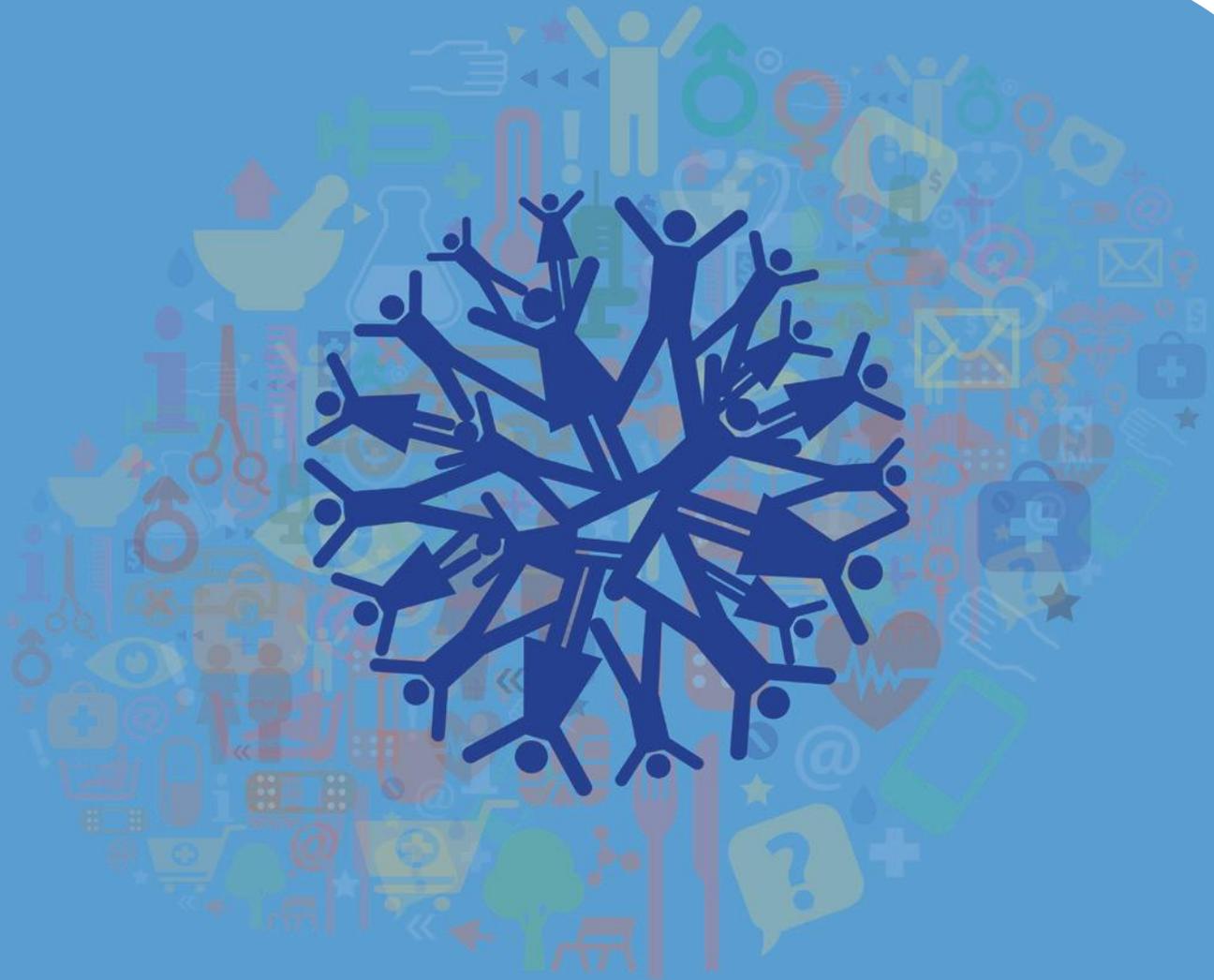


CHCHCS001

Provide home and community support services

Release 1



Learner guide

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Provide home and community support services

Release 1

Learner guide

Aspire version 1.4



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	June 2017	Minor corrections as part of our continuous improvement program
Release 1, version 1.3	December 2018	Minor corrections as part of our continuous improvement program
Release 1, version 1.4	July 2019	Updated to reflect the new Aged Care Quality Standards

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CHCHCS001 Provide home and community support services, Release 1

© 2017 Aspire Training & Consulting
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First published April 2017

Reprinted (with amendments) June 2017

Reprinted (with amendments) December 2018

Reprinted (with amendments) July 2019

Cover design Rewind Creative

Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street,
Port Melbourne VIC 3207

e-ISBN 978-1-76059-892-1 (PDF version)

ISBN 978-1-76059-890-7

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Before you begin

This learner guide is based on the unit of competency *CHCHCS001 Provide home and community support services*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Determine requirements of the individual plan	1A Read and interpret the individual plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Confirm the purpose and time of visit with the relevant person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Prepare equipment, resources and/or documents	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Establish a relationship in the home	2A Follow procedures to assure the person of your identity	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Provide information, clarify the purpose of the visit and confirm the person's consent	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Provide opportunity for the person to identify and express any issues or concerns	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Engage appropriately with others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Check for hazards to your own and others' health and safety and implement controls	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Operate respectfully in the home	3A Negotiate how to best implement the individual plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Comply with duty of care requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Demonstrate respect and sensitivity	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Deal with ethical dilemmas, behaviours of concern, possible abuse and/or neglect	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Maintain confidentiality	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete reports and documentation	4A Comply with the organisational requirement to report	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Complete and maintain documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Ensure any arrangements for follow-up visits are recorded and implemented	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A Read and interpret the individual plan**

- 1B Confirm the purpose and time of visit with the relevant person**

- 1C Prepare equipment, resources and/or documents**

Determine requirements of the individual plan

Many Australians receive home support services, which allow older people to be independent and live in their own homes longer. If these services were not available, many people would need to move into residential care. People who use residential care are charged a fee for the services they receive and government funding covers the balance.

Individualised planning underpins all service provision to people receiving individual services. It is an ongoing process involving needs assessment, planning for services and implementing services that respond to an individual's needs.

1A Read and interpret the individual plan

As a support worker, you may be employed by a range of services to assist people in their own homes. Services include personal care, meal preparation, home maintenance, general cleaning, and housework. Each person receiving services under home support programs will have been individually assessed and an individual plan developed to meet their needs.

Your role is to read and interpret individual plans and put them into action in a way that maximises service user goals, choice and independence. You also need to confirm the equipment, processes and aids required to assist you in meeting the person's needs.



Roles and responsibilities of support workers

Support workers must have a clear understanding of their roles and responsibilities and knowledge of the implications for work in the sector relating to how best to provide care.

There are many job roles within home support services, each with its own responsibilities, as shown here.

Support

A support worker may be responsible for:

- ▶ cleaning stoves, bench tops and fridges
- ▶ mopping, sweeping, vacuuming and dusting
- ▶ changing linen and washing, drying and ironing laundry
- ▶ helping to pay bills
- ▶ helping with shopping and preparing meals
- ▶ monitoring the person's wellbeing and reporting any concerns.

Property maintenance

A property maintenance worker may be responsible for:

- ▶ making minor repairs to homes (changing light bulbs or washers)
- ▶ installing rails, ramps or other special equipment
- ▶ painting
- ▶ unblocking drains and replacing guttering
- ▶ mowing lawns
- ▶ removing rubbish.

Personal care

A personal care worker may be responsible for:

- ▶ assisting with bathing, showering, shaving and hair care
- ▶ assisting with dressing, undressing and mobility
- ▶ organising meals and exercise or therapy programs
- ▶ checking hearing aids and communication devices
- ▶ monitoring self-medication and toileting
- ▶ taking a service user shopping and to appointments.

Meal delivery

A meals delivery assistant may be responsible for:

- ▶ preparing and cooking food
- ▶ serving/packing meals
- ▶ washing dishes
- ▶ delivering meals
- ▶ handling foods safely
- ▶ monitoring the person's wellbeing.

Group activities

A group activity coordinator may be responsible for:

- ▶ providing transport to and from a day centre
- ▶ preparing meals
- ▶ making tea or coffee
- ▶ assisting with personal care
- ▶ assisting with activities programs
- ▶ monitoring the person's wellbeing.

Service model

Home support services are focused on a wellness framework. The framework is made up of three approaches to providing support to older people in receipt of care and support:

- ▶ Wellness approach
- ▶ Reablement approach
- ▶ Restorative care approach

These approaches are provided through the home support program, which aims to prevent people from moving to more intensive care options.

You can read more about these approaches at: <http://aspirelr.link/home-support-approaches>

Wellness framework

If you approach your role with the aim to 'do yourself out of a job', you will provide the necessary support to build a person's capacity and wellness. You will never really be out of a job, as Australia has an ageing population; however, this notion ensures you are doing everything possible to assist the person to get back on their feet.

Here is further information about the wellness framework.

Wellness approach

- ▶ The wellness approach focuses on minimising the impact of functional loss or not setting up further dependencies. The worker gets the person to do as much as they possibly can for themselves. When the person requires support, the worker does the task with the person, rather than for them.

The worker uses encouragement to motivate the person to do tasks they have difficulty with, to increase their confidence and skill level at doing the tasks (or much of it) themselves.

This approach builds capacity and self-management to support the person to retain as much autonomy as possible.

This approach identifies whether there is an ongoing need for services and how to assist the person to reconnect with the community.

Reablement approach

- ▶ The reablement approach works toward positive change in developing the person's ability to care for themselves. It builds on the person's strengths (what they can do) by providing short-term intervention to support the person to regain their skills and abilities. This may include ensuring the person has access to, and can use, assistive technologies and aids.

Reablement is aimed at reducing or minimising the need for ongoing support.

Restorative care approach

- ▶ The restorative care approach is provided by a multidisciplinary team to support the person to make functional gains after a setback or illness. Services may include podiatry, speech therapy, physiotherapy, occupational therapy, nursing services, social work, speech therapy, diversional therapy and specialist services such as continence support.

Person-centred practice

Person-centred practice is a service model that places the person at the centre of their own care. The service responds to the whole person and focuses on a social model of care rather than a medical model of care. A social model of care considers all factors that affect or influence a person's life (social, psychological, physical, cognitive, cultural, etc.) whereas a medical model focuses on the problem or illness.



Person-centred practice philosophy embraces a process that sees the person making decisions about their own care needs, which forms part of their human rights. Person-centred practice relies on person-centred planning, where the person (or in instances when the person cannot make sound judgments, their advocate, family and/or primary carer) states what they want their plans to focus on. The plans are driven by the person's goals and aspirations. For example, the person can choose what service they want, the time the service is provided and when and for how long they receive the service.

Consumer-directed care

A consumer-directed care approach to service provision and model of funding is central to people having choice and control over their own lives. It is built on the premise of person-centred care, but with the added opportunity to use their funding to access the services they need and in ways that suit them.

In aged care, consumer-directed care is used in conjunction with programs such as home care packages.

Here is some more information about consumer-directed care.

Consumer-directed care

The service user has more say about the type of services, how they are delivered and by whom

The service user directs their own individual plan with the service provider, based on their own goals

The service user directs how much involvement they want in managing the package

The service user is involved in monitoring and reviewing their own package of care

Empowerment

As a professional in the community services sector, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at, which sees them take control of their own lives. Many people in receipt of support services are often vulnerable due to their care needs and the myths and stereotyping that occurs.

If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will be working to uphold people's rights through an empowerment approach.



Disempowerment

Disempowerment in community services relates to acting in ways that demoralise the person being supported and the ultimate decline of their human rights. Behaving in such a way says is more about the worker; for example, that they have a personal lack of power and the only way they can feel good about themselves, is by taking power from others.

Disempowerment can also occur through ignorance, where a worker may believe they are doing the best they can for a person by doing everything for them. This approach is in fact approach very disempowering as it leads to further dependencies, a lack of control for the person being supported and results in their rights not being upheld.

Here are some tips for workers in taking an empowerment approach.

Reflect on your practice

- ▶ Ask yourself, 'Did I provide services in ways to do myself out of a job?' If you answered 'no', you need to ask yourself why. Check your approach to your work.

Empathise

- ▶ Think about how you would want to be treated if the roles were reversed and you were the person requiring support. Would you want people providing support in ways that stripped you of your dignity and personal control over your own life? If you answer 'no' then think about how you can change your practice.

Find a mentor

- ▶ Talk to your supervisor and ask them to mentor you to build the skills to work with an empowerment approach. Make a time to meet regularly with your supervisor to discuss how you handle situations. Be honest - especially with yourself.

Interpret and follow instructions

The people you support will include those who are frail and older, have memory support needs, possibly have a disability, have different cultural or language backgrounds, are financially disadvantaged and/or live in remote or isolated areas. You have specific tasks to perform with instructions and written plans to follow for each person you support. There are also guidelines to follow to ensure the safety of you and the people you support.



Reading, interpreting and implementing an individual plan needs to be done carefully. You must be aware of your own role within the plan and follow the information included in it. In order to provide a quality service to individuals, and to be accountable and professional, a support worker must be aware of their personal and professional limitations and seek support when required.

A plan may include instructions for other professionals, such as managers and allied health professionals. There may be information or instructions included that are outside of your job role or training. The first step in following a plan is to seek clarification to ensure you are working within your job role, experience and training.

Read and interpret individual plans

An individual plan is a written tool that describes one person's desired personal outcomes and how these outcomes will be achieved.

An individual plan may include actions for daily support needs, such as how and when the person is assisted to shower; or it may contain broader goals or aspirations that the individual wants to achieve, and documented actions or activities for how to achieve these goals. For example, the plan may show how the person can be assisted to learn a new skill such as making their own breakfast.

Whatever the type of plan, it is important that genuine consultation, or partnership, with all stakeholders happens whenever possible. The person being supported is the most important contributor to the plan and how it is interpreted and followed, in partnership with the support workers, the support team, and the person's family.

Here is some more information about interpreting individual plans.

Interpret the individual plan by:

- ▶ reading the plan together, checking continuously with the person you support
- ▶ reading the plan in a relevant language
- ▶ clarifying personal goals and strengths with the individual
- ▶ seeking input from others in the person's family if relevant (with the person's consent)
- ▶ seeking specialist expertise or advice from other support workers, managers or health professionals.

Types of individual plans

Individual plans may be formal or informal, as identified below.

Formal plans	Informal plans
<p>Individual plans may be formally developed and documented. Plans in the community sector have many different names, such as, individual plan, lifestyle plan, person-centred plan, individual program plan, individual employment plan and service delivery plan. Formally documented plans must be completed according to the policies of the organisation providing the service.</p> <p>All formal, documented plans include an overview of the:</p> <ul style="list-style-type: none"> ▶ person's individual goals ▶ services to be provided on a day-to-day basis ▶ other necessary activities required to meet goals ▶ people responsible for implementation ▶ review strategies ▶ review dates. 	<p>Informal planning and responding to an individual's needs can take place daily in the community sector. It can take the form of asking someone how they want to spend their day, informally reviewing an existing formal plan or just by asking the person how everything is.</p> <p>Ongoing informal planning that is responsive to the individual's needs is essential to providing an integrated and flexible service. Informal planning may not always need to be documented but it must still occur within the boundaries of organisational policy and procedures.</p>

Confirm individual needs

It is not enough to simply follow the instructions in the plan without talking to the person about what you intend to do first. People's needs and preferences change from day to day and so should your approach to support. Talk to the person about your role, as documented in the plan, so they feel they are part of the process. Provide them with the opportunity to discuss or even refuse support, rather than assuming that the person will passively accept your help in the same way every day.

Questions to ask before and during planned support

- ▶ Are you happy for me to proceed with what is written in the plan today?
- ▶ The plan says you usually have this task done in this particular way. Is that correct?
- ▶ What are you able to do independently and what tasks can I assist you with?
- ▶ How do you feel you are doing in meeting your goals so far?
- ▶ Is there someone else who you would like to be involved in planning or meeting your goals, such as a family member?
- ▶ Does this plan meet your needs?

Confirm individual preferences

The individual plan may indicate the person's preference for the processes used to assist them with support, or the products used in providing personal care. This may include the order in which tasks are carried out, or the ways in which they are done.

The plan may also indicate the person's preference for the type of worker who assists them. Many personal care tasks are of an intimate or personal nature, so it is important the person you support is comfortable and relaxed with you assisting them. A person requiring support will also spend a significant amount of time with a support worker and may get to know them quite well, so prefer a person who they know, get along with and feel comfortable with.

Consider the following information regarding personal preferences.

Processes

Examples of a person's preferred processes include to:

- ▶ have a bath rather than a shower
- ▶ have breakfast before getting dressed
- ▶ use a tool to apply a pressure stocking, rather than have the worker assist them
- ▶ to have food prepared according to their religious or cultural beliefs.

Products

Examples of a person's preferred products include:

- ▶ continence aids that are fitted into special underwear, rather than those that stick inside regular underwear
- ▶ hypoallergenic or sensitive skin to tapes, creams or washing products
- ▶ generic brands to save money
- ▶ only Australian made, organic or free-trade products.

Support worker

Examples of a person's preferred support worker may be:

- ▶ a female person requiring support may prefer to have a female worker assist with her personal hygiene
- ▶ a male person requiring support may prefer to have a male worker assist him with toileting and continence tasks
- ▶ able to speak to them in their first language
- ▶ someone with similar interests so they can chat about these while completing tasks.

Read and interpret individual goals

Support workers collaborate with the people they support, to set goals, establish priorities and develop strategies to achieve positive and meaningful outcomes. A person's individual plan will identify their specific goals and the action required by the individual and the support worker, to achieve them. Here is some more information.

As a support worker, you should read and interpret individual goals to:

- ▶ gain an understanding the person's reason for seeking assistance
- ▶ identify areas of concern the person wishes to address
- ▶ confirm the outcomes the person is seeking to achieve
- ▶ support the person to live independently in their own home
- ▶ provide support in a respectful manner, which upholds the rights, dignity and independence of the person
- ▶ offer choices that encourage the person to regain skills and capacities wherever possible
- ▶ consider strategies that can be achieved through formal home support services in the person's preferred location
- ▶ consider strategies that can be achieved through informal services facilitated by community, social and family connections.

Identify when to seek additional support

You may need to seek support, in relation to reading and interpreting an individual plan, in the following situations.

