



**AUSTRALIAN
HEALTHCARE**
QUALIFICATIONS & TRAINING

Learner Assessment

Task 2 - Case Study

Unit Code: CHCCCS025

Unit Name: Support relationships with carers and families

Qualification:

Participant Name: _____

Version Control:

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Assessment Information

Unit Code & Title:	CHCCCS025 – Support relationships with carers and families
Unit Descriptor:	The focus of this unit is to apply the skills and knowledge required to work positively with the carers and families of people using the service based on an understanding of their support needs.
Application of the Unit:	This unit applies to workers across a range of community services contexts.
Elements:	<ol style="list-style-type: none"> 1. Include carers and family members as part of the support team 2. Assess and respond to changes in the care relationship 3. Monitor and promote carer rights, health and well being
Performance Knowledge:	<p>The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:</p> <ul style="list-style-type: none"> • Assessed and responded to the needs of at least 3 different people and their carers or family members • Used strengths-based solutions to respond to both routine and unpredictable problems related to care relationships
Knowledge Evidence:	<p>The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:</p> <ul style="list-style-type: none"> • Context for caring in Australia: <ul style="list-style-type: none"> - Carer demographics - Carer support organisations and resources - Attitudes, stereotypes, false beliefs and myths associated with caring - Different pathways into service settings for the person and the implications for carers, families and friends • Rights, roles and responsibilities of different people in the care relationship <ul style="list-style-type: none"> - The person - Family members - Friends - Support worker • Impact of the caring role on family, carers and friends • Different family patterns and structures and their impact on the person • Life cycle transitions: <ul style="list-style-type: none"> - Types of transitions - Positive and negative impacts • Current service delivery philosophy and models: <ul style="list-style-type: none"> - Basic principles of person-centred practice, strengths-based practice and active support - Strategies to work positively with families, carers and friends • Organisation policies and procedures in relation to carers and families

	<ul style="list-style-type: none"> • Legal and ethical requirements for working with carers and families and how these are applied in an organisation and individual practice, including: <ul style="list-style-type: none"> - Discrimination - Privacy, confidentiality and disclosure - Work role boundaries – responsibilities and limitations
Assessment Conditions:	<p>Skills must have been demonstrated in the workplace or in a simulated environment that reflects workplace conditions. The following conditions must have been met for this unit:</p> <ul style="list-style-type: none"> • Use of suitable facilities, equipment and resources, including organisation policy, protocols and procedures relevant to carers and families • Modelling of industry operating conditions and contingencies, including people, carers or family members with whom the candidate can interact <p>Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.</p>

Instructions to the student

Purpose of this assessment

This Assessment is designed to test your knowledge and skills against the criteria that is required in order for you to work positively with the carers and families of people using the service based on an understanding of their support needs.

Methods of Assessment

The assessments have been developed in consideration to assessment requirements, learning environment and the expectations by industry.

To be deemed competent in this unit of competency the following assessment requirements must be completed. You must achieve a satisfactory result for each task to be deemed competent in this unit.

Assessment Task 2 – Case Studies – The Case Study/ies provide an opportunity for you to demonstrate your knowledge and skills aligned to settings that reflect your industry. Written answers to questions relating to the different case studies is required. You are required to read the case studies and answer all the questions satisfactorily. Assessment Task 2 may be completed within allocated class time or during periods of self-study.

Resources needed for assessment:

- Learner assessment
- A simulated environment that provides the use of suitable facilities, equipment and resources, including organisation policy, protocols and procedures relevant to carers and families and model's industry operating conditions and contingencies, including people, carers or family members with whom the candidate can interact
- Workplace for practical placement
- Individual plans
- Access to codes of practice, relevant organisation policies and procedures
- Learning material
- Log book/journal for work placement
- Access to individual families and carers

What you need to do:

- Complete the activities as described above
- Take a photo copy of your work if you would like to
- Collect all the required evidence and provide to your trainer
- Sign the Assessment Agreement
- Submit the completed assessment kit to your assessor.

If you have any difficulties or there is anything you don't understand, talk with your Trainer/Assessor; they are here to help you. Never be too afraid to ask about anything you don't understand related to safety and do not attempt to complete tasks you are unsure about. You can raise any concerns with your trainer/assessor.

Your assessor will provide you with feedback both verbally and in writing.

Assessment outcomes

Satisfactory – Evidence provided meets the requirements of the assessment method and unit of competency.

Not Satisfactory – Evidence provided does not meet the requirements of the assessment method and unit of competency.

If you have been given a Not Satisfactory assessment outcome you will be given the chance to review with your assessor and discuss the area/s for improvement and time will be elected where you will be required to resubmit the Assessment Workbook as per the assessor's instructions. If you receive a Satisfactory outcome for the individual Assessment Mode, then this outcome will contribute to final judgement of competency for this unit.

