselves. As a care worker/AIN you should be encouraging your clients to do what is possible and suitable, and assisting them to fulfil their needs.

Promote self esteem
Give praise/positive reinforcement
Involve in suitable activities
Adjust activities for success/enjoyment
Promote independence
Assist with difficult tasks
Encourage sharing
Encourage socialisation
Set up routines

Contribute to the person's sense of security through use of safe and predictable routines

Once you are happy that a person's basic safety and health requirements are being met, you can work with your client to make their environment comfortable for their own individual needs, and ensuring cleanliness and comfort are ongoing requirements. Some people may need outside support to do things that they are not able to do, such as maintaining gutters and gardens, or performing various cleaning activities. Some clients may wish to or need to have someone come in to help with cleaning tasks (either for regular domestic chores, or for chores such as painting walls, or mowing lawns, which are done less frequently). You will need to assess and prioritise these arrangements according to organisational budget and funding.

Some of your clients may be able (physically and intellectually) to maintain their own houses but may have never been in a situation where this was necessary (e.g.: if they have previously lived in an institution or residential facility).

In such cases, you may need to conduct a task analysis with them to find out:

- What they already are able to do
- What they need to be able to do
- What they need to learn in order to complete the task

A predictable routine will help reduce stress and anxiety for the person you provide support to, especially if they suffer from a cognitive impairment like Alzheimer's. Feeling disoriented and unsure about what is planned for the day is common, and having daily activities planned will give the older person control and purpose in their lives. Having routine actions will also become a part of the body memory and they will stop consciously thinking about what they have to do next as it will just come naturally.

Encourage and facilitate participation in social, cultural, spiritual activities

Encouraging the elderly to participate in scheduled activities can be challenging. Lack of engagement is a common problem. Social mobilisation (i.e. ways of enabling older people to make connections with their communities) involves building social networks, supporting people's participation in social activities, and fostering social support and mutual aid among older people.

People need support that, as far as possible, allows them to develop their own coping mechanisms to deal with life's stresses and does not undermine their autonomy.

People should be encouraged to identify and achieve their own goals and assisted to build on past life strengths and achievements such as past employment, hobbies and interests.

Identifying barriers to participation

To encourage participation, it is important that you identify any barriers - whether perceived or real - that might be preventing them from getting involved.

Support workers must identify the social, recreational and educational needs of their aged clients and encourage and support them to participate in activities they enjoy and increase their confidence. Problems associated with physical limitations, preventing aged people from participating in activities, can often be addressed by employing the use of mobility aids, including:

- Access cab and travel voucher book
- Wheelchairs
- Walking frames/ rollators
- Walking sticks
- Walker/stroller
- Portable stair climber
- Motorised scooter
- Attachable tables/trays.

Communication problems resulting from hearing, speech or visual impairment, comprehension or language difficulties may also prevent older people from participating in activities. There are many communication aids available which can assist older people with communication, including:

- Hearing aids
- Television assistance devices
- Talking watches
- Large digital wall clocks
- Large print reading material
- Handheld and TV screen magnifiers.

Access to transport

Transport is very important in maintaining independence and quality of life. Not being able to access transport can lead to social isolation and a general deterioration in social and emotional well-being. An older person's ability to access transport depends on a number of different things, including where they live, how much they are able to pay for the transport and their physical health.

Using existing and potential new networks and as per the person's preferences

Networking is about making connections with people. Connection points need common interests or concerns. 'Social networks'/connection points in people with disabilities, and the aged, need to be established and maintained. These will assist the aged person in meeting the challenges of old age. Opportunities to chat and share with others is a starting point.

Carers can assist aged people to maintain social contacts and to make new friends by:

- Providing information about community groups, clubs, organisations or social groups
- Providing assistance to people with physical disabilities by writing or passing on messages or letters, or by telephoning friends or family to leave a message
- Ensuring that older people have a private/personal space where they can socialise with family and friends.

There are many possibilities for social events, which can be organised for aged people within residential-based care facilities or by assisting residents to venture out into their communities. Older people who remain living in their homes can interact with other people and make new friends by participating in clubs or organisations suited to their interests.

Residential-based care facilities can offer many different activities to encourage social interaction, including:

- Special occasion morning or afternoon teas
- Birthday parties
- Melbourne Cup luncheons
- Attending music concerts or theatre productions or having groups perform at the
- Aged Care Facilities
- Church services and activities
- Bus trips to places of interest or for leisure activities
- Counter meals at favourite hotels or community clubs
- Film days
- Regular residents’ meetings
- Community visit programs.

The range of social activities available will vary between different residential care facilities and in accordance with client preferences and needs.

Identify aspects of supporting a person’s wellbeing outside scope of knowledge, skills and/or job role and seek appropriate support

As an aged care worker, you must be able to recognise when there is a need to ask for advice and refer to the relevant parties involved in the older person’s care and support. Your organisation will have policies and procedures regarding reporting serious issues to an external source if the older person is at risk of harm or injury. Issues you may identify as beyond your scope of practice include:

- An assessment you are not qualified to conduct
- A person requiring medication to be administered
- A person experiencing assault or sexual abuse
- A person who is violent
- A person is in imminent danger

The following table provides a list of examples of situations outside your scope and what you should do.

Situation	What you should do
The older person shows signs of depression	Refer the older person to their GP who can organise a referral to a psychologist
The older person becomes angry and violent during the assessment	Remove yourself from the situation, remove other people from the area, call for your supervisor
The older person is in pain	Refer the older person to their GP who can organise further assessment
The older person refuses to continue with the assessment	Contact your supervisor

Identify variations to a person’s wellbeing and report according to organisation procedures

Client care and service needs can be subject to change. The changes are most commonly monitored through a regular process of evaluation of care and service plans. Changes in care and service needs can occur at any time though for many varied reasons.

Your role is to assist in clarifying any changes in client needs and then reporting them back to your supervisor or to the organisation. The correct method to address these needs will then be carried out by your supervisor or an appropriate assessment team. Although changes may be small and at first may go unnoticed, it is essential that you pay attention to your clients’ needs and report even the slightest change immediately.

A small change in your client’s needs may quickly lead to greater changes in needs.

It is important as a care worker to report any changes in care needs, either in written or verbal form to assist in the process of providing accurate care and service to resident/client's. Residents/client's may request a change in their care and service delivery themselves or alternatively you may identify that a change is required through your own observation.

As a care worker it is important to remember that resident/clients are able to make individual choices and their choices must be respected. These choices may impact on a change to their care or service need. It is a requirement to provide information to your supervisor, regarding changes to your resident/client as this information may impact on a change to their individual plan or service and impact on their overall wellbeing.

Identify any cultural or financial issues impacting on the person's wellbeing

As a support worker, your role is to have a solid understanding of all aspects of your client's health and wellbeing. Being aware of issues that impact on their health and wellbeing is crucial in ensuring that they can access the appropriate support services to address these issues and problems.

Cultural issues affecting health and wellbeing

Mental health problems can affect people of all ages, from all cultures and social groups. The incidence of mental or behavioural problems among people born in Australia is similar to the rate for people born overseas. However, there are some particular issues that should be considered in regard to the mental health of immigrants, refugees and those from ethnic minority groups.

People from diverse cultural backgrounds have a range of protective and risk factors in regard to their mental health and wellbeing. A person's cultural background will affect how they interpret and respond to life experiences. Something that is characterised as a mental health problem by one person might be viewed as an experience of personal growth or spiritual significance by another. Cultural values and personal circumstances will also influence whether a person seeks support primarily from friends and family or from professional services.

Immigrants may experience stress due to culture shock - the need to adjust to a society with different social structures, values, expectations, political systems, beliefs and practices. They may face challenges organising housing, health care, schooling and other services for their families in an unfamiliar environment. They may not have access to support networks of friends, family or people from their own culture.

For some, language barriers can make these challenges more difficult. Even when interpreters are available, there may be difficulties with different dialects, or people may have access only to an interpreter of a different gender, or a different political or ethnic background. Fears about confidentiality may also arise when the interpreter belongs to one's own small or close-knit community.

Living in a remote or rural area may increase the isolation felt by immigrants. In some areas of Australia, specific policies exist to encourage refugees and immigrants to settle outside of the capital cities. Linguistic and cultural barriers, difficulty accessing services in sparsely populated areas and separation from cultural networks can magnify the sense of isolation.

In some cultures, women mainly have contact with people from their own home and family. In the absence of extended family networks in this country, they may find themselves more isolated than their male counterparts. Others may feel that they are expected to work or interact outside the home more than they are used to, which can cause discomfort or conflict. Women may also have fewer English language skills than men, through differences in gender roles and access to education.

Financial issues affecting health and wellbeing

Money allows us to meet our basic needs—to buy food and shelter and pay for healthcare. Meeting these needs is essential, and if we don't have enough money to do so, our wellbeing suffers.

Older people may face financial crisis in many different ways.

This can include:

The impact of financial problems on your health & relationships

- Worrying a lot or feeling anxious over money
- Arguing with loved ones over money
- Headaches
- Feeling unwell
- Being afraid to open the mail
- Difficulty sleeping
- Feeling guilty spending money on non-essentials

Financial capacity of the older person

Older people with cognitive impairment and/or dementia may be particularly vulnerable to diminished financial decision-making capacity. Financial capacity refers to the ability to satisfactorily manage one's financial affairs in a manner consistent with personal self-interest and values. Impairment of financial capacity makes the older individual vulnerable to financial exploitation, may negatively affect their family's financial situation and places strain on relationships within the family.

Support for your client

If your client's financial issues are causing unwanted stress and impacting on their wellbeing, you can offer them support in the following ways:

- Contact a financial counselling service for free, confidential help. Set aside money in a savings account each month for emergencies if you can – every little bit helps.
- Contact people who you owe money. Tell them you are having difficulties and ask for time to work things out. Make progress payments and set up a payment plan. Many services are happy to give you payment extensions if you call them. If you don't get a helpful response speak to the Hardship Team of the lender or provider, you are dealing with.
- If you don't feel you've had a fair hearing, make a complaint to the Ombudsman.
- Consider approaching a welfare service in your area for help with bill payments e.g. power, gas, phone.
- Get help if you are feeling overwhelmed and cannot cope mentally or emotionally. Talk to a friend, family member, your GP, counsellor or a helpline like Lifeline.

Identify the person's risk and protective factors in relation to mental health

Risk and protective factors are aspects of a person (or group) and environment and life experiences that make it more likely (risk factors) or less likely (protective factors) that people will develop a given problem or achieve a desired outcome.

Both risk and protective factors can be split into two categories: those that occur in the environment (both socially and physically) and those that are personal characteristics of individuals.

Personal factors

Personal factors are things that are unique to each individual (or group). They include an individual's knowledge, skills, experience, history, and genetic makeup. Here is more specific information on the types of personal factors that contribute to risk and protection:

Knowledge and Skill

- Knowledge, including knowledge about what can and should be done and its consequences, available resources
- Beliefs, such as ideas about the causes of problems or the consequences of choices
- Skills, including being able to influence your environment, set and accomplish goals, et cetera
- Education and training, such as years of formal education or specialised training

Experience and History

- Experience, such as history of abuse and neglect, care and caring, or ability to attain one's goals
- Cultural norms and practices, including what behaviours are appropriate and acceptable
- Social status, such as history of discrimination or privilege in work, social, or service situations

Biology/genetics

- Type and degree of existing health, including current health status

Environmental factors

Environmental factors are factors that affect a specific group of people in each community; they are not specific to each person. The environment refers to the conditions in which each individual lives - their household, their neighbourhood or town, and the larger community. These may include aspects of the social environment, including the norms and behaviours of their families, friends, and others in their community. It also involves aspects of the physical environment, including access to resources, exposure to hazards, and overall living conditions. Environmental factors fall into the following categories:

Support and services

- Availability and continuity of social support and ties, such as with family, friends, neighbours, and those with different experiences
- Availability of appropriate services, such as for basic and specialised needs
- Availability of resources, including human and material resources

Access, barriers, and opportunities

- Physical access and barriers, including distance and physical access to services
- Communication access and barriers, including languages spoken and access to interpreters (if appropriate)

Policies and living conditions

- Policies, such as those that affect who gets benefits, enforcement of laws, workplace policies, and eligibility requirements for services
- Financial barriers and resources, including not having enough money for needed goods and services and how resources are allocated
- Exposure to hazards, including to toxic chemicals, air pollutants, or risky situations
- Living conditions, such as the adequacy and availability of decent housing, food, clothing, heat/cooling, and clean drinking water
- Poverty and disparities in status, such as not having enough money for basic needs and disparities or differences in income and social status.
- Chronic illness, including requirements for care or specialised needs
- Gender and age, as they might increase risk or protection
- Genetic predisposition, such as having a family history of diabetes or alcoholism

Once you have an understanding of risk and protective factors, as well as when you should include them in your planning, the time is right to identify the particular risk and protective factors that your organisation will address. This can be achieved by reviewing data and information about client risk and protective factors. You can do this by either gathering data that is already available or compiling your own if what you need doesn't seem to have been collected.