Seek additional support in the following situations:

- ▶ You are new to the job role and may require help to locate the plan, understand its layout and how to follow it.
- ▶ It is the first time you have supported the person and you are unfamiliar with their support needs, particularly if the person is unable to explain their routines to you.
- ▶ The instructions contained in the plan are unclear or seem out of date.
- ▶ The person you are supporting asks you to do something differently from the way it is described, or that is not included in the plan.
- ▶ You are concerned that the plan contains instructions that are outside of your job role, experience or qualifications.

Seek support

Your direct supervisor is usually your first point of call when seeking support to read and interpret individual plans. Colleagues can also be of assistance if you work in a team. Here are some things you may need to consider when seeking support.

Seeking help and support

Approach or contact your manager or team leader for clarity and advice regarding your job role.

Consider the skills, knowledge and qualifications of peers in your organisation or team. You may need to check who is responsible for your own area before seeking help.

Review the policies and guidelines of your organisations, so you are clear about the limitations of your role and your organisation.

Options for seeking expertise

If you, your team members or supervisor require support in interpreting any aspects of the individual plan outside the scope of their own knowledge, skills or job role, there may be other professionals who can be consulted. There will be processes in place for seeking assistance outside of the organisation, and this may be the role of your supervisors only. Check first before contacting external professionals or services. Here are some things to consider when seeking outside assistance.

Health specialists

The person may need to seek help from their GP when there are medical issues that impact on the plan, or the GP may be contacted on their behalf.

Help lines

Help lines provide advice and support but should not replace directions from your supervisor; for example, a telephone service regarding reporting abuse or neglect.

Specialised services

Specialised services (advocacy, community legal or community health centres) can advise and assist the person and/or their family.

Training

You may consider further training or updating your qualifications in a particular field such as dementia or acquired brain injury.

Consult carers and family members

Family is often cited as one of the most important parts of our lives, and the same is often true for the people we support. Many people will wish their spouse or other family carers to be involved in their planning and support. Family members who live with them and/or provide care are often the best placed to know where necessary equipment is located, when things have changed, or when the support provided is not meeting the person's needs. The family can be an excellent source of help when you would like to interpret or clarify the details contained within the plan, particularly when the person has cognitive or communication difficulties.



Be guided by the needs and wishes of the person themselves – if they appear to want to leave all decisions to a spouse or family member, that is their choice. If they would rather not include family in discussions or decisions, this must also be respected.

Confirm required aids, processes and equipment

There are many different types of equipment, processes or aids that can assist people to remain independent, or to assist you to help them with their support needs.

Assistive, adaptive and rehabilitative devices allow individuals to maintain their safety, security and independence in their own homes. Specialist aids and equipment include specific processes that support workers must follow to select, locate and use the equipment appropriately.

The types of equipment, processes and aids required by a person depends on what tasks they are having difficulty with and why. It is essential that you confirm with the person you support, their requirements for assistive devices and processes.

Confirm processes

You should take the time to describe to the person you support, and their carer, the steps you will take to provide each aspect of support identified in their plan. Providing detailed, step-by-step information ensures the person and their carer know what to expect and what is expected of them.

The following table shows how processes can be clearly described to the person you support, and their carer.

Personal hygiene

Describe the following steps to the person you support, and their carer, regarding having a shower:

- ▶ adjusting the water temperature
- ▶ getting undressed
- ▶ getting into shower
- ▶ washing body parts
- ▶ washing hair
- ▶ drying.

Oral hygiene

Describe the following steps to the person you support, and their carer, regarding cleaning teeth or dentures:

- ▶ placing toothpaste on the brush
- ▶ brushing teeth
- ▶ rinsing
- ▶ removing dentures
- ▶ cleaning/soaking dentures.

Shaving

Describe the following steps to the person you support, and their care, regarding shaving:

- ▶ placing shaving cream on the face/body
- ▶ using the razor or shaver
- ▶ rinsing
- ▶ moisturising
- ▶ drying.

Dressing/grooming

Describe the following steps to the person you support, and their carer, regarding dressing:

- ▶ selecting clothes
- ▶ putting on underwear
- ▶ putting on outer wear
- ▶ doing up buttons and zips
- ▶ putting on socks/pressure stockings and shoes
- ▶ brushing hair
- ▶ putting on make-up
- ▶ putting on jewellery or a watch.

Assisting with toileting/continence aids

Describe the following steps to the person you support, and their carer, regarding toileting:

- ▶ getting to the toilet
- ▶ pulling down clothing
- ▶ sitting down
- ▶ cleaning genitals
- ▶ placing and removing continence pads
- ▶ pulling clothes up
- ▶ getting out of the toilet
- ▶ emptying a catheter bag
- ▶ cleaning around catheter entry.

Assisting with eating and drinking

Describe the following steps to the person you support, and their carer, regarding eating and drinking:

- ▶ preparing food
- ▶ placing food on/in plates, bowls or cups
- ▶ using cutlery
- ▶ getting food from the plate to their mouth
- ▶ holding a cup
- ▶ washing dishes.

Confirm aids and equipment

The aim of all home support programs is to maximise the independence and autonomy of the person requiring support. Their independence may be compromised if the person is reliant on someone else to assist them with activities of daily living. Therefore, physical resources such as aids and equipment should be used to assist people to function independently wherever possible.

People requiring support, and their carers, must be aware of and understand the types of aids and equipment that are used to support them at home. Workers need to be trained to use the equipment correctly and safely.

You will need to be shown how to use each piece of equipment before using it to provide support to a person. You will also need to know how to check the equipment to ensure it is functioning correctly, and how to clean and maintain aids and equipment to ensure they continue to function properly.



Types of aids and equipment

Here are some of the different types of equipment or aids that can assist people to remain independent, or to assist you to help them with their support needs.

Mobility

Mobility equipment or aids may include:

- ▶ wheelchairs and other transport devices
- ▶ mobility aids
- ▶ lifting and transferring aids
- ▶ walking frames
- ▶ standing transfer machines.

Home security

Home security equipment or aids may include:

- ▶ emergency call systems activated by the user
- ▶ portable handheld noisemakers
- ▶ one-way alerts (portable doorbells)
- ▶ intercom monitors
- ▶ support organisation courtesy calls.

Kitchen and household

Kitchen and household equipment or aids may include:

- ▶ jug and kettle tippers
- ▶ kitchen utensils with built-up handles
- ▶ modified chopping boards to assist with cutting and spreading
- ▶ stools and trolleys

- ▶ stabilising aids, such as non-slip matting, clamps, magnetic/suction frames, bowl tippers
- ▶ general household aids, such as lever taps, key turners or reaching aids
- ▶ jar and bottle openers
- ▶ specialist chairs and cut-out tables
- ▶ specialist cutlery with build-up handles or angles to allow people to manipulate cutlery
- ▶ plates with non-slip bases
- ▶ cups, beakers and straws.

Bathroom

Bathing equipment or aids may include:

- ▶ bath boards, hoists and transfer benches
- ▶ shower hoses and chairs
- ▶ bathroom modifications including grab rails, non-slip surfaces, or thermostatic mixing valves
- ▶ soap mitts, adapted towels or long-handled aids for reaching
- ▶ continence and toileting aids, such as over-toilet frames, raised toilet seats, grab rails or commodes.

Bedroom

Bedroom equipment or aids may include:

- ▶ transfer equipment
- ▶ sliding aided bedding
- ▶ self-help devices such as bed blocks, ladders, sticks or poles
- ▶ electric or adjustable beds
- ▶ bed accessories, such as bed rails, IV poles, extensions or removable head and foot boards
- ▶ mattresses for adjustable beds.

Seating

Seating equipment or aids may include:

- ▶ adjustable lounge chairs
- ▶ supportive backrests, legrests or armrests
- ▶ manual recliners
- ▶ electrical lifting chairs.

Other

Other equipment or aids may include:

- ▶ personal audiovisual aids
- ▶ modified feeding aids
- ▶ breathing devices.

Assess aids and equipment requirements

Some aids, equipment and devices can be quite costly and require an assessment by a doctor, physiotherapist or occupational therapist to ensure the right aid and/or modification is used. Each state and territory has programs to support people needing specific aids and modifications, as described below.

Australian Capital Territory	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-act
New South Wales	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-nsw
Northern Territory	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-nt
Queensland	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-qld
South Australia	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-sa
Tasmania	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-tas
Victoria	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-vic
Western Australia	You can read more about aids and equipment programs at: http://aspirelr.link/aids-equipment-wa

Example

Read and interpret the individual plan

Here is an example of an individual plan.

<p>XYZ Place Activity Centre Program: Community Access Program Days: Tuesday and Thursday</p>	
Name	Mr Sebastian Rivers (Seb)
Date of plan	17 July 2018
<p>Seb will be able to indicate to staff that he needs to go to the toilet, by pointing at the toilet door, by 23 August 2018.</p>	
Actions	Date achieved
The occupational therapist will introduce staff to some training techniques and help to introduce the new sign to Seb.	31 July 2018
Seb will be given opportunities to practise every day he is at the service.	Ongoing
Review by OT regarding his progress and potential to introduce new signs.	16 August 2018
Ongoing needs	
Language and communication skills	Seb uses only basic language and is able to communicate his needs and preferences with some prompting
Mobility	Independent
Eating skills/dietary needs	Seb is vegetarian. He has painful teeth and gums and needs food to be very soft with little chewing required. His favourite food is chocolate cake. He dislikes green leafy vegetables.
Continence and toiletry needs	Seb experiences some urinary incontinence. He uses incontinence pads and requires regular prompting and assistance to toilet and change the pads.
Activity likes/dislikes	Seb enjoys card games; needs to use large-print cards. He likes television, animals and being around people; he dislikes physical activities and music.
Behaviours/triggers/ strategies	Seb can become distressed at loud noises or if touched by a stranger (for example; hand-shaking or hugging). Strategies to manage this include reassurance, moving to a quiet space, and warning him if a loud noise is expected.
Review undertaken by	Mary McNash
Family involvement	Seb's brother, Neville, present at planning meeting
Date	24 August 2018

Practice task 1

Read the case study, then answer the questions that follow.

Case study

Marjorie's individual plan includes the following information.

Showering: Marjorie prefers to shower in the morning. She likes the bathroom to be heated before she undresses. She likes the water quite warm. She is able to wash her own body, but needs help to wash her feet and back.

Dressing: Marjorie gets cold quickly. The bedroom needs to be warm. She likes to wear a dressing gown from the bathroom to the bedroom. She prefers to choose her own clothing and may need some prompting with this task. She may have trouble choosing clothing suitable for the weather. She is able to dress without help.

1. List three questions you might ask Marjorie to help interpret her individual needs.

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2. What are Marjorie's preferences relating to showering?

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3. Identify two pieces of specialist equipment that would assist you to shower Marjorie.

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Click to complete Practice task 1

1B Confirm the purpose and time of visit with the relevant person

Before you conduct a home visit with a person requiring support, you should make contact with the person to confirm the date, time and length of your appointment. You should also explain the purpose of your visit and the outcomes you hope to achieve.

Providing this information will ensure the person is home, and allows them to prepare for any discussions, assessments or activities you have planned.

As well as the person you are visiting, there may be others you need to notify before conducting a home visit. Consider your organisational requirements for notifying managers, supervisors or other support workers of your whereabouts. Read the person's individual plan to identify whether they have a carer or family member who should also be notified, or present during the visit.



Confirm purpose

Contact the person you support to confirm the purpose of an upcoming home visit, as described below.

Reasons for a home visit may include to:

- ▶ get to know the person and their needs
- ▶ identify how the person is currently coping at home
- ▶ begin developing an individual plan that will allow the person to maintain their independence as long as possible
- ▶ identify the person's individual goals or how they are working to achieve their personal goals
- ▶ confirm whether the person requires any specialist equipment, resources or aids to assist them to live independently
- ▶ identify whether the person is feeling isolated or lonely and requires more social interaction.

Confirm the date, time and length of visit

Set up an appointment to visit the person at a time and day that suits their needs and routines. Explain how long the home visit will take and ask whether the person would like any family, carer or other person to be present.

Here is a list of preferences you may need to consider before confirming an appointment time.

Time of day

Many people have a preference for the time of day home support services are provided. This depends on the type of support that is to be provided and the person's routine and other activities. The person you support may have specific preferences, such as:

- ▶ not getting out of bed before 9.00 am
- ▶ showering at night
- ▶ going to bed before 8.00 pm
- ▶ being ready for a regular activity on certain days.

Time of week

The people you support may have regular activities to appointments they attend and require their home support services on the days that makes this easiest for them. They may require assistance to get ready for these events or they may prefer not have assistance on these days. Events that may determine a person's preference in regard to a time of the week may include:

- ▶ having assistance to get ready to attend a day activity program
- ▶ preferring not have assistance on days of religious significance
- ▶ not requiring assistance on days when the carer is available to assist
- ▶ preferring assistance later in the week so they are prepared for the weekend.

Carer involvement

When the person you support has a carer who can assist with some aspects of their home support, they may have preferences about how this occurs. For example:

- ▶ a person may prefer that their carer assists with more-intimate tasks such as personal hygiene or continence
- ▶ a person may prefer that their carer is not involved in such intimate tasks
- ▶ a person may have differing preferences for support if their carer is away
- ▶ a person may prefer for support only to be provided when their carer is present in the home.

Notify relevant people

As well as confirming the details of your appointment with the person you are visiting, there are others you should notify before conducting a home visit. The relevant people may be internal or external to your organisation, as shown below.

Notify carers or family members

- ▶ An important part of the initial home visit is to develop a relationship with the person requiring support and any family, carers or significant others so they get to know and trust you.

Explain the role you will play and provide details for how they can contact you. Explain to family or carers what they should do if the person requiring support is hospitalised.

Notify a work colleague

- ▶ Make sure that a colleague knows where you are going, and what time you expect to return. Provide the colleague with the telephone number and/or address of the person you are visiting and let them know of any change of plans while you are out. Carry a mobile phone for communication and safety purposes.

Notify a line manager or supervisor

- ▶ Your organisation should have a policy and procedures relating to home visits that you must follow. It is usually a requirement that your line manager or supervisor is aware of your home visit schedule. When you are to conduct more than one home visit, you should provide an approximate time as to when you will be visiting each service user.

Prepare for the visit

If you have any doubts about visiting a person in their own home, arrange for someone to accompany you, with the agreement of the person you are visiting. Alternatively, you could meet the person at a suitable location where there are other people present.

If you have not met the person before, make an effort to check they are who they say they are. Phone the person again to check their address or look up their contact details in a telephone directory.

If you are visiting a person at a community centre or other common building, make sure you have clear directions and check that the building is open when you expect to arrive.



Travel tips

Consider how you will travel to and from the home visit. You may use your own vehicle, a vehicle owned by your organisation or use public transport.

Try to plan ahead and consider travel options that are quick, safe and reliable. Consider the following options.



Own transport

If you are using your own vehicle, or a vehicle owned by your organisation, consider the quickest and safest route to your destination. Make sure you have enough fuel in the vehicle to avoid diverting to a petrol station in an area you are unfamiliar with.



Public transport

Consider the best transport option for both legs of the journey. It may be appropriate to travel by bus or train in daylight, but less advisable if you are returning in the evening.

Make sure you know which bus or train to catch, at what time, and the stop closest to your destination. Carry a timetable with you and avoid waiting alone at a bus stop or train station at night, particularly in poorly lit or deserted areas.



Walking

You may be able to save costs by walking to a service user's home if they live close to your organisation. Avoid walking alone at night and stick to busy well-lit roads. Avoid underpasses or shortcuts through alleyways.



Taxi

If you require a taxi for transport, use a firm you have used before or one known to people in your organisation. Sit in the back of the taxi and do not provide the driver with any personal details about you or the person you are visiting. Make sure you have the funds to pay for the fare.

Example

Confirm the purpose and time of visit

Sally is a support worker for the City of Bayview. One of the people she supports is Mary who is 87 years old and lives alone in a small unit within a gated complex. Sally is scheduled to attend an initial one-one-one visit with Mary in her home next Monday, to identify her support needs. Sally intends on making Mary lunch and having a general discussion to identify whether Mary is at risk of social isolation or loneliness. On the Friday before, Sally phones Mary to confirm that she will arrive at Mary's house at 10 am on Monday. Sally will be driving her own vehicle to Mary's home and asks how she should gain access to the gated complex in a way that causes Mary minimal disruption. Mary says that when Sally arrives she should press the call button on the front gate to alert Mary that she has arrived. Mary will then press a button from within her flat that allows the gate to be opened. Sally thanks Mary and tells her that the visit will be two hours in total. Sally then asks Mary if she would be comfortable eating lunch with Sally and talking about the ways in which Sally could support Mary. Mary says that would be lovely and she looks forward to it.



Practice task 2

Read the case study, then answer the questions that follow.

Case study

Jeremy is a rural support worker for the Greater Shepston City Council. Jeremy has just taken on the case management of Russell, a 76-year-old man who lives alone on a rural property one hour from the Shepston town centre. Jeremy reads Russell's individual plan and learns that his wife Sheila passed away only three months ago. Russell and Sheila did not have any children and he now manages the upkeep of their property on his own. Russell has been suffering from mild anxiety and loneliness since Sheila's passing. He attends a weekly social club in the town hall every Wednesday, but apart from that, he has limited social interaction with others. Russell is often away from the house maintaining his property, feeding his animals, and going for walks to collect firewood.

1. Why is it important for Jeremy to confirm the time of his appointment with Russell prior to visiting him?

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2. Identify two possible reasons for Jeremy to visit Russell in his home.

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3. Who should Jeremy notify about the time and purpose of his visit with Russell?

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Click to complete Practice task 2

1C Prepare equipment, resources and/or documents

The role of the worker is to support and empower people to make decisions about their plan and their goals so the plan reflects the person's particular needs. This includes preparing equipment, resources and/or documents required for the purpose of a home visit.

You should also prepare a contingency plan should any unexpected events or circumstances occur that are beyond your control.



Prepare aids and equipment

The following is a list of some of the aids and equipment that can be prepared for use during a home visit, and the way a support worker can explain what they are used for.

Wheelchairs

Wheelchairs and other transport devices are used to aid those who cannot walk independently, to move around without assistance, or with less assistance.

Learn how a manual or electric wheelchair operates; how to get in and out of it; and how to adjust it to suit the person.