Reasonable Adjustment

Special consideration may be applied, and reasonable adjustment given to this assessment, as required. *(See further information in student handbook – Access & Equity and RTO policies and procedures – Assessment Policy)*

Any adjustments made to standard assessment will be documented clearly in assessment kit either at the front of the booklet or in the individual competency record.

Document any adjustments to standard assessment

Reassessment

Where you are found not yet competent, the RTO will provide three further opportunities to achieve competency at no cost. If you request to be re-assessed after the 3 attempts a cost of \$200 per unit will be applied and any attempt thereafter. *(see Assessment Policy for further information).*

Assessment Agreement

An assessment agreement is required to ensure that all students are aware of the process and purpose of an assessment and the requirements that achieve competence in this unit.

Student Full Name:	
Unit Code & Title:	CHCCCS025 – Support relationships with carers and families
Qualification:	

Please tick as appropriate	Yes	No	Comment
The purpose of the assessment has been clearly explained			
Assessment methods and outcomes required have been clearly explained and I understand what is required of me to achieve competency in this unit			
I have been made aware of the Assessment and Appeals Policy			
I have discussed any special needs to be considered during assessment with my assessor			
I understand I have three attempts to complete each task satisfactorily. After three attempts, \$200 per unit will be charged to reassess the unit of competency. If after the fourth attempt I am deemed 'Not Yet Competent', I will be required to do further training before reattempting this unit.			
I give permission for the RTO to use my assignment for assessment moderation / validation purposes.			
I declare that I understand how assessment will take place for this unit. I also understand that work completed towards this assessment must be verifiably my own.			
Student's Name: _____			
Student's Signature: _____		Date: ____ / ____ / _____	
Assessor's Name: _____			
Assessor's Signature: _____		Date: ____ / ____ / _____	

Assessment Task 2 – Case study

Assessment description

This assessment is based on a case study for you to read and complete the relevant questions.

Please provide your answers in the space provided at the end of each scenario.

Case Study 1

Amanda is the support worker for Graham who is now 79 years old. He still lives independently at home with daily visits from his only grandchild Olivia. He is non-ambulatory uses a wheelchair due to suffering from a stroke nearly 2 and a half years ago. He has dementia which has slowly progressed. Olivia has been considering talking to him about transitioning into residential care, although is very apprehensive about doing so.

Olivia has been invited to go away for work for 3 months and has contacted Amanda to discuss the situation.

When Amanda meets with Olivia, she discovers her in tears after a visit with her grandfather Graham.

Olivia shares that she has been offered an opportunity to travel overseas for an amazing work role. She feels she must decline as Graham will have no one to look after him. Amanda sees that Olivia is exhausted and extremely distressed with this situation.

1. How has the caring role impacted/impacting Olivia?

Assessor Use Only: Satisfactory response provided

YES NO

2. What are the rights, roles and responsibilities for Olivia, Graham and Amanda?

Assessor Use Only: Satisfactory response provided YES NO

3. What solutions (resources, organisations) might Amanda be able to provide Olivia?

Assessor Use Only: Satisfactory response provided YES NO

4. What might the positive and negative impact be on Graham transitioning into residential care?

Assessor Use Only: Satisfactory response provided YES NO

Case Study 2

Ruth and her husband Lin live on a farm in regional Australia. Ruth has dementia and is now 82 years old. Her dementia has gotten progressively more acute and her aggressive behavioural outbursts has become more severe.

Rachel the support worker has worked with Lin for 12 months and respects Lin's care role and how important Lin's care is to Ruth. Ruth has never trusted Rachel. Rachel and Lin work well together and they have established an affective working relationship.

Lin and Ruth enjoy cooking together and they have gotten into the routine of preparing much of the weekly meals on a Sunday. They now go through online shopping, so Lin doesn't have to go into town for long periods of time. Ruth is much happier now that the pressure of her having to go to town has been removed. They have fun ordering the food and the same delivery driver delivers the food every Saturday at 2.00pm while Ruth is watching the afternoon movie and Lin is home from the farm. When needed, Rachel will bring out certain supplies on her visit.

Lin also likes to garden with Ruth and sit and have reading time. Lin reads the paper and Ruth reads the Mills and Boon novels. She has a box of 30 of them and reads them repeatedly.

Lin and Ruth have a loving relationship and when Ruth becomes playful Rachel, respects their relationship and their privacy and takes a small walk on the farm. Ruth needs to be reminded who Rachel is from time to time and at times it is a difficult task.

Rachel and Lin worked very well in designing the delivery plan and particulars associated with Ruth's support services. Where possible Ruth was involved as well.

Lin finds it difficult to find the time to complete the washing and help Ruth with dressing. Ruth allows Rachel to help her with grooming, dressing, showering, therefore Rachel has scheduled her visits for 8.00am every morning to help Lin with this.