Gathering data

If information is already available, use it. Data on risk and protective factors may already be there for many of the issues of importance to your community. This includes topics such as cardiovascular diseases, abuse and neglect or access to health care.

You can gather data from:

- Medical records
- Record of family history
- Previous care/support plans
- Collaborating with other agencies/organisations

Having a good understanding of risk and protective factors gives you an excellent base from which to identify the support which is required and to develop strategies to implement this support.

Recognise and report possible indicators of abuse or neglect and report according to organisation procedures

Abuse, which is the intentional harm, caused to a person, with whom that person has a trusting relationship. It is usually very complex and often difficult to resolve. When people think about abuse, they often think about acts of physical violence, such as hitting, kicking, slapping and punching, however older people can also be abused in many other ways.

The reasons why people abuse older people are complicated and often there is more than one cause. It is not always obvious, or easy to understand why some people abuse others. However, things such as carer stress, which is the result of increased frustration and isolation that occurs because of the constant demand to meet the older person's needs, tiredness and physical strain can sometimes be the cause.

A lack of carer support, poor self-esteem, a lack of money, the abuse/misuse of drugs and alcohol and a sense of powerlessness, or not having control over other things, are often seen as some of the other reasons, which contribute to a person's likelihood to abuse others. Abuse may also be a continuation of domestic violence, which has existed in the relationship, for many years. These issues can make it hard for carers, care workers and other people in trusting relationships; however, they never justify, or excuse abuse. Being abused affects the whole well-being of the older person – both their physical and emotional well-being, often for some time after the abuse, has occurred.

Unfortunately, abuse is difficult – not only for the older person but also for family members, friends and support workers. People close to the person may feel helpless and frustrated and may find it difficult to know what to do, or how to react and behave, especially if they are close to the older person and the person, causing the abuse. While it is essential that the safety and rights of the older person are maintained it is also important that the person causing the abuse has their rights respected and is supported in addressing their needs and concerns.

Categories of elder abuse

Elder abuse is often hidden and so its exact nature and extent are difficult to identify. Nevertheless, it is recognised that those who are very old and frail or living in a dependent relationship are at risk of experiencing some form of abuse.

The following list gives some examples of elder abuse.

Type of abuse	Signs and symptoms	Example
Financial	Reluctance to make a will Loss of jewellery and personal property Unprecedented transfer of funds	Denial of the right to access personal funds - A family member may take control of a person's finances or banking, while the older person is still capable of maintaining their affairs.
Psychological /Emotional	Reluctance to talk openly Helplessness Withdrawal Insomnia/sleep deprivation	Verbal intimidation - being forced into making decisions against your will.
Physical	Seen by different doctors or hospitals Unexplained accidents or injuries Bruising and abrasions	Physical restraint such as tying a person in a chair, putting them in a chair they can't get out of, or locking a person in a room.
Sexual	Torn, stained, or bloody underclothing Bruising on the inner thighs Difficulty in walking or sitting	Sexual harassment - Inappropriate comments/labelling about general appearance, attitude, and behaviour.

Compulsory reporting

To help protect aged care residents, the law (the *Aged Care Act 1997*) has compulsory reporting provisions. This means that approved providers of residential aged care services are responsible for ensuring that suspicions or allegations of reportable assaults occurring at their services are reported to local police and the Australian Department of Health (the department). The law also requires service providers to report that a resident is absent without explanation (also known as a missing resident). These requirements ensure that those affected receive timely help and support, and that operational and organisational strategies are put in place to prevent the situation from occurring again. Such strategies help maintain a safe and secure environment for residents.

Compulsory reporting of abuse and neglect is a legal requirement. For example, all government-funded residential aged care services must report all incidents or allegations of sexual or serious physical assault.

Here are some examples of situations that should be reported

- A person shows a change in behaviour or mood.
- You observe someone behaving towards a person in a way that makes you feel uncomfortable. A person tells you they are being abused or harmed by another person.
- A person, staff member or visitor tells you they have observed abusive acts.
- You observe an action or inaction that may be considered abusive.
- Someone is not responding to the financial or medical needs of a person.
- You have clear evidence an abusive situation is occurring.

Five key elements to compulsory reporting

- The Act requires that, except in very specific and sensitive circumstances, all approved providers of residential aged care must report every allegation or suspicion of a reportable assault.
- Reports must be made to both the police and the department within 24 hours of the allegation being made, or from the time the approved provider starts to suspect on reasonable grounds, that a reportable assault may have occurred.
- If a staff member makes a disclosure that qualifies for protection under the Act, the approved provider must protect the identity of the staff member and ensure that the staff member is not victimised.
- If an approved provider fails to meet compulsory reporting requirements the department may take compliance action.
- Compliance with compulsory reporting requirements is monitored by the Australian Aged Care Quality Agency (the Quality Agency).

Identify situations beyond scope of own role

One of the key skills you need to develop is awareness of the limitations of your own abilities and experience. If you feel that a situation calls for experience or skill outside of your range of ability, then refer on. This applies in the long-term sense, e.g.: clients that you may see over a period of time, and to immediate situations. If, for example, you are unable to deal with a client's behaviour, call someone immediately. This may be your supervisor, or other more experienced staff, depending on who is readily available. Try not to put yourself in situations where support is not readily available.

Seeking assistance

There will be times when the worker/organisation will need to consult a specialist for information about a client, or to refer a client for assessment, e.g.: health assessments that need to be conducted by medical or health personnel.

It is important to remember that while working with older people, you are not working independently, rather you are often working with a team of people from a variety of different fields who all have the best interests of your client at heart. It is therefore important that each of these people continue to communicate and share information to ensure the needs of the client are identified and responded to.

Liaison with others

Regardless of context, working with older people will, of necessity, involve a 'whole team' approach. It is essential to utilise the resources of others – workers/programs within our own organisation; other organisations; assessment teams; specialist services.

It is also essential to be aware of the limitations of your own skills and experience, and to seek the support of others as required.

Limitations may include:

- Worker limitations, e.g.: lack of experience or insufficient skill base
- Work role limitations – the issue may fall outside of your work role
- Knowledge limitations – the complex care need may require specialist response;
- Use of specialised assessment tools; the role of the Aged Care Assessment Team;
- Organisation limitations, e.g.: the client may be requesting services beyond the
- Scope of the organisation.

If you feel that a situation calls for experience or skill outside your range of ability, then it is important to seek assistance from any of the following:

- Your supervisor – who may be able to direct you to the most appropriate source of professional or specialist assistance,
- Other more experienced intra-organisational staff
- More experienced inter-organisational staff
- Specialist staff or services.

Adhere to own work role and responsibilities

The work role refers to the specific tasks the community services worker is employed to fulfil. The work role is described in the job description and in relevant industrial awards. The job description (also known as the job and person specification or J & P) reflects the actual duties and tasks that the employee will be required to perform. A job description details anything that is relevant to the job. This might include travel and overtime obligations, organisational accountabilities and responsibilities, and any other information that might impact on the applicant's ability to perform as required.

The job description is the base document in describing the work role. As a minimum, the job description should describe the following:

- Knowledge
- Skills
- Experience
- Minimum qualifications
- Responsibilities
- Duties
- Level or standard of work
- Remuneration (pay and conditions)
- Accountability.

Roles and boundaries

It is important to be very clear about what your job roles and responsibilities are, and which ones belong with other workers. It is wise to work within the boundaries of your role and not to presume to be able to do the work of others.

This does not mean that we cannot offer (and accept) help from others during busy or special times, but it does reinforce the value of open and clear communication to clarify uncertainties and to strengthen effective teamwork. It is always better to ask, 'who is to do what?' to follow organisational policies and procedures and to work within your job specifications.

Adhere to confidentiality requirements

In any community services organisation, much of the written information involves clients and client records. The methods of collecting, recording and storing this information must support maintaining its confidentiality.

Client information may include:

- Personal details
- Health, medical and dental information
- Financial details
- Special needs – wheelchair, walking frame, diet, medication
- Emergency contacts – who to contact in an emergency
- Individual client records – assessment processes, individual plans,
- Appointments with medical practitioners, referrals to other organisations
- Records of valuables
- Legal requirements – contracts, guardianship papers, consent

Staff must follow confidentiality policy and practices when carrying out their duties. It is the responsibility of their supervisors to ensure this happens. Any breaches of confidentiality practices can lead to disciplinary action by your organisation.

What is the difference between confidentiality and privacy?

Privacy is more often taken to mean 'the right to be left alone'. The term privacy usually attaches to individuals. Confidentiality is a much broader concept. Information may be confidential that is not personal.

Legally, organisations do not have privacy rights — individuals do. In community services personal information may become subject to confidentiality procedures and policies but that will not affect the rights of the individual who is the owner of that information. Information about an individual may be given to others for legitimate purposes under ethical standards of confidentiality. Privacy is an obligation to the individual who is the owner of the information and applies regardless of who is providing the information.

Disclosure of information

There are some instances in which you are permitted to disclose information as part of your duties. You may be required to disclose private or confidential information when:

- Compelled by law
- A patient's interests require disclosure
- There is a duty to the public
- There person has consented to the disclosure

Seeking the client's agreement before providing services

Your role is to provide clients with information about appropriate services to allow them to make an informed choice about their needs. People are much more responsive to care if they feel they have a choice about their day-to-day care needs and their future direction.

CHCLEG003 - Manage legal and ethical compliance

Welcome to the learning resource for the unit CHCLEG003 Manage legal and ethical compliance.

This unit applied to people working in roles with managerial responsibility for legal and ethical compliance in small to medium sized organisations.

On completion of this unit you will have covered the requirements for:

1. Research information required for legal compliance
2. Determine ethical responsibilities
3. Develop and communicate policies and procedures.
4. Monitor compliance
5. Maintain knowledge of compliance requirements

You will be able to demonstrate your ability to:

- Determine the scope of legal and ethical compliance requirements and responsibilities, and developed policies and procedures for at least 1 workplace or business
- Develop a strategic response to at least 3 different situations where legal or ethical requirements have been breached

You will gain knowledge about the:

- Legal responsibilities and liabilities of managers and others in different types of organisation
- Legal and ethical frameworks (international, national state/territory, local), how these apply in the workplace, and the responsibilities of managers in the development and monitoring of policies and procedures, including those related to:
 - Children in the workplace, codes of conduct, codes of practice, complaints management, continuing professional education
 - Discrimination, dignity of risk, duty of care
 - Human rights
- Universal declaration of human rights
- Relationship between human needs and human rights
- Frameworks, approaches and instruments used in the workplace
 - Informed consent, mandatory reporting, practice standards, practitioner/client boundaries, privacy, confidentiality and disclosure
 - Policy frameworks, records management, rights and responsibilities of workers, employers and clients
 - Industrial relations legislation and requirements relevant to organisation, specific requirements in the area of work, including:
 - Key practices that are prohibited by law
 - Auditing and inspection regimes
 - Main consequences of non-compliance
 - Need to apply for licences and associated mandatory training and certification requirements
 - Statutory reporting requirements
 - Business insurances required including public liability and workers compensation
 - Accreditation requirements

- Requirements to develop and implement plans, policies, codes of conduct or incorporate certain workplace practices
- work role boundaries – responsibilities and limitations of different people, work health and safety
- Sources of information and advice on compliance including:
 - local, state/territory or commonwealth government departments or regulatory agencies, industry associations
 - plain English documentation that explains legislation
 - functions and operating procedures of regulatory authorities of particular relevance to the health and community service sectors
 - methods of receiving updated information on requirements
 - use of policies and procedures in managing compliance and ethical practice in both internal work practice and external service delivery
 - formats for policies and procedures and what they should include techniques for monitoring compliance

A copy of the full unit of competency can be found at: <http://training.gov.au/Training/Details/CHCLEG003>

This learning resource is designed to support your learning and act as a guide to further research. We encourage you to access other texts which include; standards and legislation and other resources relating to your industry that can be sourced throughout the internet or library.