Mobility aids

Mobility aids are used by those who have difficulty walking, to assist with standing, walking and balancing.

Watch the person you support to see that they can use a walking stick or frame correctly and safely.

Lifting and transferring aids

Lifting and transferring aids are used for those who are unable to move from a bed to a chair, or other places. For example, they can be used to move a person from bed to shower chair or wheelchair, to lounge chair, into a car.

The person you support should be aware of how the equipment is used. For example, hoist straps will be placed under the arms and legs, the machine will lift them into the air; or slip sheets are placed underneath them and used to slide them from place to place.

Beds

Specialised beds can assist people who have difficulty sitting up in bed or getting in and out of bed. Hospital beds or electric beds have the capacity to tilt the head or foot of the bed up or down, and to adjust the height of the bed.

Moving the head of the bed upwards can bring the person to a sitting position, which may assist them to get out of the bed. Lowering the height of the bed can also assist the person to be able to get in or out of bed independently. The person can control the bed with a handheld controller.

Breathing devices

A person who has difficulty breathing due to a lung conditions may require medication or oxygen delivered through a machine or device such as a nebuliser, spacer, inhaler or continuous positive airway pressure machine.

Devices must be correctly fitted, connected to power where necessary, have correct dosage of medication or oxygen flow, and be inhaled correctly. Be aware of the level of authority a worker has to assist with such devices, particularly when medication is involved.

Scales

A person with a condition that affects their weight (either through weight gain or loss) may need to be weighed on a regular basis. Maintaining a record of weight changes can assist a person to adjust their diet, activity or medication to maintain their health. Changes in weight can also affect the way care is delivered.

A person may be able to independently measure and record their weight or may need assistance to do so.

Continence aids

A person with faecal or urinary incontinence may use continence aids such as pads or a catheter bag to aid them in maintaining control over their continence, and allow them to maintain activities and community access, as well as health and wellbeing.

A person may require assistance to place incontinence pads, clean catheter insertions areas or empty catheter bags.

Personal audiovisual aids

A person with visual or hearing difficulties may be able to use aids or equipment to assist them to hear, see or read independently.

A person may need assistance to place glasses or hearing aids, set up magnifiers or closed circuit television equipment, or maintain and clean aids.

Modified feeding aids

A person may have difficulty eating or drinking, due to physical disability and may be unable to eat independently without the assistance of specialist feeding aids such as cutlery with built-up handles, bowls and plates with high sides and cups with lids and sipper spouts.

A person may require assistance to set up and use equipment or to have food and drink served into it in order to be able to eat and drink as independently as possible.

Use aids and equipment safely

Support workers must know how to use aids and equipment so they can assist people safely. If you are unsure about how to use any equipment, you ask your supervisor. Do not use equipment you have not been trained to use. Using equipment or processes that you are not permitted, trained or qualified to use may cause harm or injury to the person or you. You may also be in breach of your duty of care, as well as contravening legislation or workplace policy.

Assemble equipment

You must assemble equipment safely and correctly to meet work health and safety requirements. Always ask your supervisor for assistance and/or training before assembling equipment if you are not sure what to do. Use the following checklist as a guide.

Equipment assembly checklist:

- ▶ Make sure the person is safe before you leave them to gather the equipment needed.
- ▶ Ensure all parts are clean prior to assembly.
- ▶ Check for cracks or other faults – these must be reported and the item should not be used until it is repaired.
- ▶ Ensure that you follow all instructions and procedures relating to the equipment.
- ▶ Ask the person about their personal preferences for the position and settings of the aids and equipment they are to use.

Prepare resources and/or documents

Prior to visiting a person in their home, you may need to prepare resources and/or documents that will assist the person to achieve the goals outlined in their individual plan.

Resources and documents could include those described below.

Learning resources

- ▶ Resources could teach the person how to do something or access a service, rather than accessing the service on their behalf. For example, you could teach a person with disability to catch public transport rather than simply providing transport; or show someone how to use an ATM rather than doing their banking for them. Opportunities for learning should be supported with resources and materials that can assist the person to complete the task on their own.

Access to services

- ▶ An essential part of implementing individual plans is to ensure the person being supported is accessing the same services and activities in the community as the rest of society. Accessing generic community services is a strategy toward achieving community inclusiveness. All plans need to ensure people are being supported to be included in their community. You can educate and provide resources to the person you support to enable them to access generic services independently.

Organisational documents

- ▶ It may be a requirement of your organisation to provide the people you support with copies of your policies and procedures when you first visit them in the home. Policies and procedures provide important information and scope relating to the services provided, such as health and safety procedures, duty-of-care requirements, privacy laws, and the organisation's code of conduct.

You may be required to take organisational documents outlining support workers' responsibilities in providing a service in the home, as well as the responsibilities of service users in receiving the service.

Contingency planning

Contingency planning aims to prepare you to respond appropriately to an unexpected event, circumstance or emergency during a home visit, and to understand the potential impact on you and the person you support. Developing a contingency plan involves making decisions in advance about the management of safety, coordination and communication procedures, and being aware of a range of ethical and logistical responses.

Time spent preparing for contingencies equals time saved when an unexpected situation occurs. In preparing for a home visit, you should schedule time into the appointment to allow for unanticipated events.

The following process is one way that contingency plans can be prepared.

- 1 Prepare**

Unexpected events occurring in home support services could range from a person not being home when they said they would, to an incident requiring emergency assistance. Contingency planning should always be undertaken when there is a high risk or probability that an emergency situation may occur.

Planning should be specific to each context and take into consideration the person's individual needs and preferences, their home environment, and the capabilities of the support worker to respond to unanticipated events.
- 2 Analyse**

Support workers should create realistic scenarios on which contingency plans will be based. Prior to a home visit, a support worker should estimate what is going to happen; develop a plan based on this estimate of what the response should be; and identify any action to be taken.

Contingency planning involves identifying and analysing any potential hazards in the person's home that could risk the safety of the person and the support worker. Use this analysis to develop risk control measures to ensure the health, safety and wellbeing of the person and the support worker during the home visit.
- 3 Development**

Once a support worker has estimated the likelihood of an unexpected event occurring, and identified and analysed the risks, they should develop a contingency plan that enables the support worker to respond appropriately and proportionately.
- 4 Activation**

Almost as essential as knowing how you are going to respond to a situation, is to know when you are going to do it. Every contingency plan should outline how the plan is to be activated, when, and by whom. For example, if a person slips, bumps their head, and passes out during a home visit, the support worker would know to phone emergency services immediately.
- 5 Management**

The clearer the responsibilities and the decision-making processes are, the more likely a response will be effective. A contingency management plan will be more effective if it is properly coordinated by the support worker and includes the input of the worker's manager, other support workers, the person, or their family or carer.

Example

Prepare equipment, resources and/or documents

Here are some examples of assembly requirements for common pieces of equipment used in support services.

Wheelchairs and other transport devices

Ensure armrests and footplates are assembled according to instructions.

Position seatbelt and/or straps, brakes and rechargeable batteries for safe use as directed.

Walking frames

Ensure that the walking frame is the right height for the person. It should be in good condition and able to grip onto the floor well so it does not slide when the person puts weight on it. The seat should be positioned upright when the person is walking.

Hoists

A person may be transferred from a wheelchair to a bed, a bed to a chair, or from a chair to a swimming pool using a fixed or portable hoist. Because there are different kinds of hoists that work in different ways, it is important that you are shown how to use each one correctly.

Assembling this piece of equipment will require you to:

- ▶ locate a suitable sling to suit the person’s size and weight
- ▶ assemble the battery pack from the charger
- ▶ position the equipment close to the person and ensure the brakes are on.

Practice task 3

1. Name three different types of equipment that may be used by a person who needs help with personal support or mobility.

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2. What must you be careful to do prior to using equipment that has been used by another person?

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3. Where can you seek help if you do not know how to use a piece of equipment?

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4. How would you respond if you notice a fault or damage to a piece of equipment while you are assembling it?

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Click to complete Practice task 3

Summary

1. Person-centred practice is a service model that places the person at the centre of their own care. The service responds to the whole person and focuses on a social model of care rather than a medical model of care.
2. Reading, interpreting and implementing an individual plan requires you to follow its instructions carefully. You must always be aware of your own role within the plan and follow the information included in it.
3. An individual plan is a written tool that describes a person’s desired personal outcomes and how these outcomes will be achieved.
4. Before you conduct a home visit with a person requiring support, you should make contact with the person to confirm the date, time and length of your appointment. You should also explain the purpose of your visit and explain the outcomes you hope to achieve.
5. The role of the worker is to support and empower people to make decisions about their plan and their goals so the plan reflects the person’s particular needs. This includes preparing equipment, resources and/or documents required for the purpose of a home visit.
6. Contingency planning aims to prepare you to respond well to an unexpected event, circumstance or emergency during a home visit, and to understand the potential impact on you and the person you support.

Learning checkpoint 1

Determine requirements of the individual plan

This learning checkpoint allows you to review your skills and knowledge in determining requirements of the individual plan.

Part A

1. Explain what is meant by person-centred practice.

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2. Explain how consumer-directed care works in the provision of home support services.

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3. Describe how a support worker can use an empowerment approach to provide home support services.

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4. Explain how a worker could disempower a person receiving home support services.

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5. Explain why a support worker must interpret and follow instructions contained in an individual plan.

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6. Describe two ways a support worker could ensure they accurately interpret an individual plan.

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7. Provide two reasons a support worker should read and interpret individual goals.

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8. Why should a support worker prepare a contingency plan before conducting a home visit with a person requiring support?

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Part B

Read the case study, then answer the questions that follow.

Case study

Renee is a support worker who has just taken over the case management of Mr Rivers. Renee plans on visiting Mr Rivers to discuss his individual support needs and identify how he hopes to achieve his personal goals. Renee reads Mrs Rivers’s individual plan and learns that he is a keen horticulturist and likes to keep his plants, flowers and hedges in excellent condition. Renee identifies that Mr Rivers has a broad knowledge of how to care for his garden, but is restricted in his ability to maintain it himself. The plan states that as a result of early onset Parkinson’s disease, Mr Rivers is unable to use his hands to cut, prune, weed, mulch or dig in his garden. One of Mr Rivers’s personal goals is to maintain and care for his garden independently. This will allow him to work in his garden every day.

Renee begins preparing for her visit. She plans to visit Mr Rivers in his home next Wednesday morning but has not decided on a time yet. She thinks the visit will last two hours. Prior to her visit, Renee conducts some online research to identify whether she can source some specialist garden tools for Mr Rivers that would enable him to achieve his personal goal. Renee discovers a range of ergonomic gardening tools with enhanced grips and lengthened handles that relieve strain on a person’s joints. She also finds a pocketed gardening apron that would allow Mr Rivers to carry all his instruments around with him, rather than getting up and down repeatedly to fetch them.

1. Why is it important that Renee confirms the purpose of her visit with Mr Rivers?

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2. Why is it important that Renee confirms the time of her visit with Mr Rivers?

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3. Who else should Renee provide details to of her upcoming home visit with Mr Rivers?

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4. What could Renee do to confirm Mr Rivers's equipment and aid requirements when she visits him in his home?

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5. Why is it important that Renee knows how to use the gardening equipment safely?

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6. What resources and/or documents could Renee provide Mr Rivers with on her first visit to his home?

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Topic 2

In this topic you will learn how to:

- 2A Follow procedures to assure the person of your identity**
- 2B Provide information, clarify the purpose of the visit and confirm the person's consent**
- 2C Provide opportunity for the person to identify and express any issues or concerns**
- 2D Engage appropriately with others**
- 2E Check for hazards to your own and others' health and safety and implement controls**

Establish a relationship in the home

Some important elements of the relationship between a support worker and the person requiring support are trust and good communication. Knowing how to introduce yourself and maintain courtesy, develop trust and maintain confidentiality and privacy can help improve the quality of the support you provide and the relationship you develop. Workers should develop their communication skills, respect cultural and individual differences and maintain appropriate relationships with the person and their family.

Meeting a person and their family or significant others for the first time is a critical step in establishing your relationship with them. New service users may be unsure what to expect from a service provider and may feel anxious about this first meeting, so introductions should be courteous and respectful. Introductions are very important for developing trust and rapport.

2A Follow procedures to assure the person of your identity

When you arrive at a person's home, particularly for the first time, you must ensure that you maintain their privacy and confidentiality before entering. You also need to identify yourself to assure them that you are a bona fide support worker who is there to provide assistance.

Your supervisor will instruct you on the process to follow for your organisation, and provide you with access to the relevant policies and procedures for you to refer to. They will have notified the person that you are coming and sent them a copy of the roster for their services. You then need to follow the approved procedure to identify yourself to the person.



Introduce yourself

When a family member greets you, you need to repeat your introduction to that person.

After you have visited them for the first time, you will not need to check the address so carefully, but you will need to greet them by name and remind them of your name and why you are there.

Depending on the person's condition, you may need you to tell them who you are, where you are from and what tasks you are there to perform each time you visit. This is particularly the case if the person has a memory support need such as dementia or an acquired brain injury.

Here is a procedure to follow.

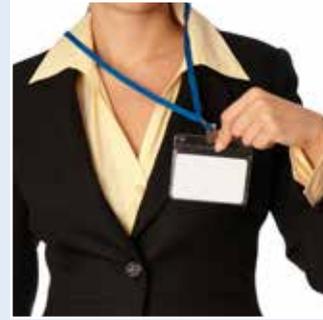
Introduce yourself

- ▶ Make sure you are wearing your name tag or identification badge.
- ▶ Check your roster for the address details.
- ▶ Check the street name and house or unit number.
- ▶ Knock on the door and wait for a response.
- ▶ When someone answers the door, ask for the person by name.
- ▶ Wait for them to confirm their identity.
- ▶ Introduce yourself with your name, organisation, the purpose of your visit and duties that you have come to perform.
- ▶ Wait to be invited to enter.

Example

Assure the person of your identity

When Tracy commences her first shift as a home support worker, she checks her roster for the person’s address and looks it up in the online street directory. She checks the street name and number and then parks the car outside the right house. She checks that she has her new name badge on before getting out of the car and approaching the front door. She rings the doorbell and waits. After a short period, the door opens slowly and a woman is standing there.



‘Mrs Farrow?’ she asks.

The woman nods.

‘I’m Tracy from Home Support Services’, Tracy says, tapping her name badge. ‘I’m here to help you with your shower and personal care. It’s lovely to meet you.’

Practice task 4

Read the case study, then answer the questions that follow.

Case study

Nina is about to provide home support for Reggie Bell for the first time. Because she is a little nervous, Nina went through the individual plan carefully to be sure she knows what to do. When she arrives at the address shown on her roster, there is no number on the gate, so Nina checks the house number next door just to be sure. She checks that her name badge is on straight, then rings the doorbell. No one answers, so Nina calls, ‘Hello’. She hears someone answer, ‘Come straight in’, so she opens the door and goes inside. Nina remains close to the door and calls out, ‘Mr Bell, it’s Nina from Home Support Tasmania, I have come to help with home support for you’. A voice answers, ‘Yes, yes. Come in, come in’. Nina goes into a sitting room where a man is sitting in an armchair. He smiles at her. ‘They told me you were coming’, he says.

‘Yes. My name is Nina. Where would you like me to start, Mr Bell?’ Mr Bell pauses for a moment before he responds, ‘Can you do the dishes for me first, then clean the kitchen and be careful, it was my wife’s best china. Don’t know why they used it’.

Nina goes into the kitchen and starts to tidy up the crockery in the sink. She calls out, ‘The cups are very beautiful. I will wash them very carefully for you’.

When Nina finishes her shift, she goes back into the sitting room to tell Mr Bell she is about to leave. ‘Shall I write in the communication book not to use those beautiful cups again?’ she suggests. Mr Bell replies, ‘That would be kind of you. I don’t want them broken’.

1. How did Nina identify herself when she first arrived? Did she follow the correct procedure? Are there any ways you may improve on the way she identified herself?

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2. What did Nina do to demonstrate an understanding of the sensitivity required for working in a person's home?

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3. How did Nina show respect for Mr Bell's belongings?

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Click to complete Practice task 4

2B Provide information, clarify the purpose of the visit and confirm the person's consent

An essential part of your role is to build effective relationships with the people you support. Having good interpersonal skills and communicating well is the best and most positive way to build and maintain good relationships.

To gain the trust and confidence of the people you support, you should:

- ▶ listen carefully
- ▶ be understanding
- ▶ speak slowly and clearly
- ▶ ask questions.



When visiting the home of a person in need of support, use interpersonal communication skills to provide information, clarify the purpose of your visit, and confirm the person's consent.

Provide information

When you first visit a person in their home, be prepared to provide the person with information relating to their individual plan, personal goals and support program. Their support program will be made up of services and activities that assist the person to achieve their personal goals.

Support activities are the agreed methods outlined within an individual plan that the worker, organisation and others are going to support, or provide assistance with, to meet the person's specific goals and needs.

Information may include:

- ▶ clarification of the purpose for the home visit
- ▶ reasons why a worker has been selected to manage the person's support services
- ▶ details about the person's progress in meeting their personal goals
- ▶ details relating to scheduled support activities
- ▶ the names and roles of others involved in implementing the person's individual plan
- ▶ time frames for routine or follow-up appointments
- ▶ organisational policies, procedures and/or codes; statements of rights and responsibilities
- ▶ aids and equipment that the person is eligible to receive
- ▶ how the person can access other community services and/or generic services
- ▶ the support worker's contact details.

Promote the right to make informed decisions

A person can make an informed decision when they completely understand all the information presented and can make a reasonable decision based on weighing up the pros and cons of each option.

When implementing an individual plan you must be aware of the rights each person has. Think about the questions you are asking and the way you are asking them. Consider how your attitude, body language and the content of the questions may affect the person.



Helping a person practise making decisions about their own lives should be a part of every task. If the person needs guidance, ask them to consider between two options, such as two different outings, rather than asking an open question like, 'What would you like to do today?'

Make sure that people receive information about the services you suggest and their rights within the service. Each Australian state has developed a pamphlet on a person's rights and responsibilities in different sectors that is a good starting point.

Informed consent

Community services organisations work on the principle of informed consent; that is, that a person with support needs has a right to consent to, or to refuse, a service or intervention based on the information a support worker provides. People with support needs must be given sufficient information to make an informed decision about the services they are asked to consent to. They also have a right to refuse consent and to seek alternative options.