Ruth still has outbursts of jealousy which takes its toll on Lin. Whilst he does his very best and displays extensive skills in patience and understanding, at times Lin does get upset and distressed at Ruth's behaviour. Rachel identifies, that when Ruth has an outburst that Lin shows signs of fear.

Rachel visited Lin on Thursday and she noticed he was wearing a long sleeve flannel shirt with the sleeves rolled down and buttoned up at his wrists. She had not seen him wear his shirt this way in the time that she had known him. He also looked quite pale and tired and avoided making eye contact with Ruth. Lin advised that he needed to go to town to see the doctor and get some results from tests.

Ruth was sitting down reading her novel and she too did not want to communicate with Rachel. Rachel walked outside with Lin on his way out and questioned her condition and current status, so she was aware of what was needed and what behaviours to consider throughout the visit. Lin explained that they had, had a rough night and Ruth was not herself.

Lin went to his appointments and when he returned home, he explained to Rachel that he has been informed that he has developed diabetes.

Over the next five months Lin became quite focused on himself. His health had changed, his dietary needs had changed, and he was spending more and more time away from Ruth and the farm attending specialists' appointments.

Rachel suggested that to support Lin and Ruth, she could organize a diabetes specialist to attend the home and talk to both of them together. Rachel also said that there were volunteers from the community that were able and happy to provide respite care for Ruth. There were even a couple of ladies that Ruth had known from her involvement with the girl guides over the past 40 years. Lin agreed and was pleased to hear that the visits were being well received by Ruth.

Lin at times was quite unwell. Ruth was becoming frightened that she was unable to care for Lin and in turn was distressed because she felt that no one was able to care for her.

Rachel's visit times increased, and she tried to make Ruth feel that she was important, and that Lin needed her so Rachel asked Ruth to teach her how to cook. This enabled Ruth to feel empowered and it focused on her strengths.

1. What are the benefits of Rachel including Lin in the care planning for Ruth?

Assessor Use Only: Satisfactory response provided **YES** **NO**

2. What impact might Lin's diagnosis have on the care relationship?

Assessor Use Only: Satisfactory response provided **YES** **NO**

3. Lin and Ruth never had any children. How does this family structure impact Lin?

Assessor Use Only: Satisfactory response provided **YES** **NO**

4. What might be the potential physical and psychological harm to Lin and to Ruth?

Assessor Use Only: Satisfactory response provided **YES** **NO**

5. What strategies did Rachel suggest implementing that would support Lin and Ruth, What information would she provide to Lin and Ruth?

Assessor Use Only: Satisfactory response provided YES NO

6. What are the positive and negative impacts of this change to the care routine?

Assessor Use Only: Satisfactory response provided YES NO

7. What confidentiality and privacy rights must Rachel respect relating to both Lin and Ruth?

Assessor Use Only: Satisfactory response provided YES NO

8. What other potential risks are there within this situation?

Assessor Use Only: Satisfactory response provided YES NO

9. How might Rachel respond to the possible need of alternative services?

Assessor Use Only: Satisfactory response provided **YES** **NO**

10. How did Rachel apply person-centred and strengths-based practice to this situation?

Assessor Use Only: Satisfactory response provided **YES** **NO**

11. What are the policies and procedures Rachel may have been required to follow in this scenario?

Assessor Use Only: Satisfactory response provided **YES** **NO**

12. What legal and ethical requirements would be followed throughout this case study?

Assessor Use Only: Satisfactory response provided **YES** **NO**

Case Studies Assessment Record

CHCCCS025

Support relationships with carers and families

Reasonable Adjustments made			
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Assessment activity Task 2 – Case Study	Satisfactory	Not Satisfactory	Assessor Initials
Date: ___ / ___ / _____			

Assessment Guide

Satisfactory	The Assessor has reviewed the Assessment Workbook against the requirements of the Assessment Mode and is satisfied that all requirements have been met.
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Not Satisfactory	The Assessor has reviewed the Assessment Workbook against the requirements of the Assessment Mode and is not satisfied that all requirements have been met.
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Re- Assessment

___ / ___ / _____			
___ / ___ / _____			
___ / ___ / _____			
___ / ___ / _____			

Competency Record

Unit Code & Title:	CHCCCS025 - Support relationships with carers and families
Student Name:	
Assessment Strategies:	<p style="text-align: right;">Satisfactory Unsatisfactory</p> <p>Assessment Task 2 - Case Study</p>
Student Feedback:	
Assessment Result:	<p>The participant is COMPETENT</p> <p>The participant is NOT YET COMPETENT</p>
Assessor Declaration:	<p>Evidence of Competency is:</p> <p>Valid Authentic Sufficient Current</p> <p>All the above assessment modes have been met</p> <p>The assessment has been modified due to Reasonable Adjustment (see below)</p> <p>Gaps in performance were identified and reassessment completed (as per record of results)</p> <p>Feedback given to student: Written (above) Email (attached)</p>
Assessor's Name:	
Assessor's Signature:	Date: ____ / ____ / _____