Element 1: Research information required for legal compliance

Compliance

Compliance is the act of following the rules.

While these rules are often external requirements, compliance also involves following your organisation's internal rules, policies and procedures, and acting in accordance with ethical practices.

Compliance management refers to the way in which your organisation assures compliance in accordance with the rules, regulations, laws and other requirements to which your organisation is subject. The community trusts and expects service providers to uphold and apply proper legal and ethical standards that underpin their work.

As a manager, you have a great deal of responsibility and must always act in a professional, competent and ethical manner. To do this, you need to be familiar with all laws, rules, standards and regulations relevant to your community services organisation. These protect the rights of both people in need of support, and your team members, and also ensure high-quality and safe services are provided.

Sources of information

As a manager, you have legal responsibilities and obligations that must be fulfilled in the organisation where you work. You must therefore have a working knowledge of the legislation that impacts on your role and applies to the community services sector in which you work.

You should conduct research to identify sources of information that can be used to ensure your service complies with the legal and ethical responsibilities that apply. As well as the manager in the community services organisation, there are other roles that have legal responsibilities.

Depending on the sector of community services, roles may include social worker, education officer, psychologist, case manager, or drug and health practitioners.

All these roles have legal and ethical responsibilities to contribute to compliance in the workplace.

Compliance Requirements

Depending on what sector of community services you work in, there will be different compliance requirements and responsibilities.

Here are some examples of different sectors and the compliance standards that apply.

Aged care

Quality of Care Principles 2014

These Principles specify the care and services that an approved provider of residential care must provide in order to achieve accreditation for residential care. The Principles may be read in full at:

www.comlaw.gov.au/Details/F2014L00830

Disability

National Standards for Disability Services (NSDS)

There are six national standards that apply to disability service providers. The framework promotes person-centred approaches and is based on human rights and quality management. The Standards may be read in full at: www.dss.gov.au/our-responsibilities/disabilityand-carers/standards-and-quality-assurance/national-standards-for-disabilityservices

Information may be sourced from the following regulatory authorities.

Aged care

The Aged Care Quality and Compliance Group (the Group) is responsible for promoting compliance with the statutory obligations of approved providers. The Group investigates aged care services funded under the Aged Care Act 1997 (Cth) and manages aged care accreditation, certification, compliance with legislation, and service user rights.

Work health and safety

It is the responsibility of the Commonwealth, states and territories to regulate and enforce work health and safety (WHS) in their jurisdiction. For example, WorkSafe Victoria is the regulatory authority enforcing WHS laws in Victoria. You should contact your local WHS authority for information and advice on:

- Complying with WHS laws
- Reporting workplace incidents
- Renewing or applying for licences
- Injury and workers compensation claims
- Workers compensation insurance and premiums
- Health and safety representative training
- WHS training and assessment.

Child protection

There are child protection agencies in each state and territory to protect children and young people who are at risk of abuse or neglect. Child protection agencies provide important information and advice regarding:

- Family group conferences (FGC)
- carers' rights
- The charter of rights for children in care
- Young people moving to independent living
- Signs of safety family meetings
- Child protection services, including assessment, reporting processes and key contacts.

Health services

There is a network of governance and support mechanisms that enable the policy, legislation, coordination, regulation and funding aspects of delivering quality health services across Australia. It is the joint responsibility of all levels of government to regulate Australia's health services, with the planning and delivery of services being shared between government and non-government sectors. State and territory governments are responsible for licensing or registering private hospitals, operating public hospitals, and providing health-relevant industry regulations.

Roles within; community services, aged care and disability sectors are carried out within a legal and ethical framework. This framework is set out in legislation, industry regulations and organisational policy. It is underpinned by society's values and expectations.

The community trusts and expects service providers to uphold and apply proper standards. We will cover what the proper standards are relevant to the aged care industry throughout this learner resource. As a senior aged care worker, you have a great deal of responsibility. You must always act in a professional, competent and ethical manner. To do this you need to be familiar with all laws, rules, standards and regulations relevant to aged care. These protect the rights of both individuals and workers. They also ensure that high-quality, safe services are provided. Let's cover the basics:

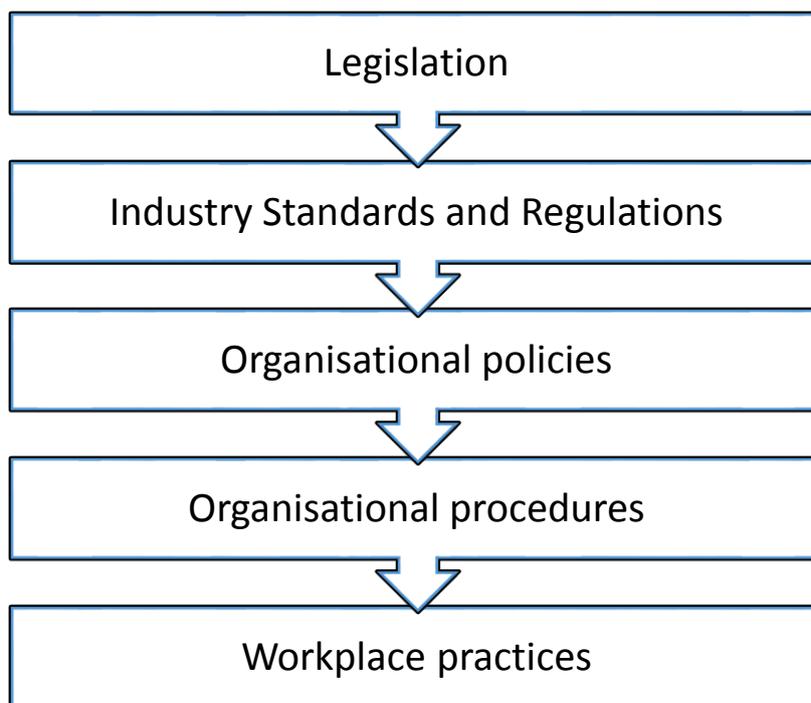
Common law is law developed by judges through decisions of courts.

Legislation is laws that have been developed through the parliamentary processes.

Regulations provide greater instructions and guidance for the implementation of legislation by setting out general principles and practical steps

Codes of practice are industry-specific guidelines that flow from legislation and regulations. They are commonly written by industry professionals, authorities or bodies. Codes of practice give practical guidance of how to comply with the specific legal requirements of regulations.

Below is an illustration that demonstrates the relationship between legislation, industry standards and regulations and organisational policies, procedures and practices. It shows that legislation sits at the top and sets out the overall instructions on what people can and cannot do. Below legislation are the industry standards and regulations which provide specific advice on how to follow and meet the obligations of legislation. Following this, are the organisational policies, procedures and practices. Organisations will develop these to meet the requirements of legislation, standards and regulations.



Relevant Legislation and Regulations

The legislation and regulations that relate to community service providers are intended to ensure at the least, minimum standards of individual care are met and to support quality care. Key statutory and regulatory requirements relevant to community services work include:

Legislation/regulation	Key principles
Aged Care Act 1997 (Cth)	Who is allowed to provide care and how they must provide it. The quality of care outcomes that must be achieved Individual's rights.
Home and Community Care Act 1985 (Cth)	Maximise the independence of frail older people Reduce institutionalisation Help these people live independently through the provision of a wide range of support services
Disability Discrimination Act 1992 (Cth)	Aims to stop people with disabilities being discriminated against in any aspect of their daily lives
Disability Services Act 1986 (Cth)	Aims to help people with disabilities to achieve their goals as part of mainstream society

Legislation/regulation	Key principles
Privacy Act 1988 (Cth)	Information that protects the rights of individuals and allow them to access their health and personal information
Anti-Discrimination <ul style="list-style-type: none"> • Age Discrimination Act 2004 (Cth) • Racial Discrimination Act 1975 (Cth) • Sex Discrimination Act 1984 (Cth) 	Promotes equality in the workplace regardless of beliefs, age, race or gender.
Equal Employment Opportunity	Makes sure that everyone has equal access to available employment by: <ul style="list-style-type: none"> • Ensuring that workplaces are free from discrimination and harassment, and • Providing programs to assist people to overcome disadvantage
Supported Individual Services Act 2010	Purpose of the Act is to provide <ul style="list-style-type: none"> • Minimum standards of accommodation and person support • Appropriate enforcement mechanisms to give effect to the standards of accommodation and personal support, and obligations on proprietors, and the principles on which they are based; • To make consequential amendments to the Health Services Act 1988 and other Acts
Carers Recognition 2012	Purpose of the Act is to provide recognise, promote and value the role of people in care relationships; and <ul style="list-style-type: none"> (b) Recognise the different needs of persons in care relationships; (c) Support and recognise that care relationships bring benefits to the persons in the care relationship and to the community; and (d) Enact care relationship principles to promote understanding of the significance of care relationships.
Financial Management Act 1994	The purposes of this Act <ul style="list-style-type: none"> (a) To improve financial administration of the public sector; (b) to make better provision for the accountability of the public sector; (c) to provide for annual reporting to the Parliament by departments and public-sector bodies
Work health and safety legislation	To ensure a safe workplace. It is the responsibility of the Commonwealth, states and territories to regulate and Enforce work health and safety (WHS) in their jurisdiction. For example, WorkSafe Victoria is the regulatory authority enforcing WHS laws in Victoria.

New Age Care Reforms have been introduced to support and encourage individuals to remain in their own homes for as long as possible. Findings through the Productivity Commission found that Australia's aged care system had strengths but also many weaknesses. Older people and their carers found the system to be difficult to navigate, provided limited choice and services, and services that were of variable quality.

In August 2011, the Federal Government and the State/Territory Governments finalised the new National Health Reform Agreement to ensure the best possible, sustainable system to support older individuals who require care, create better opportunities for choice, more control to choose services plus access to a larger scope of age care services.

From 1 July 2012, the Commonwealth Government assumed funding and program responsibility for people aged 65 years and older in the general population, and for Aboriginal and Torres Strait Islander Peoples who are aged 50 years. "*The Living Longer, Living Better*", \$3.7 billion reform package will support people to remain in their own homes, "Ageing in place", by funding more home care packages, increased wages for care workers, and \$264.4 million allocated to dementia care.

Relevant standards

Aged Care Quality Standards

The Quality Standards focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Commonwealth subsidised aged care services.

The Quality Standards are made up of eight individual standards:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance.

Each of the Quality Standards is expressed in three ways:

- a statement of outcome for the consumer
- a statement of expectation for the organisation
- organisational requirements to demonstrate that the standard has been met.

Standard 1

Consumer dignity and choice

Consumer outcome:

1 (1) I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

Organisation statement:

1 (2) The organisation:

- 1 (2) (a) has a culture of inclusion and respect for consumers; and
- 1 (2) (b) supports consumers to exercise choice and independence; and
- 1 (2) (c) respects consumers' privacy.

Requirements

1 (3) The organisation demonstrates the following:

- 1 (3) (a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
- 1 (3) (b) Care and services are culturally safe.
- 1 (3) (c) Each consumer is supported to exercise choice and independence, including to:
 - i) make decisions about their own care and the way care and services are delivered; and

- ii) make decisions about when family, friends, carers or others should be involved in their care; and
 - iii) communicate their decisions; and
 - iv) make connections with others and maintain relationships of choice, including intimate relationships.
- 1 (3) (d)** Each consumer is supported to take risks to enable them to live the best life they can.
- 1 (3) (e)** Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.
- 1 (3) (f)** Each consumer's privacy is respected and personal information kept confidential.