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. It also helps to preserve their dignity and self-esteem. Here is some more information about informed consent.

Gaining consent

- ▶ Everyone has a right to determine their own service options. There are legal and ethical reasons for involving a person with support needs in decisions about the services they receive and to gain consent before any type of care is given. Only a mentally competent person over the age of 18 can give legal or valid consent. Consent must be:
 - given voluntarily
 - informed; that is, a person must be aware of what they are consenting to and the risks involved
 - specific to the activity involved.
- ▶ Consent can be given verbally, in writing or it may be implied. Verbal consent means the person requests that they want a service or agree to one being implemented. Written consent means the person signs forms requesting or agreeing to the provision of a service. Implied consent means the person implies in some way that they consent such as by nodding their head or assisting with a task.

Advocates

- ▶ Advocacy is the act of speaking up on behalf of another person. An advocate is a person appointed to help a person with support needs make decisions about their care. A person may need someone to speak on their behalf, if they no longer have the ability to make decisions for themselves, and act in their own best interests.
- ▶ An advocate may be a family member, a friend, support staff, or an independent member of the community who actively negotiates on behalf of the person to ensure their rights are being upheld. They make sure the person's best interests and preferences are known and taken into consideration. They may attend discussions about the person's support and care and take an active part in decision-making to ensure the person receives the service they want and need. The advocate must seek the person's permission before acting on their behalf.

Guardians

- ▶ Guardians protect the rights of people who are unable to make their own decisions regarding where they live, what health services they may need and financial arrangements. Guardians have the authority to make personal and lifestyle decisions on behalf of a person with support needs. They may be a member of the family, a close friend, or a public guardian may be appointed. Each state and territory government has provisions for appointing a guardian.
- ▶ Guardians have a duty to:
 - protect the rights, welfare and best interests of the person with support needs
 - encourage the person to live as normal a life as possible
 - consider the views of the person with support needs
 - preserve and recognise the cultural and linguistic needs of the person
 - protect the person from abuse, neglect and exploitation.

Power of attorney

- ▶ A power of attorney is a legal document that appoints someone to act on behalf of someone else in matters of money, property or medical treatment. A person with support needs may leave the decisions about their affairs to a family member or friend by giving them power of attorney over their affairs.
- ▶ An enduring power of attorney may be organised to come into effect if the person with support needs becomes of unsound mind; for example, if the person develops dementia. This provides the person with support needs, the opportunity to appoint someone to make decisions on their behalf if they become incapable of making decisions related to their care.

Communicate with dignity and respect

To be treated with respect is a basic human right. Respectful communication shows the person that you value their expertise as their own decision-maker, and that you consider them a partner in the support process. It helps the person to feel comfortable in speaking up about their needs and preferences.

Here are some tips for respectful communication.

Tips for respectful communication

- ▶ Focus on the person, not their disabilities or health issues.
- ▶ Sit so you are at the person's eye level when communicating.
- ▶ Observe and note any family or household customs, such as leaving your shoes at the door before entering the house. You could wear inside-only shoes to meet work health and safety (WHS) requirements.
- ▶ Try not to be judgmental of differences you see in how people live.
- ▶ Respect a person's lifestyle choices even if they are quite different from your own.
- ▶ Ask the person how they would like to be addressed; do not assume a person is comfortable being addressed by their first name.

Develop rapport

Introductions can be important for developing trust and rapport. When meeting a person for the first time ensure you have accessed any relevant information about them that is available to you. If there is a referral or intake form, become familiar with any details that may help your introduction and first meeting. Take the time and respond to the person as an individual, with genuine empathy and courtesy.

Listen actively to the person. This involves restating what the other person has said using different words to reflect the content and clarify what the person has expressed. Summarising is another key part of active listening. By repeating what the person has said, you let them know you understand and help encourage further discussion.



Be courteous

What constitutes courtesy (good manners or politeness) varies between generations and cultures. Think about the generations within your own family and the different expectations and social customs between the generations.

Show courtesy by doing the following:

- ▶ Think about how the person's age and background should be taken into consideration.
- ▶ Find out in advance if an interpreter, written translations, braille or any communication aids are required.
- ▶ Make eye contact. If appropriate, get on the same level as the person. Speak clearly and allow plenty of time for introductions.
- ▶ If possible, meet in a place that is free from distractions and noise so you can concentrate and listen properly.
- ▶ Use language appropriate to the person's style, skills and understanding; check to see if it would be helpful for the person to have an advocate.

- ▶ Be prepared to answer the person's questions and ensure you are well prepared with any information they may require.
- ▶ Ensure the person is happy with who is present while you are talking to them.

Develop trust

People who are accessing home support services can be quite vulnerable, as it can be challenging for a person to disclose personal information and seek assistance. Working with a person to achieve their personal goals may involve consideration of personal health, complex relationships and other personal matters. Take a moment to consider how you would feel discussing this type of information about yourself. What you would expect a professional to do to establish trust with you?

Here are some guidelines to assist you to establish a trusting relationship.

Guidelines for establishing a trusting relationship

- ▶ Be competent – practise your active listening and communication skills so you are good at what you do.
- ▶ Never pretend to know something you do not know or work outside the scope of your skills.
- ▶ Be genuine and mean what you say – show that you are really listening and are not just following a script.
- ▶ Be committed to the person and think positively of them.
- ▶ Have empathy – try to imagine the experience of the other person without getting involved in their experience.
- ▶ Allow time.
- ▶ Show respect and courtesy – treat the individual the way you would like to be treated.
- ▶ Never impose judgments – reflect on whether your values are affecting the way you provide support.

Maintain trust

Trust is an ongoing part of a relationship with a person – it can be broken by actions such as not respecting a person's confidentiality or by inconsistent regard to their privacy or dignity. Effective communication underpins good relationships between support workers and the people they support. You can continue to develop the trust the person places in you by showing empathy for their concerns, and always taking time to listen.

The importance of empathy and listening is explained below.

Showing empathy

Empathy means identifying with another person's feelings and experiences. Sometimes empathy is described as walking in another person's shoes, though this does not mean a support worker must agree with the perspective of the person he or she is communicating with.

To be effective, empathy must be genuine and expressed in a way that is meaningful to the other person. Demonstrating empathy can:

- ▶ show that a worker understands the individual's perspective, feelings or experience
- ▶ help develop rapport and establish trust
- ▶ show support and compassion
- ▶ enable another person to feel they are heard and valued.

Listening

Like empathy, genuine listening is essential to good communication because it:

- ▶ indicates that you value the other person
- ▶ shows respect
- ▶ can help to build rapport
- ▶ assists in developing a trusting relationship
- ▶ gives the other person confidence that their perspective is valid and is being heard.

Verbal communication

If you have good interpersonal skills, the people you support will let you help them and they will be confident that you know what to do. Good interpersonal skills are very important for all home support roles.

One of the main things you need in order to have good interpersonal skills is effective verbal communication.

Effective verbal communication means sharing information, through conversation or discussion, so all parties have the same level of understanding. Communication is very important when working with people in the home support program. Communicating clearly means the people you work with understand what is going to happen, and how and when it will happen.

Communication challenges

There may be a number of reasons why your communication with a person or another worker is not effective, as described below.

Speech volume

- ▶ Make sure you speak at a volume that the person can comfortably hear. Face them when you are talking so they can see your mouth, and gain their attention before you begin to speak so they know to listen and watch. Use facial expressions and gestures to emphasise your message.

Unclear speech

- ▶ Other things that can affect clear speech are mumbling, stuttering, slurring and strong accents. Speak slowly, listen carefully and check each other’s understanding.

Inactive listening

- ▶ Inactive listening is when you hear what a person is saying, but you don’t listen and take it in. You may also assume you know what they are going to say, and be thinking about other things. Effective listening is important for good communication. Remember what the person has told you about themselves. The information they offer may be about the support you provide or something personal about their life. If you remember this information and refer to it the next time you see the person, it helps them to feel respected and shows you are interested in them as a person, not just a service user.

Example

Communicate with the person

Nancy, who has been receiving services for about four weeks, has made a number of complaints. Daniel, a supervisor, realises it is important to gain Nancy’s trust, so his priority is to listen actively to her and to demonstrate empathy. Daniel allows plenty of time for his discussion with Nancy so she won’t feel rushed. Daniel has also heard a number of comments and complaints from support workers and other staff about Nancy, who say she is unreasonable and grumpy. Daniel has consciously decided to put aside what he has heard and to meet with Nancy, holding her in positive regard and valuing her as a person.

When Daniel arrives at Nancy’s house, he introduces himself and waits to be asked in. He asks Nancy how she prefers to be addressed, and respects that he is in her home. Daniel actively listens to Nancy’s complaints and only interrupts to clarify or to paraphrase to ensure he understands her fully. He does not agree or disagree. Daniel shows he is listening by leaning forward, making eye contact, saying ‘Hmmm, yes’, and showing he is listening even when he is not asking questions.

Some aspects of Nancy’s complaints seem trivial to Daniel but he reminds himself that he is seeing the situation from his perspective and tries not be judgmental, or apply his own values. When Nancy is finished speaking, Daniel summarises everything she has said to ensure he has understood her. This demonstrates to Nancy that Daniel has really heard what she has said and enables Daniel to show empathy without making any judgment. There are aspects of Nancy’s complaint Daniel is able to respond to and follow up. There are also some things Daniel is unsure of, so he commits to finding out and getting back to Nancy by the end of the week.

Practice task 5

1. Describe two actions you should perform when communicating with a person receiving support.

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2. Describe two guidelines to help you develop trust with a person receiving support.

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Click to complete Practice task 5

2C Provide opportunity for the person to identify and express any issues or concerns

Support workers have an important role to play in supporting people to realise and develop their capacity for self-determination to the maximum possible extent, by encouraging confidence and providing opportunities for decision-making, self-expression and self-advocacy.

When conducting a home visit it is important that you provide the person requiring support the opportunity to identify and express any issues or concerns they may have in relation to the visit, or any other associated matters.



Complaints, issues or concerns

There are a number of common complaints, issues or concerns that service users may make relating to the home support services they receive. Having procedures in place that find solutions to common complaints will allow you to resolve issues quickly. Here is some more information.

Common complaints, issues or concerns may include:

- ▶ poor support services received from the organisation
- ▶ lack of respect by the support worker, for the service user's home and personal belongings
- ▶ a support worker missing appointments, turning up to home visits late or staying too long
- ▶ slow response by a support worker to action follow-up activities
- ▶ poor response by a support worker to requests for information
- ▶ lack of communication between the service user and the support worker
- ▶ uninformed or unqualified support workers providing inadequate support
- ▶ needs not accurately defined in the individual plan
- ▶ promises of support workers not carried out
- ▶ repeated complaints from the same service user.

Manage complaints, issues and concerns

When selecting the best approach for communicating with a service user, think about how you would like to be treated if you had complaints, issues or concerns you wished to express about a service.

Model the type of conversation you wish to have with the person you support. This may include making it clear to the person that you are eager to listen and treat them with courtesy and consideration. If the person becomes agitated or hostile, explain to them that a calm, courteous level of conversation is the most efficient way to resolve their complaint, issue or concern.

If you cannot resolve an issue during the home visit, keep the person updated on the progress of their complaint or concern; act quickly on promises and inform the person when action is completed. Tell the person how you will prevent the issue from recurring.

Here is some information about taking an interpersonal approach to managing complaints.

An interpersonal approach to managing complaints, issues or concerns involves:

- ▶ speaking to the person face to face
- ▶ thanking the person for raising their complaint, issue or concern with you
- ▶ treating the person with genuine empathy, courtesy, honesty, patience and fairness
- ▶ responding to the complaint, issue or concern promptly
- ▶ telling the person how you will handle their complaint, issue or concern
- ▶ showing the person that you understand their concern
- ▶ researching the situation before you respond; for example, reading the individual plan, or speaking to other workers who have supported the person
- ▶ listening carefully and asking question to clarify and summarise back to the person your understanding of what they've said
- ▶ not jumping to conclusions, laying blame or becoming defensive
- ▶ focusing on solutions and involving the person in developing them; and negotiating a solution that is to everyone's satisfaction.

Complaints handling policy and procedures

Your organisation's complaints handling policy and procedures will provide service users with opportunities to express complaints or grievances and see that they are investigated and resolved. Make sure you are aware of, and skilled in implementing, your organisation's policy and procedures. It is vital that you understand your role in recording and resolving complaint incidents, and nominating complaint contacts.

You should also take steps to communicate the complaints policy and procedures to the people you support.

Resolve complaints

While many complaints are easily resolved, some can be very challenging. Resolving complaints with dissatisfied or concerned service users or their families requires good organisational processes, courteous communication, and strong conflict resolution skills.

Manage unresolved complaints

If you are unable to resolve a complaint after taking all reasonable steps, you should refer the complaint on to your supervisor, or seek the assistance of a third-party dispute resolution service or independent advocacy service.

If the person lodges a formal complaint about your organisation, disputes can be resolved using alternative dispute resolution processes, such as mediation, without involving the courts. Mediation can be arranged through non-government providers or through a dispute resolution centre.

Follow organisational requirements

You must follow your organisation's requirements for receiving, managing and resolving complaints or grievances. Ensure you:

- ▶ assign one person to manage each complaint and its outcome
- ▶ have the level of authority to organise solutions that are acceptable to all involved
- ▶ know who you can refer complaints directly on to when you cannot resolve a complaint
- ▶ confirm that the person is satisfied with the proposed solution before proceeding
- ▶ work within legislative requirements, ensuring both the service user's rights and your own rights are protected
- ▶ follow-up with the person to make sure the complaint, issue or concern has been resolved to their satisfaction.

Complaints handling policy

Your organisation's complaints handling policy sets out your responsibilities for how to best manage a complaint. The following key elements are usually included in such a policy.

Key elements of a complaints handling policy

- ▶ Commitment of the organisation to the prompt and fair resolution of complaints
- ▶ A definition of what a complaint is and an explanation of the types of complaints that can be dealt with under the policy
- ▶ Reason for the policy that should be used to improve services and systems
- ▶ A three-tiered complaints handling system – frontline complaint handling, serious complaint handling, and unresolved complaints that must be referred
- ▶ Avenues of review identifying that senior members of the organisation will review complaints
- ▶ Communication requirements explaining what service users can expect when a complaint is made
- ▶ Fairness and equity requirements including a commitment that complaints will be handled equitably, objectively and in an unbiased manner
- ▶ Protection from retribution, if service users are concerned about possible consequences of making a complaint
- ▶ Privacy and confidentiality requirements stating that complaints will remain private and only be shared with relevant people
- ▶ Provision of assistance that can be provided to service users in making complaints

Complaints handling procedures

The complaints handling procedure outlines the process for managing complaints from service users. The following key elements are usually included in such a procedure.

Key elements of a complaints handling procedure

- ▶ Reasons for the procedure, explaining the commitment of the organisation to the complaints handling system
- ▶ Access to support and supervision for support workers and supervisors to assist with complaints handling
- ▶ Essential elements such as visibility and access; delegations; and communication responsibilities
- ▶ The complaint handling process
- ▶ Time frames for complaint action
- ▶ Support for complainants should they need support or assistance in making a complaint
- ▶ How complaints are recorded
- ▶ Service improvement commitment
- ▶ Mechanism used to monitor effectiveness of the complaints handling system

Independent advocacy

When the complaints, issues or concerns expressed by the person requiring support cannot be resolved by the support worker, or by a member of the organisation, an independent advocate should be sought. Independent advocacy involves speaking or acting on behalf of a person or group with minimised conflict of interest. Independent advocacy may be provided either by an informal advocate through a community-based advocacy organisation, or through a formal government advocacy service. Alternatively, a formal guardian may be appointed to act on the person's behalf.

Independent advocacy support should be sought when:

- ▶ there is a perception of conflict of interest; for example, when a support worker promotes personal or professional interests rather than supporting the person
- ▶ there is a conflict regarding the choices or decisions being made; for example, when a decision made by a support worker is rejected by the person with support needs, or vice versa
- ▶ there is concern regarding undue or inappropriate influence, or pressure being placed on the person's decision-making
- ▶ issues confronting the person with support needs, requires a level of authority or expertise that is beyond the support worker's role.

Seek and use feedback

There will be opportunities to seek both formal and informal feedback from the person you support. The formal process may include a satisfaction survey, as well as the opportunity to lodge grievances and complaints. Informal practices would include asking the person you support if they are satisfied or if there is anything you, or the service, could do better.

Example

Enable the person to identify and express any issues

Simon has just been recruited as a support worker. It is his first time working in the home and community services sector and he is feeling slightly overwhelmed with all the new information, processes and documentation.

Simon is scheduled to visit Juan in his home. Juan is a 65-year-old man who lost the use of his right hand as a result of a car accident 10 years earlier. Juan relies on home support workers to assist him with the general maintenance and cleaning of his suburban home. Juan lives alone, and his son, Miguel, visits him once a week. Simon is one-hour late to his appointment with Juan as he missed the turn-off to Juan’s house from the highway. Simon was so busy looking up directions before he left that he didn’t have time to read Juan’s individual plan prior to the home visit, so he appears flustered and isn’t exactly sure what to say to Juan. Juan tells Simon that he ought to make a complaint about Simon’s tardiness and unpreparedness. He tells Simon that it looks like he doesn’t care about his needs at all.

Simon is very embarrassed and apologises to Juan straightaway. He then decides that now is a good opportunity to ask Juan about his current support needs and identify whether the service he has been receiving is helping him to achieve his personal goals. Juan thinks about it for a moment, and then begins to tell Simon about his plans to move house. Juan wants to fix up his property for resale and purchase something smaller and closer to his son. For the rest of the visit Juan shows Simon around his house and identifies the parts that need fixing up or replacing. With Juan’s permission, Simon begins taking photos on his Smart phone. He tells Juan that he will speak to his supervisor about organising someone to come to Juan’s home to help complete some of the repairs. Because Simon provides Juan with an opportunity to express an unmet need, he decides not to complain about Simon’s earlier behaviour.

Practice task 6

1. Provide two examples of complaints, issues or concerns that a home support service user may have about the service they receive.

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2. Provide two examples of ways a support worker could use an interpersonal approach to respond to service user complaints, issues or concerns.

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3. Describe what a support worker should do if they cannot resolve a service user’s complaint.