Standard 2

Ongoing assessment and planning with consumers

Consumer outcome:

2 (1) I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

Organisation statement:

2 (2) The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.

Requirements:

2 (3) The organisation demonstrates the following:

(a) Assessment and planning, including consideration of risks to the consumer's health and well-being, informs the delivery of safe and effective care and services.

2 (3) (b) Assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

2 (3) (c) Assessment and planning:

i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer's care and services; and

ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

2 (3) (d) The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

2 (3) (e) Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Standard 3

Personal care and clinical care

Consumer outcome:

3 (1) I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

Organisation statement:

3 (2) The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

Requirements

3 (3) The organisation demonstrates the following:

3 (3) (a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

i) is best practice; and

ii) tailored to their needs; and

iii) optimises their health and well-being.

3 (3) (b) Effective management of high-impact or high-prevalence risks associated with the care of each consumer.

3 (3) (c) The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

3 (3) (d) Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

3 (3) (e) Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

3 (3) (f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

3 (3) (g) Minimisation of infection-related risks through implementing:

i) standard and transmission-based precautions to prevent and control infection; and

ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Standard 4

Services and supports for daily living*

Consumer outcome:

4 (1) I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement:

4 (2) The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Requirements

4 (3) The organisation demonstrates the following:

4 (3) (a) Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.

4 (3) (b) Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.

4 (3) (c) Services and supports for daily living assist each consumer to:

i) participate in their community within and outside the organisation's service environment; and

ii) have social and personal relationships; and

iii) do the things of interest to them.

4 (3) (d) Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

4 (3) (e) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

4 (3) (f) Where meals are provided, they are varied and of suitable quality and quantity.

4 (3) (g) Where equipment is provided, it is safe, suitable, clean and well maintained.

* **Services and supports for daily living** include, but are not limited to, food services, domestic assistance, home maintenance, transport, recreational and social activities.

Standard 5

Organisation's service environment*

Consumer outcome:

5 (1) I feel I belong and I am safe and comfortable in the organisation's service environment.

Organisation statement:

5 (2) The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

Requirements

5 (3) The organisation demonstrates the following:

5 (3) (a) The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.

5 (3) (b) The service environment:

i) is safe, clean, well maintained and comfortable; and

ii) enables consumers to move freely, both indoors and outdoors.

5 (3) (c) Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. * An organisation's **service environment** refers to the physical environment through which care and services are delivered, including aged care homes, cottage style respite services and day centres. An organisation's service environment does not include a person's privately owned/occupied home through which in-home services are provided.

Standard 6

Feedback and complaints

Consumer outcome:

6 (1) I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

Organisation statement:

6 (2) The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

Requirements

6 (3) The organisation demonstrates the following:

6 (3) (a) Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

6 (3) (b) Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

6 (3) (c) Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

6 (3) (d) Feedback and complaints are reviewed and used to improve the quality of care and services.

Standard 7

Human resources

Consumer outcome:

7 (1) I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Organisation statement:

7 (2) The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

Requirements

7 (3) The organisation demonstrates the following:

7 (3) (a) The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

7 (3) (b) Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.

7 (3) (c) The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.

7 (3) (d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

7 (3) (e) Regular assessment, monitoring and review of the performance of each member of the workforce.

Standard 8

Organisational governance

Consumer outcome:

8 (1) I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

8 (2) The organisation's governing body is accountable for the delivery of safe and quality care and services.

Requirements

8 (3) The organisation demonstrates the following:

8 (3) (a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

8 (3) (c) Effective organisation wide governance systems relating to the following:

- i) information management
- ii) continuous improvement
- iii) financial governance
- iv) workforce governance, including the assignment of clear responsibilities and accountabilities
- v) regulatory compliance
- vi) feedback and complaints.

8 (3) (d) Effective risk management systems and practices, including but not limited to the following:

- i) managing high-impact or high-prevalence risks associated with the care of consumers
- ii) identifying and responding to abuse and neglect of consumers
- iii) supporting consumers to live the best life they can.

8 (3) (e) Where clinical care is provided — a clinical governance framework, including but not limited to the following:

- i) antimicrobial stewardship
- ii) minimising the use of restraint
- iii) open disclosure.

Community Care Common Standards

Following ongoing discussion and a consultation process between States, Territories and Commonwealth the new Community Care Common Standards were developed and endorsed on the 11th of March 2011. National aged care and health reforms have played a major role in the development of new standards with a focus on Ageing in Place and My Age Care.

The Community Care Common Standards (CCCS) replaced the HACC National Service Standards across Australia.

They consist of Three Standards and eighteen outcomes.

1. Effective Management
2. Appropriate Access and Service Delivery and
3. Service User Rights and Responsibilities

Disability Service Standards

The Disability Services Act was passed in 1986 with the aim of providing a coordinated approach to assisting people with disability gain and maintain employment. The Disability Services Act also provides a set of standards that provide guidance for the delivery of quality services known as the Disability Services Standards. The standards vary between States and Territories; however typically include rights such as:

- Access
- Equity
- Autonomy
- Participation and integration
- Valued status

Penalties of non-compliance

Non-compliance is the failure to act in accordance with the legislation and regulations that govern how an organisation must provide service to the community. The consequences of non-compliance are serious.

Non-compliance can result in;

- A time frame being set where breaches of compliance must be addressed, accreditation not being awarded or retained
- A service being monitored, investigated, penalised or charged with criminal offences
- Penalties from \$50,000 to \$3 million depending on the seriousness of the breach; in some cases, non-compliance can result in imprisonment
- The issue of a notice of non-compliance whereby the service is given a set period of time to fix the area of non-compliance
- Sanctions being applied when there is a serious problem with the care a service provides

Legal specialists and advisers

You and your co-workers must always work and act within the scope of your role and responsibilities and seek advice to clarify anything that is unclear. You may require the assistance from a legal advisor or specialist.

- Legal advisers and specialists could include the following;
- Private lawyers
- Community legal centres
- Legal aid
- Ombudsman
- Government authorities
- Advocacy services

Element 2: Determine ethical responsibilities

An employer is legally responsible for the actions taken by the organisation's staff members.

Employers should take care to ensure their staff are aware of their duties and obligations when working for them and that the workplace meets industry standards.

However, the legal liability of an employer does not relieve a care worker from individual responsibility and legal action can be brought against a care worker if they offend

Management of an organisation must provide employees with information about their legal and statutory responsibilities and obligations. Employers and employees must remain up to date with legislation and with any organisational changes that affect their employment.

Information might be delivered to employees via:

- In-house training - Personal Development (PD)
- Staff meetings
- Internet web pages
- Using memos and emails as communication tools.

Documented information relating to legislation, regulations and statutory requirements should be available from the Human Resource (HR) department or senior management in your organisation and it is the responsibility of the employer to ensure this information is current, relevant and reliable.

By ensuring that employees understand the legal responsibilities and obligations applicable to the workplace it becomes possible to set standards to which employees must adhere. KPIs (Key Performance Indicators) should be set and agreed upon with employees, so that all workers are aware of the standards to which they are expected to perform.

At all times, you must be able demonstrate an understanding of and comply with the legal responsibilities and key statutory and regulatory requirements relevant to your role and to the service sector in which you work. If ever you are unsure on any legal responsibilities, consult your manager or supervisor for direction.

As a manager in the community services sector, you will often deal with situations that are complex, challenging and cannot be easily resolved by referring to legislation or organisational policies and procedures. In these circumstances, you need to apply your knowledge of ethical conduct.

You have a responsibility to identify the ethical framework that applies to your work context and ensure all workers carry out their work in a way that meets organisation and industry standards for ethical practice. Make it a priority to understand the rights and responsibilities of workers, employers and service users, and model ethical behaviour in your own work practices.

Ethical Behaviour

Ethics are the principles that should guide your decisions and actions. Unlike legal issues, ethical issues faced in the workplace have no force of law but are of a nature that affects the people around you or has consequences for the people involved.

Being ethical in your work is about choosing the best actions to promote the rights of your individuals. It occurs when workers look beyond their own views and values to what is best for the individual as determined by the individual.

Morals, Values and Ethical Principles

Moral principles guide our thinking and help us to arrive at ethically justifiable decisions. Such principles of ethical decision-making include:

Autonomy	The right of competent people to make their own decisions, that is to self-determine.
Beneficence	Do well. Contribute to the welfare of others.

Non-maleficence	Do no harm
Justice	Provide people with what is their right, what is owed to them.
Veracity	Tell the truth. Do not deceive.
Fidelity	Keep your promises.

Values are the beliefs and attitudes you have about:

- How things should be in the world
- How people should act in the world
- How the important aspects of your life are handled e.g. money, family, relationships, power, male and female roles.

These beliefs and attitudes are extremely important and personal. Values are formed and absorbed by you as you grow.

The significant adults in your life when you were a child played a major role in forming your values. Important events and stages in your life also shape these beliefs and values.

Examples of values that people may hold might relate to:

- Honesty
- Privacy
- Family
- Wealth
- Justice

You develop your values during your lifetime. You may be unaware of these attitudes and beliefs, and yet they significantly affect your thoughts and actions. Your individuals will also have a set of values, ideas and beliefs they have developed over a lifetime of living.

Meeting people who have different values, beliefs and attitudes can be very interesting. Often, we do not question or think about our own values until we meet others who live by another set of values. This is not a time to think about what values are right or wrong. We should try to accommodate both sets of values so that we can live and work in harmony. This is what makes living in a democratic and multicultural society interesting and sometimes difficult.

You will need to consider your ideas and beliefs regarding people from other cultures when you work in the service industry your ideas, beliefs and values may be challenged.

You need to take steps to ensure your practice is fair and non-judgmental. You can do this by:

- Identifying your values
- Identifying your individual's values
- Understanding how you developed your own beliefs and cultural expectations
- Learn about your individual's beliefs and cultural background
- Try to find common ground so that you can work together in harmony.

Your values, beliefs and attitudes

As previously mentioned, in the community service industry it is necessary to be aware that individuals come from a wide range of backgrounds. However, first you need to understand your own personal values, beliefs, attitudes and cultural background before you can appreciate and respect others.

Our values, beliefs and attitudes are shaped through our experiences in life and the culture in which you have been raised in. The decisions we make and the way we perceive situations are influenced by our values and belief system. Generally, unless looked at closely, one's value system is subconscious to the individual and we assume that our view is right and can be surprised when others do not feel the same way. The consequence of this is that we have a tendency to jump to conclusions and are often unaware of any biases and prejudices we have.

As a support worker and Manager, you have a responsibility to be aware of your own thoughts, feelings, attitudes, values beliefs and biases, as these may affect the way you work and communicate and most importantly may affect the quality of service you provide your individuals.

The Code of Ethics

A Code of Ethical Practice outlines an organisation's position on important issues such as service delivery, reporting procedures, complaints and duty of care. A code of conduct is a set of rules that underpins the professional practice and provision of care. Here is an example of an extract from a code of ethics that has been developed by the Department of Health and Ageing, which describes the rights of individuals that need protecting.

Code of Ethics for Individual Aged Care

The Aged Care sector recognises the need for the protection of fundamental human values in the context of the common good of all who deliver and receive individual Aged Care services.

As partners in the delivery of individual Aged Care services, providers recognise that these fundamental human values derive from the inherent dignity of the human individual.

In accordance with our expertise and in the context of our relationship to individuals we commit ourselves to protect the following rights of our individuals:

- The right of individuals to be treated with respect;
- The rights of the individual to life, liberty, and security;
- The right of individuals to have their religious and cultural identity respected;
- The right of competent individuals to self-determination;
- The right to an appropriate standard of care to meet individual needs;
- The right to privacy and confidentiality;
- The recognition that human beings are social beings with social needs.



REFERENCE: <http://www.health.gov.au/internet/main/publishing.nsf/conten/code.pdf>

An organisation will often develop their own code of ethics and can include the following:

- Commitment to maintaining a high level of integrity with the collection and storage of confidential information
- Commitment to respect for individual privacy and the provision of high levels of care that ensure their dignity is upheld.
- An expectation that all employees will uphold their responsibilities under duty of care
- A statement to the effect that discrimination will not be tolerated, and that fairness and equity must be evident in all individual interactions

Code of practice

Codes of practice are sometimes referred to as compliance codes. They provide practical guidance on how to meet the standards containing in Acts and regulations. Codes of practice are generally developed through consultation with representatives from industry, workers, employers and government agencies. They provide guidance on a range of matters including duty of care, hazard identification, risk assessment processes and risk control.



Codes of practice are available from www.safeworkaustralia.gov.au

Fulfil duty of care responsibilities

Duty of care is a phrase used in community services that describes the legal responsibility of employers, employees and others to follow safe and health work practices at all times. A duty of care exists when someone's actions could reasonably be expected to affect another person.

Workers in aged care who involve themselves in the lives of individuals must exercise proper professional care in the way they carry out their legal duties or responsibilities. Aged care workers are personally accountable for the provision of safe and competent care and must be aware that undertaking activities that are not within the scope of practice for which they are competent, might compromise individual safety.

You have a duty of care to:

- Your individual
- Yourself
- Your employer
- Others around you

You are required by law to make every attempt to protect the rights and enhance the safety of your individual. This means it is your responsibility to ensure reasonable care takes place and the individual is not placed at harm or risk while in your care.

To decide what is reasonable you need to ask yourself the following questions:

- What is in my job description?
- What type of care is expected?
- What is duty of care?
- What are the workplace health and safety requirements?
- What is practical?

Taking reasonable care in all aspects of your work is extremely important. Reasonable care is doing everything possible to prevent any foreseeable dangers while attempting to balance the individual's right to safety and independence.

Reasonable care involves:

- Performing your tasks to the best of your ability and knowledge
- Knowing and working within policy and procedural guidelines
- Asking your supervisor for help when appropriate
- Following directions from your supervisor
- Conducting safe work practices
- Using initiative where appropriate

The common law duty owed by non-nursing personnel without special training or qualifications (such as assistances in nursing, personal carers, attendants, wards-men) is that they exercise the diligence and skill belonging to an ordinary person of common sense. They are not expected to practise professional skills which would be expected of a nurse. In particular, they must not attempt to do anything which an ordinary, reasonable person would avoid doing under the circumstances.

Scope of practice

The scope of practice has been defined as describing the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Working within a scope of practice is mostly a matter of common sense and being familiar with a range of functions and work roles that a particular work category is authorised to carry out. Legal and ethical requirements and obligations accompany scope of practice and the obligations within each role.

Questions to consider:

- Does this particular task or activity fall within my position description?
- Who else has may have the responsibility?
- Do other workers in the same job role carry out this task?
- Do I have the training, skills, knowledge or competence to carry out this task?
- Is it in the best interests of the client?
- What legal and ethical considerations apply to this situation?
- Do I need to seek advice to check I can carry out this task or activity?

Scope of practice considerations should be imported into workplace documentation that is easily accessible to all workers and made available to service users on request. There are various sources of information you can use to help you understand your scope of practice.

For example:

- Position description
- Codes of practice or conduct
- Organisation policies and procedures
- Legislative or regulatory guidelines relevant to the work content
- Practice standards
- Rights and responsibilities statements of all workers and service users
- Professional/industry association materials

Basic Human Rights

In 1948 the United Nations adopted the Universal Declaration of Human Rights which proclaimed fundamental rights to which 'everyone' should be entitled, without discrimination. The Declaration was intended as a common standard of attainment for all nations.

Examples of human rights identified in the Declaration are:

- The right to freedom from cruel, inhuman or degrading treatment or punishment
- The right to liberty and security of person

The declaration of the rights for Disabled Persons emphasises the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged, of assisting them to develop their abilities and promoting integration as far as possible in normal life.

The United Nations Principles for Older Persons have been developed: "To add life too years that have been added to life." They outline areas of importance for quality life for older people including promoting independence, participation, quality care, self-fulfilment and dignity.

Rights and Responsibilities

All Aged Care homes funded by the Australian Government must follow legislation, to ensure all individuals rights and responsibilities are protected.

These are outlined in the "Charter of Care Recipients' Rights and Responsibilities" and a copy of the Charter must be displayed clearly in the Home.

There is a separate charter for Individual and Home Care.



The Home Care Charter available from:

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/for-providers/guidance-for-providers/charter-of-care-recipients-rights-and-responsibilities-individual-care-home-care>

Individuals must know and understand their rights, so they can determine when their rights are not being met or are being infringed. The following are some individual rights that need to be upheld in a care environment:

- The right to be treated with respect
- The right to be informed and consulted
- The right to be part of decisions made about their care
- The right to privacy and confidentiality
- The right to an advocate
- The right to make a complaint

Individuals' rights should be known to both staff and individuals so that an optimum standard of care can be reached. You and your individuals should have access to information on rights.

An example of a fundamental right of individuals is "informed consent". Individuals have the right to be involved in the process and decision making of their health and wellbeing and any medical intervention.

"Informed consent is a process for getting permission before conducting a healthcare intervention on a person. A health care provider may ask a patient to **consent** to receive therapy before providing it"

Ref: https://en.wikipedia.org/wiki/Informed_consent

Dignity of Risk

Dignity of Risk refers to respecting individual's self-determination and rights to make a decision for themselves. To take advantage of an opportunities for learning, skill development and sometimes taking calculated risks.

The Dignity of Risk is right to take risks when engaging in life experiences, and the right to fail in taking these.

As carers it is almost an instinctive to want to protect, to care and eliminate any possibility of risk to the individuals you are caring for. But what if they decided to participate in an active that you felt was too risky?

You have a responsibility to ensure the safety and wellbeing of individuals is imperative, however your role is also encouraging independence, promote choice and person individual focused care. At times a fine line to walk.

Model behaviour in own work

Good leadership is critical in the community services sector. One of the most effective methods of building effective workplace relationships and achieving team objectives is to lead by example> model the correct ethical behaviour in your own work and others will follow your lead.

You can model the behaviour you want to see in others through;

- Accepting responsibility for your actions
- Coaching support workers
- Ensure workplace behaviour is ethical
- Listen and respond to areas of concern
- Provide encouragement and support
- Give guidance to people on how they should be behaving in specific situations
- Create an environment that embraces learning
- Follow the organisations policies and procedures

Element 3: Policy development and communication

Policies and procedures underpin the services standards and legislation that set the requirements for compliance. These policies and procedures must be clearly articulated so they are easily understood and able to be adhered to by everyone in the service. Service policies and procedures are informed by the community services sector standards that are relevant to the particular service area.

Follow identified policies and practices

It is the organisation's responsibility to make sure staff comply with the appropriate legislation and regulations. It is then the employee's responsibility to understand their role and responsibilities within the organisation and follow them competently and appropriately.

Perform work within policies, protocols and procedures

Policies, protocols and procedures give you the knowledge you need to comply with your organisation's standards and services. They are directly linked to quality assurance and legislative requirements as they describe the laws you must comply with, the methods you must follow and the rights and responsibilities you have.

Policies are high level plans setting out the general goals and expectations of an institution or organisation. Typical policy documents explain how you are expected to act in regards to:

- Privacy and confidentiality
- Hazard reporting, work health and safety
- Rights and responsibilities, conditions of employment and hours of work,
- Incident and accident reporting
- Access and equity
- Handling complaints

Procedures are the documented instructions on how policies should be practically applied. They give you step-by-step instructions for each task and guide you when you are unsure of what to do. These might be displayed on noticeboards or in an employee induction kit.

Protocols relate to the code of practices and ethical behaviour in place when carrying out your duties. A protocol is a rule, guideline or expectation which guides your performance. They can be considered as the practices that should be followed when performing a certain task or as the accepted steps that must be followed.

Policies, protocols and procedures vary between organisations because they reflect the individual organisation's values and goals, as well as the organisation's professional and legal framework. Make sure you are familiar with your job role, so you understand your responsibilities and the parameters of your level of authority. Policies and procedures have been written to ensure tasks are carried out in a consistent way and contribute to the smooth running of the organisation. Most importantly however, policies and procedures ensure that legislative requirements are adhered to by the organisation.

Policies and procedures are designed in various ways. Most commonly policies include the following elements:

- Date - effective from
- Title – capturing the content of the policy
- A policy statement – outlining a brief statement of the purpose of the policy
- Intention – a statement or list describing the intentions of objectives of the policy
- Scope – a statement explaining who or what the policy applies to
- Principles – their responsibilities of parties to administer, enforce and revise the policy and systems and approaches that should be implemented
- Legislative or other authority – a list of legislation, regulations, or relevant authority governing the policy
- Supporting documents – A list of supporting documents, other policies, procedures or standards that enforce or should be read in conjunction with, the policy
- Definitions – uncommon words or words with meaning unique to the organisation should be defined and listed in alphabetical order

Some organisations prefer to have their policies separate from their procedures and some organisations prefer to have all elements within the one document.

Procedures usually document an outline of the steps that are necessary to comply with the related policy. Where applicable they will also include images, instructions, methods, techniques, flow charts

Manual Handling Policy

Effective from 01.01.2017
Policy Statement
The management and staff of Australian Healthcare QT are committed to effective occupational safety and health in the workplace through the effective control of workplace hazards.
One of the main hazards faced by care staff in Australian Healthcare QT facilities and community settings involves the handling and lifting of residents/clients in a variety of situations.
Workers compensation claims data has indicated that more than 50% of claims have resulted from muscular stress caused by resident/client handling activities.
In order to reduce the risk of injury from resident/client handling activities, management has introduced a 'No Lifting' resident/client handling system throughout all Australian Healthcare QT facilities and community settings.
This system is based on eliminating the need for staff members to bear a significant amount of the resident's/client's weight by using mechanical assistance, and other aids. The resident's/client's ability to assist and participate in the techniques used will also need to be continually assessed through the resident/client care plan as a crucial part of this system.
Definition: Manual Handling is defined as being any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any animate or inanimate object.
Please see 'No lifting' policy regarding manual handling for care employees for further details.
Legislation: Legislation governing this policy includes: Aged Care Act 1997 (Cth) Work Health and Safety Act
Intention: The intent of this policy is to reduce the risk of manual handling injury to all employees, residents and clients. The policy aims to provide guidelines associated with the use of mechanical assistance, mobility aids and competency-based resident/client handling procedures.
Scope: This policy applies to all staff involved in manual handling tasks

Procedure
Resident/client risk assessment
A formal assessment of the resident's/client's ability to assist the employee member will be carried out prior to any resident/client handling to minimise risk to employees.
This assessment will occur on admission or registration and on an ongoing basis as resident/client condition changes to ensure current resident/client ability is assessed.
Assessment will be conducted by appropriately trained employees (physiotherapist, occupational therapist, registered nurse) to ensure assessments are accurate.
The assessment will be recorded on Mobility Care Plan assessment form and filed in the residents/clients individualised care plan to ensure accurate records maintained.
Training
All employees of Australian Healthcare QT will undergo 'No Lifting' safe resident/client handling training. This training is compulsory.
Training will be adapted to meet the needs of employees working in different areas to ensure all employees receive appropriate training.
Some training will be competency based including theoretical and practical components to ensure employees are competent to carry out resident/client handling activities.
Formal training records will be kept.
Competency assessment
All Australian Healthcare QT employees involved with handling residents/clients in the Australian Healthcare QT 'No Lifting' system will be assessed for competency following initial training and then on an ongoing basis (12 monthly) to ensure employees have the skills and knowledge to carry out manual handling in a competent way.
Formal competency records will be maintained.
Compliance monitoring
Monitoring of employee's compliance with all 'No Lifting' safe handling procedures and processes will be maintained on an ongoing basis by formal and informal methods.
Formal monitoring records will be maintained by the facility.
Records of compliance will be submitted to the facilities Occupational Safety and Health Committee every three months to allow for discussion, review and ongoing quality improvement at a facility level.
Equipment
A formal equipment audit of each facility or service will be conducted annually by the Manager - Injury Risk Management Services to ensure employees are able to carry out the required manual handling techniques and to ensure sufficient equipment is available.
The equipment audit should be conducted prior to budget considerations for the following financial year.
The purchase of any equipment should include a service agreement that will ensure appropriate maintenance of any new equipment.
All equipment such as beds, wheelchairs and shower chairs will be maintained through a formal equipment maintenance program to ensure regular preventative maintenance is performed.