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Click to complete Practice task 6

2D Engage appropriately with others

As a support worker, it is essential that you engage appropriately with others in their place of residence, and in accordance with organisational policies.

A person receiving home support needs help with everyday activities. To get this help, they must allow workers into their homes to help with housework or personal care. They may need to have meals cooked and delivered; they may need to go to a leisure centre for the day. Having such a schedule of activities or relying on others may make people feel they have little or no control over their day-to-day activities. They may feel vulnerable or angry, or find it difficult to relax with people coming in and out of their homes. It may be the person's first time at a daycare centre with people they don't know. It is therefore important to be able to put people at ease while you are working with them. This is achieved using your effective interpersonal and communication skills.



Develop rapport

There are micro (small and specific) skills you can use for developing rapport. Gerard Egan in his book *People skills* outlines some micro skills that have proved successful in developing rapport with others. He uses the acronym 'SOLER', which stands for the processes to use. Here is some more information.

S

Sit or stand **SQUARELY** to the person – usually at a 5 o'clock position so as not to startle them.

O

Use an **OPEN** posture at all times to ensure you do not set up any physical barriers to communication. For example, don't cross your arms.

L

LEAN slightly toward the person to show you are interested and engaged in the conversation with them.

E

Maintain appropriate **EYE** contact. You will need to consider any cultural needs here. For example, you would make less eye contact with an Indigenous Australian person.

R

Take a **RELAXED** approach. If you are relaxed, then the other person will be as well.

Listen

One of the most important skills you need when engaging with an individual is the skill of active listening. Make sure the environment has as few distractions as possible, and you both have time to talk. Remember, people with support needs may have a long history of not being heard. To hear what they are saying, you need to put your own opinions aside and consider things through their eyes. Here are some strategies to help you listen.

Strategies to help you listen

- ▶ Face the person you are listening to, if it is culturally acceptable.
- ▶ Observe their body language.
- ▶ Be patient and don't interrupt.
- ▶ Don't finish their sentences for them.
- ▶ Don't assume you know what they are going to say.
- ▶ Repeat things to them to make it clear you understand.
- ▶ Summarise the key points they make.
- ▶ Ask the person to repeat things if you don't understand.
- ▶ Give information based on fact; don't give opinions.

Consultation

Part of engaging with those you support is consultation. You can help support a person's preferences by consulting them regularly about the tasks you do when supporting them, as described below.

Example questions to demonstrate a consultative process:

- ▶ Would you prefer to shower at night or in the morning?
- ▶ What would you like me to do first?
- ▶ Which sheets would you like on the bed?
- ▶ Do you like your tea weak or strong?
- ▶ Would you prefer your tea in a cup or mug?
- ▶ Do you like your hair washed under the shower or at the hand basin?

Be considerate of diversity

Community services work is based on a set of core values. These include that every person has a right to be treated with respect and dignity, to equal opportunity and social justice, to be as self-determining and independent as possible, and that no person should be discriminated against on the grounds of race, ethnicity, colour, age, gender, sexual preference or disability.

Some points to consider when working with people of diverse backgrounds and abilities are outlined here.

Social background

Be aware that a person's personal circumstances may influence their behaviour.

Treat all people as equal and avoid making assumptions, either positive or negative, based on their social background.

Recognise social disadvantage and work to increase social justice and inclusion wherever possible.

Cultural background

Learn as much as possible about an individual's cultural and ethnic background so you can provide appropriate services.

Respect all people's cultural and religious beliefs.

Use appropriate cross-cultural communication strategies and/or interpreters when necessary.

Physical abilities

Recognise that most people with physical disabilities do not have intellectual disabilities as well.

Work with a person-centred focus so the person has the opportunity to make decisions and choices about the services that best suit their needs.

Focus on what the person can do, not on what they can't do.

Mental abilities

Treat people with intellectual disabilities with the same respect and courtesy as you treat others.

Avoid talking to people in an overly simplistic and patronising way.

Encourage decision-making and self-determination as much as possible.

Attitudes

Some people have attitudes that will differ from yours. For example, some people believe that mothers of young children should not be out at work, or that men should not stay at home to care for children. Be aware of other people's attitudes. You may not necessarily agree with them, but you need to be respectful of their right to have these attitudes.

Beliefs

People from different cultures hold different beliefs, some of which may be about religion or spirituality. They may be about expectations to do with roles or children. For example, Mr Kleinberg is Jewish and attends an activity centre for older people. He never attends the special Saturday outings because in his religion Saturday is a day of prayer and family time.

Gender roles

Gender roles feature strongly in some cultures, with a belief that a person of one gender should or should not do certain tasks. For example, Hors is an older man who lives alone. He needs help with home care as he has arthritis. His wife did all the housekeeping up until her death. Hors believes that it is a woman's role to care for the home and the man's role to earn money and do physical maintenance tasks. When John, the worker, arrives to do the cleaning Hors is shocked and confused. He finds it difficult to understand that John will do his cleaning.

Sexuality

People of some cultures have strong beliefs about how much of a person's body should be seen in public or even in their own home by family. Some Muslims believe that women should cover all their skin, with only their face and hands showing. Other cultures believe that legs should be covered to below the knee or that excessive visible skin (when wearing short skirts or tops) is unacceptable. Be aware of such attitudes and dress appropriately when visiting service users.

Be mindful that most people feel uncomfortable being naked in front of others. However, in some cultures it is considered inexcusable to be seen naked by anyone other than your spouse. It is important to assist these people in a way that upholds their privacy and dignity.

Music

Most cultures have music specific to their country or time. While you may dislike the music they play, some people may find the music you like offensive or loud. In the person's home, respect their choice. In a program with people from mixed cultures, there should be compromise to cater for a range of tastes in music.

Personal touching

In many cultures touching, holding hands, hugging and kissing are considered acceptable, even with acquaintances or people you have just met. In other cultures touching is not acceptable at all and is considered offensive or rude. Make sure you are aware of people's preferences about personal touching, and always ask before touching someone.

Understand communication differences

You are likely to find a wide range of communication abilities among the people you support. Some conditions affect a person's language skills; for example, dementia or some forms of acquired brain injury, can reduce a person's ability to find the right words or to what you are saying. A person who has spoken another language before they learnt English may also revert back to that language as their condition progresses; it may therefore be important to plan for this need. An interpreter may be needed or you may need to learn a few words of another language so you can communicate with the person or seek other alternatives, such as pictures or gestures.

Example

Engage appropriately with others

Vicki is an activity worker in a day program. She is from an Italian background and was raised in a family that hugged every visitor to their home, and kissed everyone on both cheeks. Mr Mikako is one of the people who attends the program. He was born and raised in Japan and does not believe people should hug or kiss unless they are very close family or spouses. When Vicki hugs him every time he arrives at the program, he looks very uncomfortable and shocked.



Practice task 7

1. Why is it important for a support worker to engage appropriately with people in their homes?

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2. Explain the SOLER process for developing rapport.

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3. Explain why a support worker must consider the communication differences of a service user to engage with them appropriately.

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Click to complete Practice task 7

2E Check for hazards to your own and others' health and safety and implement controls

As in any workplace, there are potential risks associated with community work in aged care, disability and home support services settings. As a support worker, you are responsible for checking for hazards to your own and other people's health and safety, and implementing controls to manage risk.

The nature of disability and ageing can mean that many people who access services are exposed to an increased level of vulnerability and risk. You can help the person to recognise risks by reminding them of issues that you feel are unsafe, such as walking without a prescribed walking aid or not cleaning away food after preparing a meal. It is important to be sensitive at all times to the person's understanding of hygiene and safety, and call a supervisor if you feel the person continues to be at risk of harm or illness.



Health and safety legislation

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This model legislation was developed by the Commonwealth government to harmonise work health and safety laws across Australia. At the time of publication, all states and territories had harmonised with the law, except for Victoria and Western Australia.

The object of the harmonisation of work health and safety laws, according to the Explanatory Memorandum – Model Work Health and Safety Bill (Safe Work Australia, 2010), is to:

- ▶ protect the health and safety of workers
- ▶ improve safety outcomes in workplaces
- ▶ reduce compliance costs for business
- ▶ improve efficiency for regulatory agencies.

The following table provides the name of the health and safety legislation and the regulator responsible for its implementation in each state and territory.

Australian Capital Territory	<p><i>Work Health and Safety Act 2011</i> (ACT)</p> <p>The regulator for the Australian Capital Territory is WorkSafe ACT.</p> <p>http://aspirelr.link/worksafe-act</p>
New South Wales	<p><i>Work Health and Safety Act 2011</i> (NSW)</p> <p>The regulator for New South Wales is SafeWork NSW.</p> <p>http://aspirelr.link/safework-nsw</p>

Northern Territory	<i>Work Health and Safety Act 2011 (NT)</i> The regulator for the Northern Territory is NT WorkSafe. http://aspirelr.link/worksafe-nt
Queensland	<i>Work Health and Safety Act 2011 (Qld)</i> The regulator for Queensland is Workplace Health and Safety Queensland http://aspirelr.link/worksafe-qld
South Australia	<i>Work Health and Safety Act 2012 (SA)</i> The regulator for South Australia is SafeWork SA. http://aspirelr.link/safework-sa
Tasmania	<i>Work Health and Safety Act 2012 (Tas.)</i> The regulator for Tasmania is WorkSafe Tasmania. http://aspirelr.link/worksafe-tas
Victoria	<i>Occupational Health and Safety Act 2004 (Vic.)</i> The regulator for Victoria is WorkSafe Victoria. http://aspirelr.link/worksafe-vic
Western Australia	<i>Occupational Safety and Health Act 1984 (WA)</i> The regulator for Western Australia is WorkSafe WA. http://aspirelr.link/worksafe-wa

Follow organisational policies and procedures

Your organisation will have policies and procedures in place to ensure a safe and secure work environment.

The policies and procedures in your workplace are there to protect service users, colleagues and you. However, even with the strictest procedures and the best training, things may still go wrong. All workplaces have their own policies and procedures for dealing with hazards and risks. These policies and procedures tell you what to do and who to inform. Risks and hazards must be reported as soon as possible to prevent service users or staff getting injured or becoming unwell.

The following table shows a list of some of the policies and procedures that you need to understand, and examples of how they contribute to the health, safety and wellbeing of you and the people you support.

Policy/ procedures	Purpose
Hazard control	Minimises the risk of harm or injury to the person requiring support and takes a proactive approach to eliminating these problems.
Work health and safety	Provides a safe environment for the person and prevents injury to both the person and their support workers.
Infection control	Prevents infection passing to the person and others, and so stops them becoming ill.
Emergency procedures	Ensures the safety of the person in the case of a fire or other emergency. Provides instruction on when to phone the emergency services.
Security procedures	Provides a safe environment in the person's own home and may include personal alarms.
Quality improvement	Allows support workers and other staff to engage in looking at ways to do things even better for the person requiring support.
Discrimination, harassment and bullying	Provides guidelines on acceptance and unacceptable behaviour for the support worker and other staff.
Waste management	Ensures rubbish is removed and disposed of in a safe and timely manner and does not become a health hazard.

Hazards

A workplace risk is the chance a hazard will cause harm, injury or ill health. A hazard is something in your workplace that poses a risk to you and/or your work colleagues. Hazards that you could be exposed to include anything that is a source of potential harm in terms of human injury or ill health, or could cause damage to property or to the environment.

All workplaces are different. Hazards present in one workplace may not be present in another.



Identify hazards

All workplaces have forms that staff need to complete when they notice a hazard. Policies, procedures and forms for reporting hazards ensure that the hazard is properly described and that the right people are informed so the hazard can be removed or remedied.

Here is an example of a hazard identification form.

Hazard identification, report and action form	
Type of hazard	<input type="checkbox"/> Slip or trip <input type="checkbox"/> Infection control and/or hygiene <input type="checkbox"/> Fire or flood <input type="checkbox"/> Other:
Name of person reporting hazard	Sam Roberts
Nature of hazard	No antibacterial hand-wash available to fill soap containers.
Cause of hazard	Late delivery
Date of hazard	Monday 4 April 2016
Location of hazard	All hand-washing basins in day program building.
Describe the hazard and the risks of injury or harm	There was no antibacterial hand-wash available to refill the soap containers at staff hand basins for one day. This meant that staff may not have washed their hands properly after handling soiled materials or before preparing food.
How did the hazard occur?	The delivery that included hand-wash was scheduled for Wednesday. The supplier rang Wednesday afternoon to say the truck had broken down and the delivery would be delayed until Monday.
What immediate action was taken?	Signs were made to advise staff to use the hand basin in Bathroom 3, which still has a full soap container. Staff were advised also via the communication book, and verbally where possible.
Has any person been injured or had a near miss due to the hazard?	No
What further action is required to deal with the hazard?	In future, soap must be ordered earlier and not when it has almost run out.
Action: Person reporting the hazard must pass the completed form to the team leader. Team leader must pass form to the manager.	
Signature of person completing form: <i>S Roberts</i>	
Report date: 04/04/2016	Date report received by team leader: 04/04/2016
Signature of unit manager: <i>K Singh</i>	

Monitor and manage hazard identification

The team leader or coordinator will ensure the risk of the hazard is monitored and may ask for regular updates from you. If you lodge a hazard report, the hazard will be investigated and you will be notified of the outcome.

Here are some guidelines for identifying and reporting a hazard.

Hazard identification

When you have identified an infection control or hygiene hazard while doing your work, follow these steps:

1. Take appropriate action to prevent service users, staff or others coming in contact with the hazard.
2. Remove the hazard, if safe to do so, using appropriate infection control procedures.
3. Do not remove the hazard if it is not safe to do so; report it by phone or in person to your supervisor.
4. Complete a hazard report once the hazard is controlled; for example, no-one is in danger of immediate contact or infection.

Hazard report

When completing a hazard report form:

- ▶ identify the hazard as an infection control or hygiene hazard by ticking the appropriate box
- ▶ identify the type of infectious material involved
- ▶ detail the location of the hazard and the actions you have already taken
- ▶ give the hazard report to the team leader, who will address the immediate hazard and ensure action is taken to remove the hazard or prevent it from recurring.

Risk control measures

Once hazards are identified and removed or made safe, it is important to control the risk of the hazard occurring again by implementing risk management practices. When a hazard has been identified and controlled, you need to think about and discuss with others the causes and future actions.

Here are some questions to ask in relation to controlling risk.

Questions to ask:

- ▶ How did it happen?
- ▶ Why did it happen?
- ▶ Could it happen again?
- ▶ What could be done to prevent it happening again?
- ▶ What other actions could be taken to make sure people are safe?
- ▶ How can we make sure everyone is aware of the risk and the actions taken?

Maintain a safe and healthy environment

Keeping an environment safe often requires simple planning and thinking ahead, such as wiping up a wet floor and tidying away clothes left around to remove the risk of tripping on them. Another example is helping a person to wash their hands after using the toilet to remove the risk of illness or infection. Be sensitive when discussing problems that occur in the person's home, talking in terms of safety, rather than using words like 'dirty' or 'messy'.

If you see something that may be unsafe or unhealthy, you should try to resolve the problem immediately if possible.

Here are some examples of unsafe or unhealthy situations.

Unhealthy or unsafe situations include:

- ▶ evidence of self-neglect, such as poor hygiene or out-of-date food in the fridge
- ▶ behaviours that could cause harm, such as forgetting to turn off the gas when boiling the kettle
- ▶ hazards in the home that could cause tripping, such as old rugs, frayed cords or clutter in pathways.

Plan ahead for safety

Always plan your work ahead of time. This may mean considering what you need to take with you into the bathroom and having it prepared before you begin to transfer a person to the shower, so you do not have to leave the person alone.

As a support worker, it is important that you are constantly assessing situations and tasks for potential hazards, and identifying and reporting them if you cannot resolve the problem easily.

Here are some ways to contribute to a safe and healthy environment.

How to contribute to a safe and healthy environment

- ▶ Observe any changes and potential risks and hazards in the environment; for example, trip hazards, frayed electrical cords, slippery or uneven surfaces, food that is past its use-by date.
- ▶ Report risks and hazards promptly, and follow organisational protocols. Hazards should be reported to your supervisor.
- ▶ Let the person know that you have concerns about equipment, flooring or other hazards. Suggest to the family ways that the problem could be improved.
- ▶ Encourage the person to take part in maintaining their environment in a safe way.
- ▶ Use personal protective equipment (PPE) such as clothing, gloves and aprons, when required.
- ▶ Supervise the person, if needed.
- ▶ Talk to the person about the dangers, such as out-of-date food.

Strategies to maintain a safe and healthy environment

Here are some practical strategies for maintaining safety in a work environment.

Floor surfaces and objects on the floor

- ▶ Uneven or loose surfaces and objects on the floor can trip you or the person. Keep your work area clean and tidy, and keep the floor surface free from loose mats, spills and worn carpets.

Lighting

- ▶ Dark areas make it hard to see where you are going and what you are doing. To prevent this, keep your work area well lit, turn on lights and open curtains.

Space

- ▶ Small spaces make it hard to move. Move a bed out from the wall when you are making it so you can move around all sides instead of leaning and straining to reach.

Air quality

- ▶ Smoking pollutes the air, damages lungs and can cause breathing difficulties such as asthma attacks. Most workplaces have smoking bans. Do not allow the person to smoke while you are visiting.

Furniture/fittings

- ▶ Low, heavy or poorly maintained furniture can be hard to move, be unstable or unbalanced – this can cause back strains. Report any furniture hazards.

Car parking

- ▶ Your workplace should provide safe car parking that is well lit and secure. When supporting a person in their home, always park in the street close to the home where you are working – don't park in the driveway because it can be harder to leave in an emergency. Report any unsafe car parking areas.

Personal safety

Your own personal safety is of the utmost importance. Within the home support services sector, the main causes of injury and WorkCover claims are back injury through poor lifting practices, and stress. For both of these categories of injury, the support worker is often aware that the practice is unsafe or that the environment is proving stressful, but they fail to report it.

You must monitor your environment for any changes, in order to maintain an awareness of your own safety. Important factors regarding your personal safety are detailed here.

Monitor personal safety

Follow up any incident reports and see what action has been recommended.

Engage in continuous improvement. Look for and suggest improvements for the way things are done.

Read the communication book for any reports made by fellow workers and be aware of any issues concerning the person's, health or the environment in which you work.

Monitor the person's health status for any changes. You may be the first to notice signs of infection. Loss of mobility or loss of ability to bear weight will require you to make a report and request a reassessment before an incident occurs.