Employee's non-compliance

All employees have an obligation under the appropriate Occupational Safety and Health Act to comply with all reasonable instructions and procedures and use such equipment provided by the employer in the interests of their safety and health. Non-compliance by an employee may result in a penalty.

In the event of wilful non-compliance by employees with the policy and procedures associated with manual handling tasks, standard disciplinary action will be taken. Wilful misconduct will be dealt with as a very serious matter by Australian Healthcare QT.

Evaluation

Regular and ongoing evaluation of the effectiveness of the procedures and processes will occur through analysis of accident and incident reports and workers' compensation claims to ensure training continues to meet the needs of the organisation, our employees and residents/clients. Pre and Post evaluation of training will be conducted as part of the ongoing maintenance of the 'No Lifting ' system. The Corporate Injury Risk management team will also monitor and report on the effectiveness of the 'No Lifting ' system at each meeting.

Continuous improvement

Australian Healthcare QT OHS/WHS committees will ensure ongoing identification and risk assessment of new and potential hazards and implementation of appropriate controls to allow Australian Healthcare QT to continually improve its practices.

This Policy effectively means that:

The manual lifting of residents/clients, without mechanical assistance, must be eliminated as far, as practicable, except in life threatening situations.

Residents/clients will be encouraged and facilitated to assist in their own transfers and will be told about the organisational policies with regard to transfers and lifting.

Competency based training and all necessary information will be given to staff in order to effect a safe system of work.

Australian Healthcare QT will provide the necessary mechanical and other aids in the workplace, which will assist in the implementation of this policy.

Staff compliance will be monitored to ensure consistent application of the requirements of this policy.

Managers are accountable for the successful implementation of this Policy at all Australian Healthcare QT . All staff are encouraged to consult their elected OHS/WHS representative and members of the OHS/WHS Committee about any issues that may arise from this 'No-Lifting' Policy.



Further examples of policies and procedures can be found at the following links;

- <https://stjohnscommunitycare.org/wp-content/uploads/2015/11/Complete-policy-and-procedure-manual-301015.pdf>
- <http://www.villagebaxter.com/documents/Policy/rescarepolicy.pdf>
- <http://www.regis.com.au/privacy-policy/>

The following example demonstrates an integrated policy and procedures for handling complaints within an organisation in the aged care industry.

1.13 Consumer Complaints

policy statement

Our organisation actively supports a consumer's right to complain about our services.

We consider a complaint to have occurred when:

- a consumer, or their advocate, tells us that they are unhappy or dissatisfied with;
 - a decision we have made
 - the services we provide
 - the environment we provide services in
 - the way we provide services
 - the staff/volunteers who work in our organisation

and

- the consumer wishes the organisation to acknowledge and respond to their complaint

Complaints about our service, or access to our service, will be dealt with promptly, fairly, confidentially and without retribution.

Our complaints procedures will give consumers access to a fair and equitable process for dealing with complaints and disputes.

Complaints are an important source of consumer feedback and play a valuable role in the ongoing improvement of our services. Therefore, complaints will be welcomed and organisation policy, procedure and practices will be adjusted to respond to complaints where appropriate.

The complaints procedure and a consumer's right to use an advocate will be explained to a consumer, both verbally and in writing, as part of their orientation when they commence services. During a consumer's orientation they will be given a copy of 'Making a complaint (see 3.13 [Consumer Information](#) Making a Complaint) and 'Using an Advocate' (see 3.14 [Consumer Information](#) Using an Advocate). Consumers will also be informed about the complaints procedure if they are refused service at any time. Consumers will be reminded of the complaints procedure when they are reassessed. The staff member reassessing a consumer will record that they have reminded the consumer by ticking the 'reminded of

On receiving a consumer complaint, the coordinator or staff member will reassure the consumer that they will receive no retribution for making a complaint. The coordinator or staff member will also reaffirm how seriously complaints and their resolution are taken by our service.

When a complaint is received, the consumer making the complaint will be offered another copy of 'Making a Complaint' (see 3.13 [Consumer Information Making a Complaint](#)) and 'Using an Advocate' (see 3.14 [Consumer Information Using an Advocate](#)).

When a complaint is received, the staff member who first receives the complaint will determine whether the complaint is serious or routine using the following criteria:

Serious complaints involve matters that, from the consumer's perspective, concern:

- Staff or volunteer conduct
- An alleged breach of
 - a consumer's right or responsibility
 - duty of care
 - consumer/staff safety
 - consumer privacy and confidentiality
- An alleged incident of harassment

Routine complaints include matters that involve operational issues such as:

- Food
- Activities
- Transport arrangements

If a volunteer receives a complaint they should refer the matter to their immediate supervisor. The supervisor should determine the level of the complaint and document the complaint.

Serious Complaints

The program coordinator, or designated senior management member, will be informed of all serious complaints within 24hrs. The program coordinator will contact the consumer verbally within 24 hours of being notified of a serious

complaint. The program coordinator will also acknowledge the complaint in writing within 5 working days of being notified of the complaint. The senior management member will investigate complaint-keeping records on the consumer complaint form. After attempting to resolve the complaint with the consumer, the program coordinator will write to the consumer outlining any decisions reached and/or any actions the organisation has taken, or will take, in response to the complaint. This written notification will occur within 10 working days of the complaint acknowledgement letter being sent. If the consumer is dissatisfied with the way the organisation has responded they will be reminded that they are entitled to take the matter further, as per the complaints procedure.

Routine Complaints

The staff member receiving the complaint will acknowledge the complaint verbally and attempt to resolve the complaint to the satisfaction of the consumer. If any policy or operational changes are required the staff member will discuss the matter with the program coordinator. The staff member receiving this complaint will respond verbally to the consumer within 5 working days of the complaint being received outlining any actions or decisions that have been taken. If the consumer is dissatisfied with the way the organisation has responded they will be reminded that they are entitled to take the matter further, as per the complaints procedure.

Should a complaint reach a designated management committee member, the management committee member will review the situation by discussing the matter with both consumer and staff. The committee of management member will formally respond to the consumer after the next scheduled committee of management meeting.

Documenting Complaints

When a routine or serious complaint is received, the staff member to whom the initial complaint is made will fill out a Consumer Complaint Form (see 3.8 [*Complaint Form*](#)). The form will be kept in a complaints register, which will be kept by program coordinator.

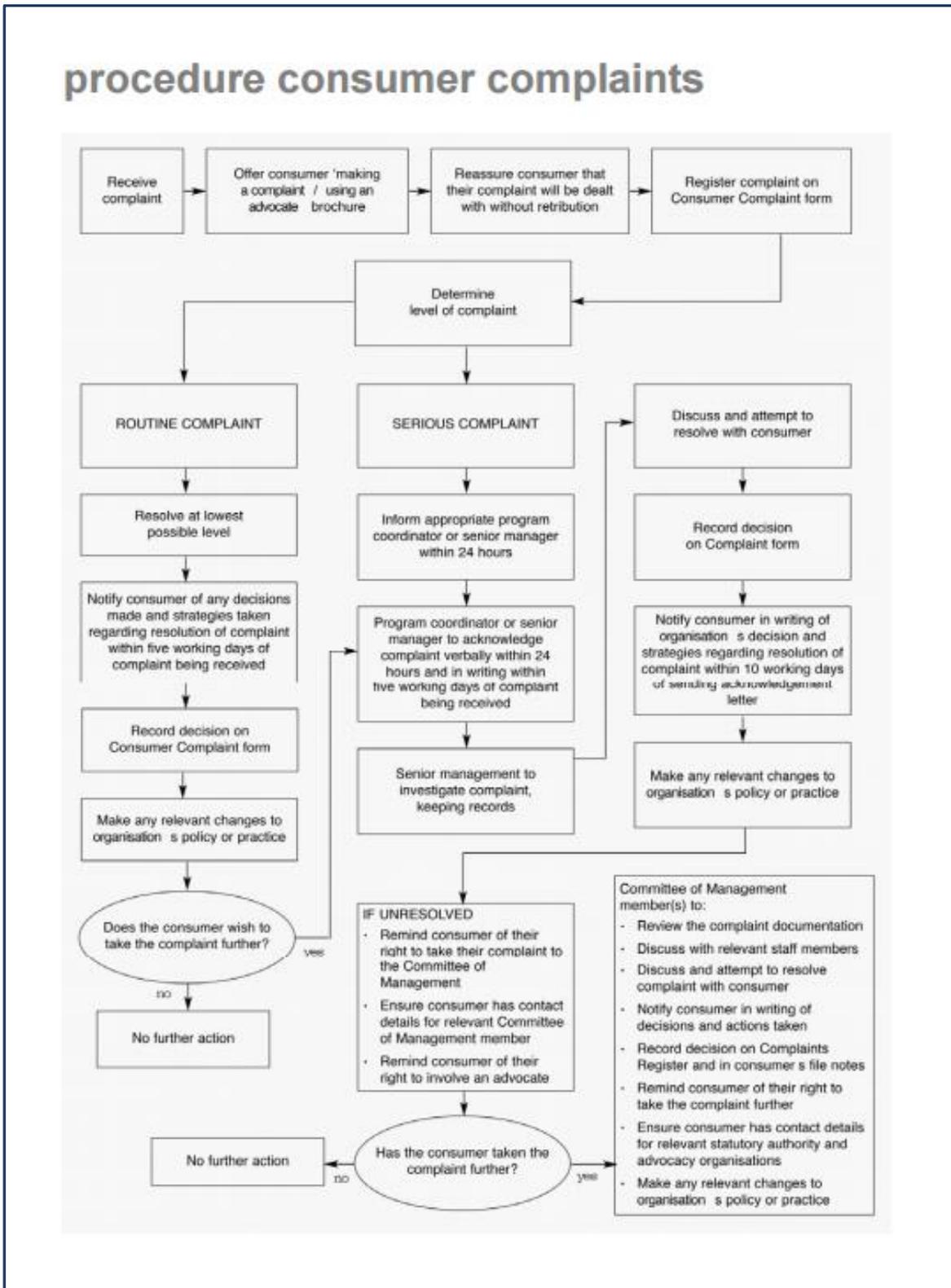
The program coordinator will review the complaints register every 3 months to ensure that complaints have been responded to promptly, fairly and appropriately and that appropriate policy and procedural changes have been made.

Training:

All staff orientation and training programs will include:

- How to document complaints
- How to follow the complaints process
- The value of complaints to the organisation
- How to support a consumer to make a complaint

Procedures accompanying above policy



Contribute to the review and development of policies and protocols

Policies and procedures should be constantly reviewed and evolved in response to current social, legal, political and population changes. Your organisation needs to stay legally compliant and responsive to any changes within the industry to avoid any breaches or legal action taken against them. There are a number of ways you can contribute to the review and development of policies and protocols, depending on your job role and responsibilities. These include:

- Gathering information for review
- Providing feedback from individuals to a supervisor or manager
- Providing feedback based on your experiences of putting policies into practice
- Participating in employee surveys
- Identifying improvements and adding comments to a suggestion box

It may be your role to collect information in order to contribute to the review of a policy or procedure. As a senior aged care worker, you are in a good position to pass on comments regarding the effectiveness of policies and procedures as you have the opportunity to observe them in action on a day-to-day basis. The following are a number of ways to collect information to contribute to the review and development of policies and protocols.

- Feedback
- Observation
- Complaints
- Surveys
- Discussion
- Reading

There are many areas within the aged care sector that need continuous review. They might include looking at the current privacy and confidentiality procedures, complaint handling procedures, disability services, training and development strategies or administration procedures and so on.

Below is an example of how an aged care worker can contribute to the review and development of policies and protocols in the workplace.

Sally is a supervisor at Medway's Aged Care Home. She finds that staff are using disposable gloves inappropriately. Some staff are constantly wearing gloves for tasks such as distributing meals and when feeding individuals, so there is a constant shortage of gloves. Sally reads the procedure relating to personal protective equipment (PPE), infection control and the use of disposable gloves in the workplace and finds it is not detailed enough. She suggests to her manager that the procedure be rewritten to include appropriate usage of disposable gloves. In addition, she suggests training for all staff and posters be placed at the sources of all dispensers to encourage the safe and appropriate use of gloves.

Policies and procedures and documentation and record -keeping requirements

Documentation and record keeping requirements can be integrated into policies and procedures by implementing a systematic approach to the maintenance of records.

Policies and procedures relating to record keeping will include the following information;

- Legislation pertaining to confidentiality, privacy and freedom of information
- How documents are to be stored; where and how
- How staff and clients can access information
- Authorities and responsibilities

Most organisations hold a variety of information such as; personal and health information from people that are engaged with support services, personal information of employees.

Information handling practices will vary depending on the service your organisation provides but should address the following aspects;

- Types of information
- Collection methods
- Recording information
- Maintaining records
- Using personal information
- Sharing personal information
- Disclosing personal information
- Protecting information

Protect confidentiality of the individual's records

As an aged care worker, you are likely to learn a lot of sensitive information about the people you provide care for. We have discussed privacy and confidentiality in the first section of this learner guide; however, it is important to address it again when talking about our individual's records. Communicating information between the aged care team, the individuals and their families or advocates is essential to providing care for the individual. However, an aged care worker must know the difference between what information is appropriate and relevant to share and which is not.

Privacy and Confidentiality and the law

Commonwealth legislation seeks to ensure an individual's privacy and to have information about a given individual treated in a confidential manner. The most important pieces of legislation you need to be aware of are the *Privacy Act 1988 (Cth)* and the various Freedom of Information Acts of the states and territories. Such legislation requires that personal information may only be gathered if it is needed to provide a service.

The Privacy Act 1988 (Cth)

The Privacy Act 1988 (Cth) outlines the legislative requirements relating to privacy and confidentiality; for example, people have the legal right to access their own medical records. Each state and territory in Australia have laws and regulations regarding the collection, content, storage and availability of these records.

The Freedom of Information Act 1982 (Cth)

Freedom of information gives people the right to access government documents. Whenever you collect or document information about your individuals, remember they have the legal right to view all that has been written about them.

Rules for keeping information confidential

Protocols or rules about confidentiality may include the following instructions:

- Keep personal information safe to prevent unauthorised access, loss, modification, disclosure or other misuse
- Records should be stored in a locked cupboard or filing cabinet and the key should be carried by the supervisor of the shift
- Ensure only authorised personnel have access to personal information
- Be discreet when speaking on the phone
- Never discuss an individual during your tea break or in public, not even with your family or friends
- Never give details about another person or their telephone numbers out over the phone without their prior permission
- Take care not to discuss individuals with anyone else unless it is in the individuals best interests
- Dispose of confidential information appropriately

- If you are using individual examples in your studies or during your course, ensure you do not reveal their name or other identifying information

Disclosure of information

There are some instances in which you are permitted to disclose information as part of your duties

For example:

- If the person in need of support is being referred for medical treatment
- Quality assurance
- Authorised or completed by law
- Required for public health surveillance
- Part of an investigation
- Change of service provider

Remember written documents, forms, emails or services user records are permanent and legal documents.

Documentation you may need to prepare or manage include;

- Care plans
- Care records
- Handover sheets
- Progress notes
- Communication books
- Incident or accident reports
- Assessment tools
- Admission and discharge reports
- Time sheets
- Personnel files

Whilst some services use manual record keeping systems, most services use an electronic system which makes it easier to store and capture information, generate reports and meet legal and taxation reporting requirements.

Provide accurate verbal reports to your supervisor and other health professionals

Aged care workers are part of a team including other aged care workers and health professionals. Every day you share information with each other to help provide the right care for each older person you are responsible for.

For this reason, it is important to know how to give clear verbal reports to your supervisor and any other health professionals where necessary. Generally, you will need to report verbally if you need advice straight away or if an emergency happens. Here are some tips for giving clear verbal reports:

- Face the person you are speaking to
- Speak slowly and clearly
- Use simple English
- Identify the person or situation you are talking about
- Describe the situation you are reporting on in the order that it happened
- Provide only relevant information
- State the time accurately
- Avoid giving your opinion

Comply with the administration protocols of the organisation

It is important that you comply with the administration protocols of the organisation you work for. These protocols are in place to ensure government rules and regulations are met, but most importantly they are in place to ensure the duty of care for all individuals is upheld. It is your job to know your organisations

policies and procedures for completing and storing forms and documents you use. If you are unsure on anything, you must always clarify with your supervisor.

Store and maintain workplace information correctly

Organisations that provide aged care services must store information and maintain it to the proper standards. For example, different types of information must be kept for a certain amount of time. Information should also be stored in a safe but accessible place. Organisations must store information that is confidential and legal as well as essential for the accreditation of the facility. The type of information that an organisation may store includes:

- Individual information such as finances and medical information
- Staff personal information
- Records of incidents/injuries
- Medication incidents
- Safety audits

Information can either be stored manually for example in a filing cabinet, or more commonly these days in a computer or network database. Aged care information should be kept on site in order for it to be accessible. When information is no longer required it should be destroyed appropriately.

Information stored needs to be relevant, and for this reason an aged care provider must maintain information by keeping it up to date. Most importantly information should be stored in a manner that promotes its condition.

Nominating roles and responsibilities

Where multiple people are involved in the management and provision of service delivery it is essential that roles and responsibilities are nominated to different people to ensure legal and ethical requirements are met. The job role and environment you work in will govern the type of role you have, as do your qualifications.

For these reasons, your responsibilities may differ from other supervisors, coordinators or team members.

The process of defining, agreeing to and nominating roles and responsibilities is usually undertaken at certain times during your employment.

It is essential that you have an understanding of the following;

- Your position description – job title, who the role reports to, a clear demonstration of how the role fits in with the organisation's purpose and objectives, along with the specific responsibilities and duties of the role.
- Your level of authority – who reports to you, who you report to. In your role as the manager it is important you understand the level of authority and who you are responsible to manage. You will then utilise this information to organise activities, work plans, performance reviews, responsibilities within the team.
- Key performance indicators – the benchmarks and criteria of achievements. These are the tools that will assist the organisation in identifying if you have achieved work objectives of the role.

To assist you to manage specific duties and tasks nominated to you and of which you are responsible for it is recommended to create a work plan. This will help you identify and plan the requirements of multiple people at one time who may be involved in your area. The plan should include;

- The type of tasks that need to be done
- The result, goal or objective to be achieved
- Who is responsible for each task?
- The timeline for the task to be completed
- The order of completion

- Whether tasks are a high, medium or low priority
- Potential problems anticipated, and contingencies planned

Along with a title for your position and responsibilities outlined in your position description you may also be given additional responsibility appointed to organisational officers or representatives charged with monitoring and meeting legal requirements relating to specific areas such as WHS, first aid officers or fire wardens. These officers or representatives undertaken their responsibilities in addition to their specific work role and operate to ensure multiple people within their team, or everyone in the organisation, understand and adheres to legal and ethical compliance requirements.

Policies and procedure distribution

As a manager you must distribute policies and procedures along with legal information to staff in varied time throughout the employment.

These may be distributed via;

- Intranet
- Policy management software
- Hardcopy manual
- Email
- Training sessions

Element 4: Monitoring compliance

The aim of monitoring compliance is to gather information on all levels of compliance, communicate the findings and recommend appropriate corrective or enforcement actions. As manager, you are responsible for monitoring how policies and procedures are put into work practices to meet ethical and legal compliance requirements.

Recognise potential ethical issues and dilemmas

There are times when you must make a difficult decision based on an ethical, rather than a legal, situation. There are a number of ethical issues you need to be aware of.

Some common ethical issues include:

Understanding relationship boundaries: When working with individuals on a regular basis and as closer relationships form, there is the potential for boundaries to blur. It is essential to maintain a professional relationship with individuals.

Accepting gifts: While accepting a small token of gratitude may be harmless, accepting gifts, money or a loan is strictly prohibited under codes of conduct for employees in the aged care industry.

Maintaining individual safety and security: Some individuals live in circumstances that are a threat to their own safety and security. You have a duty of care to protect the individual from harm. However, it is not appropriate for you to enforce lifestyle changes or make demands of your individuals.

Dealing with conflicting priorities: Sometimes, individuals try to coerce a worker into undertaking duties that are not within the scope of their job responsibilities. While this may be due to an innocent misunderstanding, you and your team must not cross professional boundaries at any time.

Using individual resources and possessions is a strict code of ethics that aged care workers follow. You must not misuse, damage or appropriate the individual's belongings. The individual has the right to have their possessions respected by the people that care for them.

Confidences: When an individual offers information about themselves they trust that the carer will not abuse such disclosures by telling others, use this information to support gossip or to harm or ridicule the individual. Privacy and confidentiality considerations need also be made here.

Expertise: Aged care workers and all other health professionals should stay within their areas of expertise. This means not providing care, treatment or advice that you are not qualified or authorised to provide.

- When faced with any of the above-mentioned ethical dilemmas it is useful to utilise ethical decision-making processes. Ethical decision making refers to the process of evaluating and choosing among alternatives in a manner consistent with ethical principles. In making ethical decisions it is necessary to:
 - Notice and eliminate unethical options
 - Evaluate complex ambiguous and incomplete facts
 - Select the best ethical alternative
 - Have ethical commitment, ethical consciousness and ethical competency
 - Use ethical thinking and decision-making
 - Notice the ethical issues and commitment to act ethically are not always enough, using reasoning and problem-solving skills are often necessary

Ethical dilemmas are characterised by the 'what if' question and are often situations where there seems to be no clear solution to the problem. So, given the complex nature of ethical dilemmas, how do we resolve them and respond professionally and appropriately with our clients and colleagues?

All professional ethical codes and guidelines are based on care and respect for the client at all times. In order to ensure that the decisions you make are ethical you need to:

- Be very clear on the guidelines of your particular profession
- Be familiar with and guided by all relevant legislation
- Be familiar with and guided by all relevant standards which further define how the legislation is applied
- Be aware of your employing agency's code of conduct, which is reflected in their policy and procedures. This may be specifically linked to the client group you are working with
- Demonstrate a commitment to a moral standard of professional behaviour, which you uphold at all times
- Have a system in place which allows you to explore all sides of an ethical dilemma and examine the consequences of any action and/or decisions you may make

While you explore and examine the ethical dilemma, it is important that you consult with your colleagues, supervisor, director or supervisor. In discussing the dilemma with them you may begin to see the situation more clearly.

You could also refer to the following model, which can assist you in dealing with ethical dilemmas:

Ethical decision-making model

The model as outlined below requires you to work through the following steps:

1. Identify the dilemma.

Firstly, you need to look at the dilemma and gather as much information as you can to clarify the problem. For example, consider if there are any legal aspects to the issue or if the situation can be defined as an ethical dilemma. It might help to consult with a work supervisor or colleague about it.

2. Apply the code of conduct or code of ethics.

Once you have a clearer picture of the nature of the problem you need to consult the code of ethics for your profession to see if there are clear guidelines on how the issue should be addressed. Sometimes further exploration is required. There may also be a code of conduct in your agency's policy and procedures manual. Read this.

3. Determine the nature and dimensions of the dilemma and seek consultation.

In this step you will need to ask yourself questions such as: 'What actions will have the least chance of bringing harm to the client?' 'What decisions will safeguard the well-being of the client?' 'How can I best promote self-determination?'

Sometimes the dilemma may involve other agencies or other professionals. This is a situation where you must consult with your supervisor or director. Do not try to manage on your own! At times the dilemma may involve your director or supervisor. If this occurs, it would be important to raise your concerns with them directly. If you are unable to do this, it would be appropriate to speak to someone outside the agency, such as a management committee member, a superior from head office, a worker from an outside body or in extreme cases, the police. Appropriate people are usually at least one level up from the person concerned and perhaps two levels up if you feel that your immediate supervisor may be biased. It is therefore useful to know who people within the service are and the organisation's relevant reporting system.

Be careful to protect the identity of the client in these situations unless they have given you permission to release their personal information.

4. Generate possible actions.

Brainstorm (with colleagues if you can) possible solutions to the problem/dilemma.

5. Consider the possible consequences of all options and determine a course of action.

This stage involves looking at all the options and the consequences of actions for all relevant parties, clients, colleagues, agency, profession etc.