Monitor for changes in the environment or equipment available to you to do your job. If equipment breaks down or is starting to be unreliable, report it.

Keep current with training and any changes to procedure, particularly in regard to infection control, hazardous chemicals and disposal of waste.

Be aware of relevant policies and any changes to them.

Report risks to personal safety

Report any behaviours of concern that a person exhibits. This may be physical acts or things that are said. Look for any patterns in this behaviour.

Report any changes in the people who are present in the person's home, particularly if you feel threatened by any of them. Your supervisor needs to know.

Report sexually inappropriate behaviour. Sometimes it may be just a feeling that you have; sometimes it may be inappropriate language or a person may touch you inappropriately.

Report any incidents of bullying or harassment. This may include bullying from the person, the person's family or co-workers.

Take action

Conduct regular audits using the WHS checklist that your supervisor will supply. An audit should be undertaken at least annually. You may be asked to do this yourself or it may be done by a WHS specialist.

Give yourself breaks and keep up personal interests and hobbies for a life balance.

Be proactive; for example, consider vaccination against Hepatitis A and B.

Attend regular fire training and be familiar with evacuation procedures. Most organisations offer an annual update.

Attend WHS and manual-handling training if they are offered. Many organisations have a mandatory requirement for you to attend manual-handling training before you commence work, and encourage annual updates.

Home fire safety

As part of your duty of care to the person you are supporting, you will be trained in and require knowledge of fire safety. When working in a person's home, there are unique factors that make fire safety essential, as described below.

Home fire safety includes:

- ▶ understanding basic home fire safety matters
- ▶ understanding high-fire-risk groups
- ▶ being aware of behaviour that may contribute to fire injury and fatality
- ▶ knowing the role of a working smoke alarm
- ▶ understanding types of smoke alarms
- ▶ knowing the optimum placement of smoke alarms
- ▶ testing and cleaning smoke alarms
- ▶ referring service users for smoke alarm installation and maintenance.

Smoke alarms

As part of the WHS audit of the person's home, the worker undertaking the audit will use a checklist that includes ensuring that a smoke alarm is in place, has batteries and is in working order. For people requiring support who do not have a smoke alarm, your supervisor can make arrangements to have one installed under a home maintenance program. It is then your responsibility to monitor that it is in working order, on a regular basis.

Fire procedures

Your organisation will have a procedure, similar to the following, which must be followed in the event of a fire.

Fire evacuation procedure

- ▶ Remove any person in danger, if safe to do so.
- ▶ Before exiting a room, feel the back of the door with the back of your hand. If it is hot, do not open the door. Use a different exit such as a window.
- ▶ If there is smoke, get down low and crawl on your hands and knees to the closest exit.
- ▶ If your clothes catch fire, stop, drop and roll to smother the flames.
- ▶ To help others whose clothing is on fire, throw a woollen blanket over the flames to smother them.
- ▶ Do not go back into the fire-affected room or area.
- ▶ Call 000 and provide these details: address; nearest crossroad; the extent of the fire; if anyone is trapped.
- ▶ Once people are safe, ring your supervisor.

Security of property

When you visit the home of a service user, you should check to ensure their property is secure. Check that the windows and doors can be locked, and whether curtains or blinds can be drawn in the evening. Ask the person whether they have a house alarm or surveillance system in place and whether it is used at night.

Make sure the person knows never to answer the door until they have confirmed who is visiting. It would help to have a security door placed in front of the front door so the person can speak to people they do not know through a security screen.



Make note of the type and position of the person's home. It may be in a gated complex that only residents can access. Or it may be a street front property with no fence, and on a busy road. Whatever the case, you should work with the person you support to assist them in securing their property and ensuring their home is a safe environment.

Emergency response procedures

Your duty of care to service users extends to you being required to have knowledge of security and emergency response procedures. Your organisation will have a procedure that you must follow in cases where an emergency response, such as an ambulance, the fire brigade or police is required. You will receive training in this procedure.

The procedure will cover:

- ▶ identifying that an emergency response is required
- ▶ ensuring personal safety
- ▶ ensuring safety of the service user, which may include administering CPR
- ▶ calling an ambulance, the fire brigade or police

- ▶ reporting as soon as practical to your supervisor
- ▶ completing the relevant documentation.

As part of your initial training you will be trained in first aid, including CPR.

Maintain a clean and comfortable environment

An environment that is clean and comfortable is important to all of us. People requiring support often rely on us to ensure that they are warm, comfortable and free from pain or discomfort.



Older people are often at higher risk of developing infections and food poisoning from bacteria and viruses that commonly exist in the environment. It is therefore important to be vigilant about hygiene practices, such as keeping surfaces clean, observing food safety procedures and protecting other people from commonly transmitted viruses such as the common cold and gastroenteritis.

Clean regularly

Cleaning must be undertaken regularly, particularly when sharing equipment, bathrooms or other spaces between two or more people. Your organisation will have procedures that need to be followed relating to the types of cleaning products used and the frequency that certain surfaces need to be cleaned.

Universal precautions are recommended when supporting any individual, regardless of any infectious status. This means gloves should be worn whenever there is possibility of contact with blood, body fluids, secretions (for example, wounds), excretions (for example, faeces or urine), contaminated items and non-intact skin. Eye protection must be worn if there is any risk of body fluids splashing.

Effective hand-washing

Hand-washing is the single most important measure to reduce the transmission of infection. You must wash your hands following contact with any blood or body fluids, after finishing working with one person and before beginning to work with another, immediately after removing gloves and between tasks and procedures on the same person.

Comfort

Comfort can mean different things to different people, but there are certain things that we all require to feel comfortable. You may need to assist the person you support to achieve a level of comfort that is right for them, by thinking about the following as you work.

Consider the temperature of the environment

- ▶ Remember that people who are older or inactive for long periods are less likely to feel temperature in the same way that you do. Maintain the room temperature at a level right for the person, not for yourself. A blanket or rug across their knees can help to maintain comfort.

Pre-heating bathrooms

- ▶ While you are attending to a person before and after a shower, cover them with a towel while they are undressed or partly undressed, to maintain warmth and dignity. If there is a heater in the bathroom, pre-heat the room in cold weather or early mornings, for 10 to 20 minutes prior to the time when you will be assisting them.

Clothing

- ▶ It is important that people are able to dress in clean and suitable clothing, and that they get the assistance needed to do this. They need clothing that is appropriate to the weather. Be guided by the person's preferences, even if you do not feel heat or cold in the same way that they do.

Dressing for abilities

- ▶ People should not wear clothing that prevents them from going to the toilet independently; it is important their clothing is manageable. Velcro or hook fastenings or pants with elastic waists instead of clothing with buttons or zips may be easier to manage. An occupational therapist may find ways to help manage things like buttons, zips and other fastenings.

Regular continence checks

- ▶ Never leave a person lying or sitting in soiled clothes or incontinence pads. Regular checks are important if the person is not able to communicate this to you. If they do let you know that they are soiled, respond immediately. Leaving a person for long periods with their skin in contact with urine or faeces is not only uncomfortable, but can also lead to rashes, infections and breaks in the skin.

Noise

- ▶ Loud, cluttered and busy environments can be uncomfortable for some people, particularly people with dementia. Consider reducing unnecessary noises, such as a television that no-one is watching. If a person seems distressed around busy environments, take them somewhere quieter.

Check before leaving

- ▶ Ask the person if they are comfortable prior to leaving them in a bed or chair. Consider the positioning of pillows and blankets, and check that the person's limbs are not positioned awkwardly.

Manage infection control

The different strategies used for infection control are based on the types of infection that are or may be present, and the most effective known ways to control them. The different types of infection control methods are divided into standard precautions and additional precautions. Most service users will require standard precautions only. It is unlikely you would be asked to care for a person who requires additional precautions. If you are required to do so, you will be provided with additional training.



Understand infection

Infections are common and may lead to illness. Microscopic organisms (known as germs) are all around us and some of these germs can cause disease in people. There are four major types of germs: bacteria, viruses, fungi and protozoa. While these four are responsible for many human infections, infections can also be caused by parasites. Mites and insects can cause discomfort and scratching, which may lead to secondary infections. Good infection control must be practised; important information and guidelines are provided here.

Bloodborne infections

Bloodborne infections are when blood or fluid from an infected person enters the body of another person through contact between the blood and an open wound or mucous membrane. Hepatitis and HIV are examples. It may take some time for the infected person to show symptoms. Some bloodborne infections are difficult or impossible to cure. Dried blood and other bodily fluids can also transmit bloodborne infections, even if there is no visible blood.

Good infection control such as keeping wounds covered, being careful with sharps and following waste management procedures help to prevent the spread of infection.

Infections carried in other bodily matter

Infections can be carried in other bodily fluids, secretions and excretions such as saliva, urine, mucus, vomit and faeces. Gastroenteritis is an example. These types of infections can be transmitted from one person to another by sharing eating and drinking utensils or through poor hand-washing practices. Diseases such as gastroenteritis can cause dehydration and weakness, and even death in older people or people who are less able to fight infection.

Good infection control practices such as hand-washing and waste management are needed to prevent the spread of such infections.

Airborne infections

Airborne infections are caused by viruses or bacteria passed on by the infected person breathing on someone else. Chickenpox and measles are examples. These infections are easy to transmit as it is difficult to prevent a person from breathing on others. If you are aware someone has such an infection, you may need to wear a face mask to reduce the chances of transmitting the disease. For older people or people with certain illnesses or disabilities, such diseases are very dangerous and can cause death. If you have an illness such as chickenpox or measles, or have come into contact with someone who has, you should not work near vulnerable people. Inform your supervisor before commencing work.

Droplet transmission

Droplet transmission refers to infections that are passed on by coughing and sneezing. A droplet from an infected person can be passed on to another via their eyes, nose or mouth. Typically, these diseases are transmitted very easily, especially in group situations. It is sometimes necessary to isolate people with infections. Workers may need to use face masks or face or eye shields to prevent transmission of such diseases.

If you think you have the flu or a cold, you should not work in close contact with other people, especially those who are vulnerable to infection.

Standard precautions

Standard precautions for providing home support for service users must be used regardless of whether an infection is present or not. A person with an infectious disease may not show any signs or symptoms of being unwell. Here are examples of key areas of care and support service provision, and particular contact situations, when standard precautions must be used.

Areas covered by standard precautions

Standard precautions cover:

- ▶ following personal hygiene practices such as hand-washing
- ▶ using personal protective equipment (PPE) such as gloves, plastic aprons, masks, face shields and eye protection
- ▶ complying with appropriate handling and disposal of sharps and other waste
- ▶ cleaning and sterilising re-usable equipment
- ▶ complying with environmental controls, such as maintaining buildings, and cleaning and managing spills
- ▶ providing appropriate support services such as laundry and food services.

Standard precautions in contact situations

- ▶ These standard precautions are used when you come into contact with:
 - ▶ blood (including dried blood)
 - ▶ bodily fluids, secretions or excretions (except sweat)
 - ▶ non-intact skin; for example, cuts, grazes or rashes
 - ▶ mucous membranes; for example, inside eyelids and the nose.

Additional precautions

Additional precautions are used when supporting people who are known or suspected to have infections that may not be contained by the standard precautions; for example, whooping cough or the measles.

Additional precautions to minimise infection transfer may include:

- ▶ allocating a single room with a private toilet or ensuite facility
- ▶ providing a specific toilet for that person
- ▶ using protective equipment; for example, breathing devices
- ▶ rostering staff known to be immune to the disease
- ▶ using equipment only for one service user.

Waste management

Your workplace will have policies and procedures that deal with waste management. Disposing of infectious materials correctly will prevent others coming into contact with them. Your role as a support worker may bring you in contact with infectious materials and hazardous wastes, which are described below.

Infectious materials and hazardous wastes may include:

- ▶ soiled clothing and linen
- ▶ adhesive dressing plastic and used dressings
- ▶ pads, tissues, cottonwool
- ▶ spills of blood, mucus, saliva, vomit, urine or faeces
- ▶ food that has been in contact with a person who is potentially infectious
- ▶ gloves, aprons and other PPE.

Wear personal protective equipment

In addition to maintaining health, safety and comfort, you may be required to wear personal protective equipment (PPE) to help reduce the risk of infection and maintain good hygiene standards. You must make sure that the chance of transferring bacteria and viruses from one place to another is minimised when you are cleaning, preparing meals and assisting with personal care.

Types of personal protective equipment

When you are working in a home support services environment, be aware of the PPE you are required to wear and understand when and how to wear it. Follow workplace policies and procedures and ask your supervisor if unsure.

Different types of PPE are listed below.

Personal protective equipment

- ▶ Aprons
- ▶ Gloves
- ▶ Enclosed footwear
- ▶ Caps
- ▶ Other special equipment/clothing

Aprons

Plastic aprons are used in roles or tasks where there is a chance that the worker's clothing may come into contact with materials that may carry disease-causing bacteria and viruses. These materials include foods, bodily fluids and dirty laundry. You may be required to wear a plastic apron if you are using chemicals that may damage your clothes or skin, such as cleaning products. Many organisations provide aprons to support workers who provide home support. You must follow organisational policy and procedures for wearing aprons, as described below.

Using, caring and disposing of aprons:

- ▶ Aprons are worn to prevent the collection and transfer of potential infection sources.
- ▶ When wearing a plastic apron, make sure your clothing is covered, all straps or ties are fastened and tight, and the apron is not loose or flapping.

- ▶ Most plastic aprons that are used in home support service situations are single use and disposable.
- ▶ If the apron you use for your work is not disposable, you must make sure it is clean.
- ▶ If you are required to wear a disposable apron, it is important that you dispose of it properly and at the correct time.
- ▶ Change the apron if it has touched a potentially dirty surface, and before it can touch another surface.

Gloves

Gloves may be used for many tasks including food preparation, applying lotion or dressings, using chemicals, and touching soiled linen or clothing.

Here are guidelines for the use of gloves, which protect the hands by creating a barrier between the worker and the infectious agent.

Guidelines for the use of gloves

- ▶ Use gloves that are disposable and are thrown away after each task.
- ▶ Wash and dry your hands properly, before putting gloves on and after taking them off.
- ▶ Disposable gloves are thin and tear easily when being put on or when doing tasks. Do not use gloves that are torn or damaged.
- ▶ Check the gloves carefully once you have them on; replace them if they are damaged.
- ▶ Remember that gloves are worn to minimise the chance of infection.
- ▶ Pay close attention to what you touch while wearing gloves.
- ▶ If you touch your own hair, face or other parts of your body, then the gloves are contaminated and must be changed.
- ▶ Treat gloves as single-use items and do not use them if they are dirty.

Tasks using gloves

Wearing gloves does not replace the need for hand hygiene. Gloves should be changed between episodes of care for different people and during the care of each service user, as required. The need for gloves is based on careful assessment of the task to be carried out, the related risk of transmission of microorganisms, and the risk of contamination to you or the person you are supporting. Activities that require the use of gloves include:

- ▶ applying ointment
- ▶ cleaning a basin
- ▶ assisting a person on the toilet
- ▶ changing a wound dressing.



Fit and remove gloves

These guidelines outline the correct way to fit, remove and replace gloves.

Fit gloves

- ▶ Remove jewellery
- ▶ Cover abrasions
- ▶ Wash and dry hands
- ▶ Fit gloves – adjust at the cuffs

Remove and dispose of gloves

- ▶ Remove by gripping at the cuffs
- ▶ Immediately dispose of gloves in appropriate waste
- ▶ Wash hands

Replace gloves

- ▶ After contact with a person or infected area
- ▶ If the gloves become contaminated or damaged

Enclosed footwear

It is a basic work health and safety consideration to protect your feet from injury while you are working. For example, in some workplaces there may be sharp objects or strong chemicals used; even a person's home may present risks. Wearing enclosed footwear will help protect your feet from injury. Shoes should have sturdy non-slip rubber soles, be made of a firm material such as leather and cover your whole foot. Support workers are on their feet for long periods, so shoes should be comfortable and give feet proper support.



Caps

In some home support roles you may be required to wear a cap to cover your hair. Caps prevent hair from coming into contact with surfaces where disease-causing bacteria and viruses may be found. Caps also reduce the risk of any loose hairs falling onto areas where you are working. This is especially important when working in food preparation or where a service user has an open sore or wound. The cap you are required to wear can vary from workplace to workplace. It may be a disposable showercap style or it may be a baseball-style cap which is kept clean but not disposed of.

When performing a role that requires you to wear a cap, you should:

- ▶ wear the cap correctly
- ▶ make sure the cap covers as much of your hair as possible
- ▶ neatly tie back long hair and/or tuck it inside the cap

- ▶ discard disposable caps at the end of a task, following your workplace cap disposal procedures
- ▶ keep non-disposable caps clean.

Other types of PPE

There are other types of personal protective equipment that you may need to use. These include: surgical or other masks to prevent breathing in or out disease-causing bacteria and viruses; protective eyewear to prevent splashing fluids into the eyes; and gowns, which are used in a similar way to aprons, but they cover sleeves and back of clothing.

When you are working in a home support role, be aware of the PPE you are required to wear and understand when and how to wear it. Follow workplace policies and procedures and ask your supervisor if unsure.

Example

Check for hazards to your own and others' safety

Villa Carina Cottage is an overnight respite service providing short stays for people with dementia to give their carers a break. Recently a person staying at the cottage had gastroenteritis and the infection was transmitted to two others staying at the cottage and one staff member. It was discovered that the person with the infection was not washing his hands after going to the toilet. The staff member touched the person's soiled clothes without gloves and became infected while the others had picked up the infection from touching the taps.

A hazard report was completed that mentioned:

- ▶ All taps and surfaces are to be cleaned and disinfected by staff.
- ▶ Staff advised to follow organisational procedures for using gloves and aprons when picking up soiled linen or assisting persons in the bathroom.
- ▶ Staff asked to observe persons carefully to ensure they are washing hands after going to the toilet.

Practice task 8

Read the following descriptions of risks to health and safety. What would you do to remove or reduce the risk in each case?

1. The lid of the kettle is broken and falls off when pouring.

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2. A person is likely to forget to wait for the support worker before getting into the shower, and is at risk of losing balance or slipping.

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3. A person has left clothes on the floor after undressing.

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4. Food in a person's fridge is past its use-by-date.

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5. A power cord to the electric shaver has frayed.

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6. The kitchen linoleum is becoming unstuck and is a potential trip hazard.

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Click to complete Practice task 8

Summary

1. When you arrive at the person's home, particularly for the first time, you will need to ensure that you will preserve your their privacy and confidentiality before going inside. You will also need to identify yourself to assure them that you are a genuine support worker who is there to provide services.
2. Having good interpersonal skills and communicating well is the best and most positive way to build and keep good relationships.
3. Support workers have an important role to play in supporting people to realise and develop their capacity for self-determination to the maximum possible extent, by encouraging confidence and providing opportunities for decision making, self-expression and self-advocacy.
4. One of the most important skills you need when engaging with an individual is the skill of active listening.
5. As a support worker, you are responsible for checking for hazards to your own and others' health and safety, and implementing controls to manage risk.
6. In addition to maintaining health, safety and comfort, you may be required to wear personal protective equipment (PPE) to help reduce the risk of infection and maintain good hygiene standards.

Learning checkpoint 2

Establish a relationship in the home

This learning checkpoint allows you to review your skills and knowledge in establishing a relationship with the person receiving support services in their own home.

Part A

1. Describe how a support worker can assure a person of their identity before entering their house.

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2. Provide examples of two types of information a support worker may need to communicate with a person during a home visit.

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3. Identify two guidelines for establishing a trusting relationship.

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4. Why is active listening an important skills for a support worker?

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5. Explain the purpose of work health and safety legislation.

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6. Identify and describe two types of personal protective equipment (PPE).

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7. What can a support worker do to ensure the person they support has a smoke alarm in their home?

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Part B

Read the case study, then answer the questions that follow.

Case study

Sharon is a support worker for the City of Stirling in Western Australia. Sharon conducts a first home visit with Rhonda, a woman in her 70s who has lived on her own for over 20 years. Rhonda takes good care of her home and prepares healthy nutritious meals for herself. The purpose of Sharon’s visit is to discuss how she can teach Rhonda to use the internet so that she can do her grocery shopping, and other tasks, online. It is the middle of summer and at 11.00 am it is already 36 degrees Celsius. When Sharon arrives she is already feeling very warm. After identifying herself and invited into Rhonda’s home, Sharon realises the temperature inside is even higher. Rhonda does not have a fan or an air conditioning unit running. Sharon asks Rhonda if she is hot and Rhonda replies, ‘Yes I am actually, I would like to purchase a fan but am unable to carry it home with me on the bus.’ During their discussion Sharon notices that Rhonda is sweating and fanning her face with her hand.

1. Identify two organisational policies and/or procedures that Sharon must follow to ensure her own personal safety and security during home visits with Rhonda.

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2. What hazard/s has Sharon identified in Rhonda's home?

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3. How could Sharon minimise the risk of the hazard occurring?

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4. Describe two ways Sharon could ensure Rhonda has the opportunity to express her complaints, issues or concerns during the home visits.

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Topic 3

In this topic you will learn how to:

- 3A Negotiate how to best implement the individual plan**
- 3B Comply with duty of care requirements**
- 3C Demonstrate respect and sensitivity**
- 3D Deal with ethical dilemmas, behaviours of concern, possible abuse and/or neglect**
- 3E Maintain confidentiality**

Operate respectfully in the home

The unique aspect of working in home and community services is that your workplace is actually someone else's home. You are entitled to a safe workplace; and the person you support is entitled to maintain their home environment. Sometimes this requires negotiation that is tactful and respectful.

Community services organisations and workers have a legal and ethical responsibility to provide a duty of care to ensure the safety and wellbeing of people receiving their services. When working in a person's home environment, you must demonstrate respect and sensitivity toward their cultural, cognitive, and mobility needs, and uphold their right to privacy.

3A Negotiate how to best implement the individual plan

It is your responsibility to implement the individual plan to suit the person you support, while respecting that the work setting is the person's home and personal space.

A critical part of supporting people and meeting their personal preferences is ensuring that people have a sense of control over the support that is provided. Your focus, as a support worker, is to follow the individual plans and negotiate a level of support that allows the person to be as independent as possible. The way you interact with people and their families, the level of information you provide and the degree to which you allow them to make choices will have a significant impact on the success of the support you provide.



Negotiate the implementation of the individual plan

Individualised planning must support the person's strengths, interests, health and emotional wellbeing and self-determination. This means that planning responds to what each individual needs and prefers, what they are interested in, what their rights are, and their decisions and choices. The role of the worker is to support, empower, and negotiate with people to make decisions about their plan and their goals so the plan reflects the person's particular needs.

Person-centred practice

In a person-centred approach, planning is tailored to the person and focuses on their unique aspirations. The result is an outcome that matters to the individual.

Here are some ways that plans can be negotiated to meet individual aspirations and goals.



Participation and independence

It is easy for people who are not experiencing difficulties relating to ageing, or who do not have a disability, to take for granted what the principles of independence and participation really mean. Independence is not just the things people do for themselves, but also the decisions and choices that are made freely, unaided and often privately. Participation extends beyond the formal, structured groups a person may be involved in to include all the ways a person participates in their community and society – using the local post office and shops, having a job, using public transport, volunteering or being friends with one's neighbours.



Promoting independence and participation

From a community services perspective, promoting participation and independence is about empowerment and opportunity. Community support workers do not pretend a person is not ageing or does not have a disability. Instead, they try to make sure that receiving support is a positive experience for the person and foster as much self-sufficiency and choice as possible.



Choose the least restrictive option

Choosing the least restrictive option means that the support worker offers the service that impacts the least on the independence of the individual. For example, if a person can be supported with occasional home care, it would be restrictive to put them in overnight services or recommend they move into a residential facility.



Ways of doing tasks differently

Performing tasks differently may enable the person to do things independently. Specialised aids, equipment and assistive technology can enable a person to do tasks independently when they would otherwise need physical assistance.

Community access

An essential part of implementing individual plans is to ensure the person being supported is accessing the same services and activities in the community as the rest of society. Accessing generic community services is a strategy toward achieving community inclusiveness.

All plans need to ensure people are being supported to be included in their community. Here are some factors to consider when encouraging community inclusion.



Use community services

Consider generic services that other members of the community use. It can be restrictive and disempowering to use a specialised service when a generic service could provide the same service.



Empower individuals to access services

Support workers who teach a person how to catch public transport rather than simply providing transport, or teach a person how to use an ATM rather than having a worker do their banking for them, are taking an empowerment approach.



Connect the individual with the community

Often support workers are engaged to take people with support needs on community access outings where the person spends the day one-on-one with the support worker. The individual is out in the community but is not participating in a valued or meaningful way. Educating support workers in how to support individuals to develop networks and make friends is far more empowering than just taking them out and entertaining them for the day.

Strengths-based practice

Strength based practice means to utilise what skills and abilities the person already has, and to draw on these wherever possible. The following points can be used for guidance.

Identifying an individual's strengths

- ▶ Keep a strengths diary (commit to observing and recording things that the person is good at).
- ▶ Use skills checklists as a formal way to determine some of the person's strengths.
- ▶ Observe and record the individual's activities.
- ▶ Review any previous or existing files and individual plans and reports as a source of ideas.
- ▶ Spend time with the individual, getting to know and understand them.
- ▶ Get to know more about the individual in other environments (ask family, advocates, any agencies that may be involved with the individual).
- ▶ Try out new activities and record how much the person liked them and what strengths they showed.

Skill development

Individual plans establish goals for individuals to work towards, based on their needs, strengths and preferences. In order to achieve a particular goal, an individual may need to develop specific skills. It is essential that any skills development is linked directly to the individual's needs and goals. The needs assessment during individualised planning – the continuous process of planning, implementation review and assessment – is imperative to ensure you know the person well and understand their individual needs and goals. Skills should be developed that are clearly aligned with the person's needs assessment and planning processes.



Support skill development

In the past, people with disabilities and older people were sometimes engaged in programs learning skills that were not interesting or meaningful to them, or that they did not get the opportunity to use.

There are many processes and practices that support skill development, some are described below. You will need to know each individual to have a sense of the approach to skill development that is likely to best meet their needs.

Task analysis

Task analysis involves breaking a skill or task down into small steps and developing a plan for an individual to learn and build on each step within the task. Any skill can be presented as a chain of small steps and each step serves as a cue to the next step in the task.

Chaining

Chaining can be used to teach the whole task, or part of a task, in sequential order (forwards or backwards). Backwards chaining is useful if the individual understands the final part of the task (for example, eating the cake if the skill is cooking, or arriving at the swimming pool if the skill is catching public transport) and then the steps can be built on in reverse. In the beginning you may complete the other steps in the chain and assist with each new link as it is being added but reduce assistance until each step is learned.

Shaping

Shaping or shadowing involves gradually reducing the level of support based on the person's learning. At first you might demonstrate the skill while the person observes. Then you and the person may complete the task together. Next the person completes the task independently while you directly observe. The final step is when the person completes the task on their own and you shadow them so they aren't aware they are being observed. This is a useful strategy where there may be safety issues such as learning to catch public transport independently.

Skill maintenance

Here are some methods that can be used to help reinforce learning and motivate the person to continue to use the skill.

Reinforcement

Reinforcement can be positive or negative. Negative reinforcement is not appropriate and does not build on individual strengths. Positive reinforcement does not have to be obvious with tangible rewards; praise and feedback can be effective positive reinforcers.

You should have a strategy in place for gradually withdrawing positive reinforcement. People should be encouraged to develop the internal motivation required to continue with the skill even when the positive reinforcement is no longer being offered. Intermittent positive reinforcement is a strategy that gives reinforcement according to a schedule. For example, in the beginning of new skill development, positive reinforcement may be given every time the skill is demonstrated, reducing to every second time, every third time and so on.

Prompts, cues and fading

Prompts and cues can be highly interventionist, such as full physical assistance with a task, or they may be subtle cues such as a single word, sign or symbol that seeks to prompt the individual with the skill they are learning. Prompts and cues can be faded as the person develops competence in the skill. When teaching a new skill you use the more overt prompt to ensure success and reduce frustration; as the skill is mastered and maintained, prompts are reduced to minimal intervention.

Generalisation

Learning a new skill has greater value if it can be used in more than one environment. When an individual has mastered a skill and is confident in completing the task independently it can be useful to teach the person to complete this task in different environments or with different people. When generalising it may be useful to temporarily increase prompts and reinforcements.

Follow policies, protocols and procedures

There are many organisational policies, procedures and protocols that will impact on the implementation of an individual plan and the decisions a support worker makes. It is essential that a support worker is familiar with the policies and procedures of the organisation they are working in as there are variations between agencies and sectors. For information that applies to your role, ensure that you become familiar with the policies of your organisation.

These policies and procedures may reflect service standards and legislative or regulatory requirements to meet individual needs. As a support worker you will need to be able to apply these policies, protocols and procedures when implementing individual plans.

Policies and procedures in individualised planning address include:

- ▶ the rights of the person
- ▶ documentation guidelines
- ▶ privacy and confidentiality requirements
- ▶ duty of care
- ▶ risk management
- ▶ support provision
- ▶ boundaries.

How policies and procedures affect implementation

Policies, protocols and procedures impact your work practice in planning and implementing support services. Here is more information that applies to your role in planning and implementation.

Policies and procedures regarding planning and implementation:

- 1 Intake procedures**
Intake procedures guide intake processes, and will then impact on who manages the intake, the documentation that is completed and follow-up after the initial intake process.
- 2 Privacy and confidentiality policies**
These affect the procedures for gaining people's consent to obtain and disclose information. They affect how information is stored, how consent forms are completed and how information is managed.
- 3 Waiting list policies and procedures**
These affect how a support worker manages and responds to people who are on a waiting list to receive services, including how people are prioritised according to urgency and how people waiting for services are kept informed.
- 4 Interpreter booking procedures**
These detail how a support worker engages an interpreter when required.
- 5 Home visit policies and procedures**
These cover employee safety in terms of home visits, as well as signing out of the office, booking cars and using a work mobile phone. Additional policies or procedures may apply to out of hours or regional visits.
- 6 Eligibility criteria**
These may be internal to the organisation and detailed in policy, or linked directly to government funding and the person's eligibility for a particular package of individualised funding.
- 7 Protocols regarding documentation**
These affect all kinds of documentation including forms, templates, databases and notes, and may specify the format of individual files; who can access the files; and expectations in terms of timeliness of documentation being completed.

Access policies, protocols and procedures

Organisational policies, protocols and procedures are generally found in the organisation's policies and procedures manual or accessed online using an internal Intranet. Your supervisor will show you where relevant documents are located when you first start work. You are expected to understand your responsibilities as a support worker, including work health and safety and ethical behaviour guidelines.

Your job description will explain your duties and responsibilities as a support worker, and the standard expected of your work. Be aware of the limitations of your role. This means that you should only carry out the tasks you are trained to do and have the level of authority to perform. Always ask your supervisor for advice and assistance if you are unsure about how to carry out your work tasks and duties.

Respect the person's home and personal space

It is important that you provide services in a way that is respectful to the people you support at all times. It is your workplace, but their home. You must respect their home and personal space while you are providing services.

Here are some things to consider.

Person's home

- ▶ Always treat the person's home with respect, as you would if you were a visitor in anyone's home. Understand that it is the person's right to have their individual belongings, their favourite bed linen, their special chair and even pets such as cats and dogs, as part of their environment.

Person's choice

- ▶ Allow the person to have the power of choice with the way things are done as you follow their individual plan. For example, ask what they would like you to do first and if they have a special way of hanging out their washing or cleaning the floors. As long as their method is safe, allow them to choose how things are done. Do not pass judgment about the state or condition of their home.

Hazards or risks

- ▶ If you identify any hazards or risks in the person's home, speak to them tactfully about it. Together, discuss ways of solving any problems that arise. Provide the person with information on other assistance they may be entitled to, such as home maintenance. This may be useful to help rectify any problems. If you offer solutions, it will not seem so overwhelming to the person.

Pets

- ▶ If the person you support has pets, check your organisational guidelines. It is the person's right to have pets in their home. Your organisation may have a policy that requires people to have their pets outside while you are working in the house, to reduce the risk of injury. Individual plans should include any details about pets.

Example

Implement the individual plan to suit the person

Sharon is a support worker who provides general cleaning and meals preparation for Bessie. Bessie has all of her family photographs on top of the piano. When Sharon dusts the piano, Bessie likes to watch to make sure everything goes back in the right place. Sharon has found the best way to do this is for Bessie to tell her who is in each photograph and the correct order for them on top of the piano. Sharon does not take offence that Bessie prompts her, instead she asks about the people in the photographs.



3B Comply with duty of care requirements

Community services organisations and workers have a legal and ethical responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, and so determine the procedures followed to guide service delivery in promoting and enhancing the safety and wellbeing of people.

While aspects of work health and safety (WHS) legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other.



The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

Duty of care

Your duty of care is the requirement to act safely and reasonably at all times. People who are accessing aged care, home and community care and disability services have a right to receive services that respond to their needs and rights. Support workers and coordinators have a number of mechanisms available to assist them to support the rights and safety needs of the people with whom they are working.

Duty of care is the obligation a person has to act in a way that would not cause harm. Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk. When determining supports in consultation with an individual, you must ensure that no activities are agreed to that would cause harm.

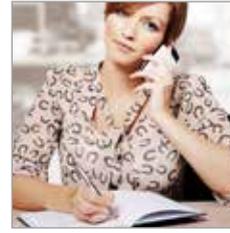
Both you and your organisation have a duty of care to follow. Here are some examples of duty of care.



Organisation's duty of care

An organisation must:

- ▶ provide you with an appropriate amount of information and training to do your work safely
- ▶ provide you with access to policies and procedures to help you complete your role
- ▶ ensure that the work areas and equipment you will be using are safe and well maintained
- ▶ provide you with appropriate equipment, such as gloves and transfer equipment, to perform your role with low risk to you.



Support worker's duty of care

A support worker must:

- ▶ report any faulty equipment, changes in the person's condition or problems with following their role safely to their supervisor
- ▶ be aware of and follow policies and procedures at all times
- ▶ observe any hazards in the work environment and report them immediately
- ▶ use equipment as directed.

Dignity of risk

Dignity of risk is a term used to describe a person's right to take measured risks, even if you feel this might not be the best choice for the person. It is the role of the support worker to ensure that the individual understands the risks they are taking and therefore is making an informed decision.

A support worker must carefully balance their duty of care with the person's dignity of risk, and sometimes you will need to seek guidance about how this can be done. You must allow for a person's right to dignity of risk while ensuring that you are acting at all times within your job role. Sometimes this might mean simply reporting a concern or problem. When determining supports in consultation with the individual, you must ensure that no activities are agreed to that a reasonable person would envisage would cause harm. Here are some examples of dignity of risk.

Dignity of risk – examples

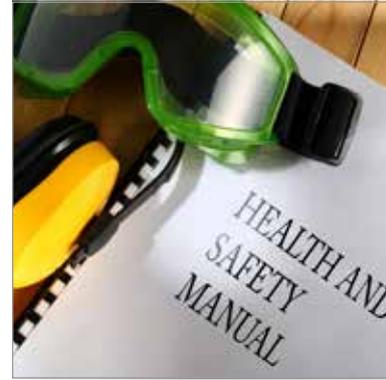
Allowing a person to work out in the garden pruning roses, even if you are worried that they might scratch themselves or fall.

Allowing a person to wander unrestricted, but taking steps to reduce their chance of falling.

Allowing a person who uses a wheelchair to go shopping alone, even if you worry that they might be an easy target for having their money stolen.

Codes of practice

Codes of practice, sometimes referred to as compliance codes, provide practical guidance on how to meet the standards contained in WHS Acts and regulations. Codes of practice are generally developed through consultation with representatives from industry, workers and employers, special interest groups and government agencies. They provide guidance on a range of matters, including duty of care, hazard identification, risk assessment processes and risk control.



The following are examples of model codes of practice developed by Safe Work Australia:

- ▶ How to safely remove asbestos
- ▶ Work health and safety consultation cooperation and coordination
- ▶ First aid in the workplace
- ▶ Hazardous manual tasks

You need to be familiar with the codes of practice that apply to the home and community services environment. Codes of practice are available on the Safe Work Australia website and from your state/territory's WHS authority. Although they are not enforceable by law, codes of practice should be followed unless there is an alternative course of action that achieves the same or better standards. Employers and workers fail to meet their obligations if they do not adopt a method as safe as, or safer than, the code. If an organisation applies the information provided in the relevant code of practice, they will be deemed to have complied with the obligations prescribed by the WHS Act. You can keep up to date with your state or territory's codes of practice by regularly visiting the website of your state or territory's WHS authority or Safe Work Australia.