6. Consider the rights and responsibilities of all people involved.

It is critical to consider the balance between rights and responsibilities of workers and clients. It is possible that as a worker you may consider that a client's actions may be putting them at risk of injury. The dilemma arises out of the responsibilities of workers to maintain a safe environment for all clients while at the same time maintaining the rights of clients to make informed choices which may have an element of risk attached to them. This is called 'dignity of risk'. It is important to consider this balance and choose alternatives which uphold the rights of clients and allow them to accept personal responsibility for their choices and actions.

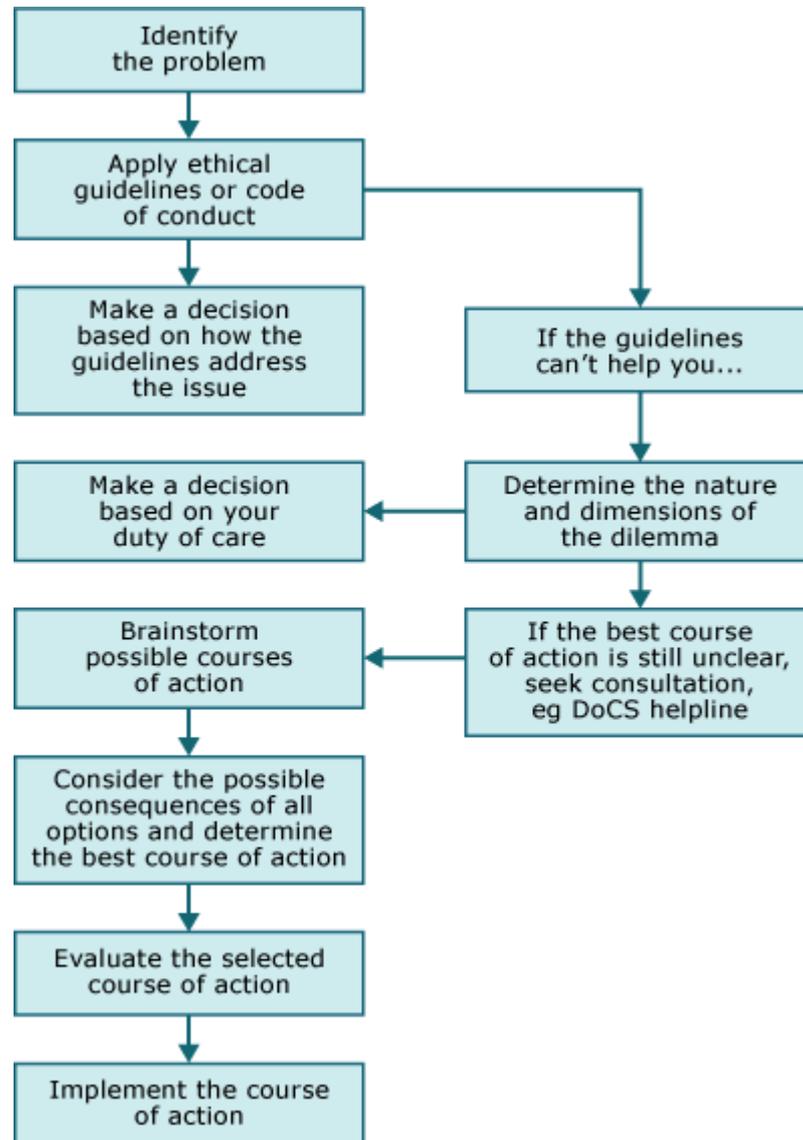
7. Evaluate the selected course of action.

Review your selected course of action. Be careful that the action chosen doesn't raise any new dilemmas!

8. Implement the course of action.

You have worked through a process and should be able to justify your actions and responses. It is always useful to reflect on the effectiveness of your choices, once again with a supervisor or colleague if possible.

There is also a common law responsibility of a duty of care towards clients. This duty exists and is owed at all times by all staff catering for the needs of others. Ethical issues do arise from time to time and it is up to you to be able to recognise it to then to be able to discuss the issue with an appropriate person.



Another model used to assist problem solving is the 7-step problem solving techniques – for information relating to this, visit;

<http://the-happy-manager.com/articles/seven-step-problem-solving/>

Recognise and report unethical conduct and report to an appropriate person

Unethical conduct is when you can see that another person is not adhering to professional ethics and is behaving in a way that puts clients at risk. A code of ethics helps us to identify unethical situations and is therefore important to think about regularly.

Unethical conduct can occur in many situations. It is sometimes difficult to identify because it may occur behind closed doors when no-one else is around.

Unethical conduct can be:

- Not following the care plan properly
- Walking someone alone who needs to be assisted by two people
- Breaching confidentiality
- Recording an incident untruthfully
- Recording a treatment without having performed the treatment
- Skipping care tasks

- Performing a procedure you are unqualified to do

Unethical behaviour is more likely to occur when a person is:

- Overworked
- Worried or stressed
- Working with individuals who have high-care needs
- Not building a good rapport with their individuals
- Not suited to the work environment

It is your responsibility to recognise and report any unethical conduct that you observe or suspect among team members and others. Unethical behaviour should be reported as soon as possible to your supervisor, either face-to-face, by telephone or through a formal incident report. Discuss the situation with them if you are unsure about a particular behaviour. Explain what you have seen and heard and seek their advice. Alert team members to a breach in conduct to prevent it from occurring again. Report the incident to the individual's family or advocate as they may be able to prevent the breach from happening again. You may also need to report or ask advice from others such as police, lawyers, complaints services, advocates, health professionals or senior management.

When reporting unethical conduct, you need to be clear:

- Who was involved?
- When the incident(s) occurred and who else was present
- The grounds on which you believe the conduct to be unethical, and
- What other actions you have taken e.g. spoken to the person.

When considering reporting unethical conduct, you need to access your agency's policy and procedures to know who to direct the report to.

Evaluating work practices

As a manager, your role is to evaluate work practices for non-compliance on an ongoing basis by ensuring policies, procedures, and protocols are easily accessible, understood and applied in a consistent manner by all employees across the service. All organisational guidelines should be reviewed and updated on a regular basis to ensure they meet current industry best practice.

When you identify areas where employees are not meeting their legal and ethical obligations, or areas of service delivery areas in need of improvement, you should implement modifications to ensure you continue to meet compliance requirements.

There are various ways you can monitor your team member's adherence to organisational policies, procedures and protocols. You should select a strategy that suits the operations and structure of your organisation and ensures you can continually and efficiently evaluate work practices for non-compliance. Here are some strategies for monitoring and evaluating work practices for noncompliance

Observation

You should continually observe and record how your team members carry out their work tasks and activities. Provide constructive feedback to guide workers on how to perform their roles and responsibilities within the legal, ethical and policy framework relevant to your area of health and community services work.

Observation and demonstration is a useful method of assessing the competence of your team members and identifying areas where skills and knowledge training might be necessary.

Team meetings

You should hold regular team meetings to ensure workers are given opportunities to discuss any issues they are having in carrying out their work and adhering to organisational requirements. Encourage team members to give and receive constructive feedback.

Promote a consultative team environment where problems are resolved, and decision are made, collaboratively.

Encourage team members to use their creativity and innovation to complete work tasks and activities more efficiently and in line with compliance requirements.

Compliance register

A compliance register is maintained by senior management or quality manager, to record legal compliance matters that arise within an organisation. The register provides a central record of compliance matters reported under the organisation's legal compliance framework.

A compliance register provides evidence of how the organisation is managing its legal and ethical obligations.

All team members should be able to log a compliance matter on the register, usually using a web-based system. When logging a matter, you will be asked to provide a brief summary of the action or activity that you have identified and the relevant legislation. Once registered, assigned organisational personnel are advised of the compliance matter in their area and a strategy for resolving the issue is developed.

Records

Read service user records and case notes (within your level of authority relating to privacy and confidentiality) to discover how policies, procedures and protocols have been applied and adhered in the past, or by particular team members. Identifying and analysing episodes where team members breached, or behaved in a way that could have breached, legal and ethical compliance requirements is a good indication that further training and development is required.

Performance appraisals

Conducting six- and twelve-monthly performance appraisals allows you dedicated one-on-one time with team members to evaluate their performance. Performance appraisals allow you to assess how team members are meeting key performance indicators and establish goals for ongoing professional development.

If you are concerned about the way in which a team member is performing in their role, or their commitment to complying with legal and ethical requirements, performance appraisals allow you time to formally monitor and record team member compliance on an ongoing basis

Compliance audit

A compliance audit is an objective assessment of an organisation's compliance against selected criteria. Organisations are audited against the standards and legislative requirements that have been set for the particular industry, or certifications granted. A compliance audit usually takes the form of a document review, followed by a site inspection. In some situations, the document review provides the auditing body with enough information to verify that an organisation is compliant with its standards or requirements.

Techniques to monitor compliance

When you identify situations where legal or ethical compliance requirements have been breached, you should implement modifications to work practices, or develop a strategic response, specific to the type of breach that has occurred.

Examples of modifications to work practices could include:

- Adjusting the amount of personal information that is collected to ensure it is reasonable and relevant to organisational needs
- Modifying manual handling procedures to prevent physical injury for care workers
- Outsourcing the maintenance of organisational vehicles to ensure they remain roadworthy at all times
- Increasing the security of confidential records by installing an electronic record keeping system

- Designating an employee to take on the role and responsibilities of work health and safety officer
- Modifying communication procedures to include strategies for interacting with people whose first language is not English.

Element 5: Maintaining knowledge

Keeping up to date with legislative and ethical changes and developments will allow you to make better decisions and to identify threats and opportunities early on.

You can receive updated information on compliance requirements via; news, social media, government updates and publications, industry organisations, networks or forums.

Once you have identified the best resources to use, establish a time schedule to ensure you are committed to obtaining the information.

You may also like to continue professional education. This is known as CPE where people maintain their knowledge and skills related to their professional roles. It is also a great way to network and learn from other community service representatives.

Sharing information

Sharing updated knowledge and information goes a long way to maintaining workplace relationships, increasing production, encouraging each other, increasing information, knowledge and ideas.

Sharing updated knowledge and information can be done by

- Scheduling regular team meetings to discuss legal and ethical issues
- Putting into place incident or hazard reporting procedures
- Consulting with external parties such as industry, union, contractors, suppliers, legal advisers
- Issuing induction manuals and training documents
- Sending emails or memos to individuals or groups

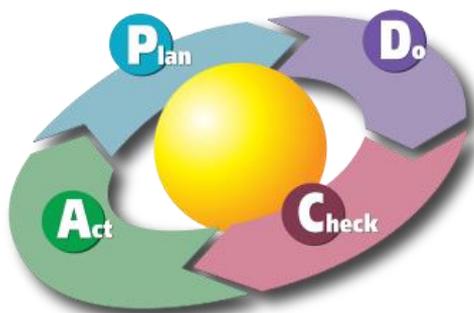
Engage in work practices process of review

Being proactive means actively engaging and creating opportunities to review and identify areas of your service in need of improvement. Your services should implement a quality management system or continuous improvement policy to ensure service delivery are consistent and compliant across all levels of service.

ISO 9001:2015 Is the international standard for quality management systems specifying the requirements for a QMS where a service needs to demonstrate its ability to consistently provide services that meet applicable statutory, regulatory and service user requirements and aims to enhance service user satisfaction through the effective application of a quality management system, including improvement and assurance processes.

ISO 9..1 uses the Plan-do-check-act (PDCA) methodology and provides a process-orientated approach to documenting and reviewing the structure, responsibilities and procedures required to achieve quality management.

- Plan – identify an opportunity and plan for change
- Do – implement the change on a small scale
- Check – use data, information and knowledge to analyse the results of the change and determine whether it made a difference
- Act – if the change was successful, implement it on a wider scale and continuously assess the results.



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AUSTRALIAN HEALTHCARE

QUALIFICATIONS & TRAINING

Factory 2, 80-82 Hallam South Road, HALLAM, VIC 3803

6 Slater Parade, EAST KEILOR, VIC 3033

110 Eighth Street, MILDURA, VIC 3500

Ph: 03 9703 2778

www.ahqt.com.au

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