Community services standards

Some of the standards applicable to community services are listed here.

Aged Care Quality Standards

Standard 1: Consumer dignity and choice – Reflects concepts that recognise the importance of a consumer's sense of self. It highlights the importance of the consumer being able to act independently, make their own choices and take part in their community. These are all important in fostering social inclusion, health and wellbeing.

Standard 2: Ongoing assessment and planning with consumers – Describes what organisations need to do to plan care and services with consumers. The planned care and services should meet each consumer's needs, goals and preferences, and optimise their health and wellbeing.

Standard 3: Personal care and clinical care – Describes that consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The Standard applies to all services delivering personal and clinical care specified in the Quality of Care Principles 2014.

Standard 4: Services and supports for daily living – Explains that a consumer might have some challenges in their health and abilities, but they still have goals they want to achieve. They also have roles that have meaning, and they want to manage their day-to-day life and live as well as they can. Services and supports cover a wide range of options that aim to support consumers to live as independently as possible and enjoy life.

Standard 5: Organisation's service environment – This applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It aims to make sure that the service environment, furniture and equipment support a consumer's quality of life, as well as their independence, ability and enjoyment. This means that the service environment suits the consumer's needs, and is clean, comfortable, welcoming and well maintained. It includes how the safety and security, design, accessibility and layout of the service environment encourage a sense of belonging for consumers.

Standard 6: Feedback and complaints – The organisation must have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback. Resolving complaints within the organisation can help to build the relationship between the consumer and the organisation. It can also lead to better outcomes.

Standard 7: Human resources – Requires an organisation to have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful and quality care and services.

Standard 8: Organisational governance – The intention is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services.

Disability Service Standards

Standard 1: Rights – Focuses on freedom of expression, dignity and respect, self-determination, choice and control, confidentiality and privacy.

Standard 2: Participation and inclusion – Emphasises promoting a valued role for people with disabilities as well as including people with disabilities in activities of their choice.

Standard 3: Individual outcomes – Relates to people directing their own supports, service planning, collaboration and consultation.

Standard 4: Feedback and complaints – Provides mechanisms for people to make complaints and to have their concerns addressed.

Standard 5: Service access – Allows for accessible information to make informed decisions, transparency in service delivery and regular reviews to identify and respond to changing needs.

Standard 6: Service management – Includes governance, communication processes, continuous improvement and compliance with relevant legislative requirements.

Understand your role and responsibilities

You must understand the type of job you are employed to do, and the tasks you are expected to perform in your role. In all home support jobs, you will have a supervisor who will give you instructions, help with your learning and answer your questions. There are many people you can talk to about your work such as case managers, work colleagues and team members.

Understanding your role and responsibilities allows you to carry out your tasks efficiently, and in accordance with legal and ethical requirements. You need to know your level of authority and who to contact if you need advice or support. There are a number of ways you get to know your role and your responsibilities as a support worker. These include:

- ▶ your job description
- ▶ duty-of-care requirements
- ▶ organisational guidelines

- ▶ individual plans
- ▶ rosters and daily plans
- ▶ your supervisor.

Review your job description

A job description, sometimes called a position description, is a document that describes a specific role.

It tells you who you report to and whether you in turn, supervise anyone. It tells you what qualifications or experience you need to do the role. It describes the responsibilities for the role. Your supervisor will give you a job description when you start a job as a support worker. You should read this carefully and make sure you understand your role, your responsibilities, your level of authority and what you are allowed or not allowed to do.



Understand your duty of care

Reasonable care does not require perfection, rather that you do your best in the circumstances. Reasonable care also needs to be balanced against other legislated responsibilities you may have, such as maintaining privacy and confidentiality, meeting the needs of people receiving support or contributing to the safety of others.

Here are some important factors to consider in your role as a support worker.

Worker responsibility

Generally it is your employer in the first instance who has the duty of care, which is then passed on to you, the support worker. By following all workplace policies, procedures and work instructions at all times when carrying out your job, you are generally considered to have met your duty of care.

Breach of duty of care

In deciding whether there has been a breach of duty of care, a court will ask whether a reasonable person in the same position would have or could have foreseen that their actions involved a risk of injury to the injured person. If the answer is 'yes', the court will then decide what a reasonable person would do in response to the risk.

Privacy and duty of care

Some laws may override a support worker's duty of care, perhaps by requiring a job be carried out in a certain way or by restricting how you do your job in some way. For example, where there is conflict between privacy and duty of care, you will generally be expected to act in a way which does not breach privacy laws.

Assessment care management

Members of a care management team have a duty of care proportionate to their level of training. When they are trained in the assessment process, their duty of care will extend to the psychological and emotional welfare of the person, as well as meeting their physical needs.

A care management team has a duty of care to ensure that support workers are adequately trained to provide services to the person and that they receive adequate counselling and support for debriefing. Their duty of care includes providing you with a safe work environment and adequate support.

Work role boundaries

Where there is a need that you are unable to meet because you lack the skills or knowledge to perform the task, you may be able to seek support for training as part of your regular appraisal with your supervisor. If there is a need that is to be met immediately, inform your supervisor that you require training as soon as possible.

Conditions such as mental illness, intellectual disability or dementia can affect a person's ability to clearly express their needs and can lead to behaviours that are outside the scope of your training to manage. In such situations, you may be able to discuss the difficulties with your supervisor, or request that a health professional (such as a behavioural psychologist or GP) assess the person's needs.

Organisational limitations

The organisation you work for may not have the capacity to cater to the needs of an individual. If this is the case, inform your supervisor of the identified need that is unable to be met so the person can be referred to a service that can meet this need.

If the person's individual plan does not address a need that the person requests and the need is something that you could meet, the person's needs should be assessed and their individual plan revised.

Role of services and health professionals

Other services or professionals may be able to provide help to the person where you or your organisation cannot.

Here are some examples of services or health professionals and their roles.

Behavioural psychologist

A behavioural psychologist can support a person with an intellectual disability or dementia who is using behaviours of concern that put them or others at harm.

General practitioner (GP)

A general practitioner can determine and treat medical causes for problems or issues and make referrals to appropriate professionals.

Planned activity groups

Planned activity groups can help to meet the needs of older people and people with disabilities by providing structured activities. Some are dementia specific groups.

Physiotherapist

A physiotherapist can play a role in assessing and treating problems with mobility and other conditions related to the use of muscles. They can help to educate staff in safe transfer techniques.

Speech therapist

A speech therapist can support a person to improve speech and/or swallowing, including recommending and teaching the use of communication aids.

Occupational therapist

An occupational therapist can assist the person to access and use aids and equipment to support living and recreational activities and improve safety and independence.

Example

Comply with duty of care requirements

Charles, a 91-year-old man, used to be a pilot and has loved planes all his life. One of his goals in his individual plan is to engage in more outings in the community and another is to reconnect with his passion for flying, which he misses terribly. Charles has dementia and is often confused. He is able to walk but is unsteady on his feet. A couple of years ago he had a fall and broke his hip. His next of kin is his 40-year-old grandson, Noel. Noel is worried about Charles's mobility and is fearful that he would not recover if he had another fall.



There is an air show in town next month following the classic planes that Charles used to fly. Staff have suggested that this air show would be a great opportunity for Charles, and that it may assist in meeting some of his goals. Noel is adamant that Charles should not attend. Noel says that with all those bustling crowds and an unknown environment, Charles could easily have a fall. Noel says it would be irresponsible to allow Charles to attend.

Staff look for moments when Charles is lucid and show him flyers about the event. During these times, Charles reminisces about his flying days and tells staff members story after story. He keeps the flyer by his bed in the room.

A key staff member who knows Charles well asks Charles and Noel to meet to discuss the show. Together they come up with a solution that seems to address duty of care and Noel's safety concerns whilst not restricting Charles or taking away his dignity to take risks. It is decided Charles will attend the show, using a wheelchair to protect him from the crowd and to reduce the chance of him having a fall. Noel has decided he will attend with his grandfather and is quite looking forward to getting to know more about Charles's past.

Practice task 10

1. What does the term duty of care mean?
.....
2. What term is given to a situation when duty of care has been breached and harm to either person or property ensues?
.....
3. What does the term dignity of risk mean?
.....

[Click to complete Practice task 10](#)

3C Demonstrate respect and sensitivity

As a support worker, it is essential that you demonstrate respect and sensitivity toward the person you support and their place of residence.

There are many factors that will mean no two people you support, either now or in the future, will ever need the same approach. You will need to adapt the strategies you use to suit the age, abilities, interests, culture and other differences. Factors such as mobility, communication skills and cognitive abilities are further examples of how their requirements will differ. Treating a person with dignity requires that you act in a way that is respectful and acknowledges each person as having individual rights, feelings and preferences.



Demonstrate respect

Generally speaking, you can demonstrate respect and sensitivity towards another person by:

- ▶ using the person's name when you talk to them
- ▶ using the title Mr, Miss or Mrs, unless they have asked you to use their first name
- ▶ always knocking before entering their house, bedroom, bathroom or private area
- ▶ thinking about their culture or religious beliefs when carrying out your tasks
- ▶ using polite language, including saying 'Please' and 'Thank you'
- ▶ asking for permission to use their bathroom or equipment.

Build mutual trust

An effective working relationship is based on mutual trust. It is important that you do not repeat people's information to any other person, unless you need to for work-related reasons. Keeping information private and confidential is a legal and ethical requirement of your role, as well as being a pathway to earning trust.

Your behaviour must be ethical and trustworthy at all times. Show respect for the person; respect their privacy, their property and possessions and do not act in a way that betrays their trust in you.

Respect the person's home and belongings

Home and belongings are important to us all and we like to see them treated with respect. The person you support will have belongings that have sentimental value and this must be respected. They may have particular ways they like things done. Acknowledge and respect these things for their importance to the person. Discuss with your supervisor how you can uphold the person's freedom of choice and maintain your rights and obligations as a support worker. Here are some examples of individual preferences that you may encounter.

Examples of particular service user preferences

- ▶ The teapot must be warmed before you make tea.
- ▶ A photograph of a loved one must stay where it is.
- ▶ Posters on the wall of football heroes or rock concerts.
- ▶ Flowers on the table – but, with a coaster underneath the vase to protect the table surface.
- ▶ A room is to be left untouched since a loved one passed away.
- ▶ Close watch is kept while you're cleaning to ensure that everything goes back in the right place.

Respect cultural differences

You will need to think about the cultural background of each person you work with. Differences in culture can mean different expectations of you as a support worker. For example, different cultures may have different expectations about courtesy and communication. You should always attempt to find out how the person's culture might affect the way you provide support, as there might be differences, for example, in what is considered respectful language, in observing religious practices in the home, and in food preferences.

Culture can also affect a person's attitudes to privacy. People from some cultures might not wish to have a person from the opposite sex helping them with the most personal types of support, and this will be taken into account by your organisation and reflected in the roster. Other efforts to maintain privacy for people from any background should always include points from the following list.

Respecting privacy may include:

- ▶ locking the door to a bathroom or bedroom when you are helping a person dress, shower or perform any other type of personal intervention
- ▶ not talking about personal matters such as toileting habits to a person in a way that can be overheard by others
- ▶ keeping the person's body covered by a towel when they are undressed.

Respect cognitive differences

A person's thinking processes may be affected because of damage to the brain. This may be due to the onset or worsening of a condition such as Alzheimer's disease or dementia, or it could be due to conditions such as intellectual disability, stroke or brain damage caused by an accident. Signs of this might include memory problems such as forgetting how to do everyday tasks like dressing or cooking. Where the behaviour is new, or has changed, any immediate risk must be addressed and this must be reported to your supervisor.

Where a person has impaired judgment or problem-solving abilities, there should be information in their individual plan that provides workers with strategies for reducing risks.

When supporting a person with cognitive differences:

- ▶ be patient and remember that the person is not trying to frustrate you deliberately
- ▶ provide the person with cues in their environment that might help them remember, such as diaries, verbal prompts, pictures or labels
- ▶ be aware that the person still has the right to make choices; you might find it helps to limit choices to one or two options, rather than asking open questions such as ‘What do you want to do today?’

Respect mobility differences

It is very important that you assist individuals to move around in a safe way that protects them, and you, from injury. If you do not assist in a way that is safe, the person may fall and injure themselves. If you try to prevent them falling, you too could be injured.

When assisting individuals to move around:

- ▶ encourage them to use handrails, bars or furniture to support themselves when moving into a sitting or standing position, as this is much safer than leaning or pulling on you
- ▶ encourage them to take their time and to feel stable at each stage of the movement
- ▶ ensure you are using the correct equipment in the right manner to help them sit, stand and move around
- ▶ resist the temptation to catch a person if they begin to fall, as suddenly catching a heavy, moving weight is almost guaranteed to cause a back injury
- ▶ keep as physically fit as possible
- ▶ ask for help if you cannot assist a person to move on your own.

Example

Demonstrate respect and sensitivity

Mrs Kieselbach is an 80-year-old woman who was born in Germany. She moved to Australia with her husband when she was 28 years old. Mrs Kieselbach has moderate dementia, which is slowly worsening. Lin is the support worker who has visited Mrs Kieselbach twice a week for the past six months. Mrs Kieselbach has always enjoyed Lin’s visits as they have common interests and have a lot to chat about. Over the last few weeks, Lin has noticed Mrs Kieselbach sometimes starts to talk to her in German instead of English. Lin has to remind her to speak English. She has also noticed that Mrs Kieselbach sometimes seems not to understand Lin, and Lin must repeat what she has said.



When Lin reports this to her supervisor, her supervisor suggests it is possible that as her dementia progresses, Mrs Kieselbach is losing her ability to speak English and may gradually revert to German. To demonstrate respect and sensitivity, Lin arranges to begin introducing Mrs Kieselbach to a German-speaking worker.

Practice task 11

1. Name one thing you can do to respectfully and sensitively support a person with cognitive differences.

.....

.....

2. Provide two examples of an individual's preferences relating to their home and belongings, that a support worker must respect.

.....

.....

3. Why is it important for a support worker to demonstrate respect and sensitivity towards a person's cultural differences, in their home?

.....

.....

.....

.....

.....

[Click to complete Practice task 11](#)

3D Deal with ethical dilemmas, behaviours of concern, possible abuse and/or neglect

As a support worker, you should be able to identify and deal with ethical dilemmas, behaviours of concern, and situations of abuse and neglect while still operating respectfully in the home. As you begin to form a relationship of trust and confidence with the person you support, you will learn to identify what triggers certain behaviours, and recognise indicators of abuse or neglect. Learn how to respond to critical situations in a professional and ethical manner by opting for solutions that ensure the safety and security of yourself and the person you support. Always adhere to your organisation's policies and procedures by observing, recording and correctly reporting ethical issues, concerning behaviours, or suspected abuse.



Ethical dilemmas

There are times when you must make a difficult decision based on an ethical dilemma. The ethical responsibilities of your organisation must be evaluated to workers, service users and the broader community to ensure ethical issues are resolved promptly and the service is delivered safely and fairly.

Ethical dilemmas may relate to the areas described here.

Relationship boundaries

When working with service users on a regular basis and as closer relationships form, there is the potential for boundaries to blur. The service users come to see and trust the worker as a friend and may rely on them for their social needs. It is essential that you maintain a professional relationship with the person you support and seek avenues for them to receive appropriate social support.

If service users and their families develop a strong relationship with support workers, they may extend invitations to significant social events or celebrations. You should maintain a professional relationship at all times and politely decline or discourage such invitations, unless attending is a part of your job role.

Gifts

You may sometimes be offered generous gifts, money or, in some cases, be nominated as the beneficiary of a person's will. While accepting a small token of gratitude, such as a box of chocolates for Christmas, may be a harmless occurrence – accepting gifts, money, a loan or benefiting from a will is strictly prohibited under codes of conduct for community services workers. You are obliged to report and record any gifts you receive from a person you support.

Safety and security

Some service users live in circumstances that are a threat to their own safety and security. They may refuse suggestions about changing their living arrangements. You have a duty of care to protect the person you support from harm. However, it is not appropriate for you to enforce lifestyle changes or make demands of the person.

Conflicting priorities

Sometimes a person being supported will 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 must not cross professional boundaries at any time.

Rights and responsibilities

Solutions you come up with when dealing with conflict must also be in accordance with legislation and procedures. For example, a person may object to you using a lifting machine during transfers as they find it uncomfortable and degrading. Although a worker makes every effort to respect the individual wishes of the person they are supporting, they also have an obligation under work health and safety legislation to use the lifting machine to protect the health and safety of the service user, their co-workers, and themselves.

Conflicts of interest

A conflict of interest occurs when you have private or personal interests that could conflict with your work. Such conflicts of interest may influence your ability to act ethically or with professional judgement. Potential conflicts of interest may arise out of emotional, sexual, personal, familial, social, religious, financial, business, political, professional or organisational issues.

Your organisation should have a policy about conflicts of interest. Make sure you understand the potential conflicts of interest applicable to your workplace and identify who you need to report a conflict to.

Resolve ethical dilemmas

Being able to deal with conflict and solve ethical dilemmas is an essential skill for support workers. There are seven steps to solving ethical dilemmas that you could apply in your role.

Seven steps to problem-solving:

Identify the problem

1

You need to identify the problem to find an appropriate solution. Sometimes you might be unsure about what the problem is. You need to ask yourself, 'What is hindering me from completing this task?' You may need to consult with senior management to clarify the issue.

Explore the problem

When you are clear about what the problem is, you need to think about it from the perspective of the person you are supporting, or your team member's perspective. Ask yourself questions such as:

- 2 ▶ 'How is this problem affecting me?'
- ▶ 'How is it affecting others?'
- ▶ 'Who else experiences this problem?'
- ▶ 'What do they do about it?'

Seeing the problem in different ways helps you find an effective solution.

Set goals

Once you have thought about the problem from different angles, you can identify your goals. What is it that you want to achieve? For example, if you need to access person's home but they refuse to open the door, you need to find out the reasons for this behaviour. Working out your goals is a vital part of the problem-solving process.

3

Look at alternatives

When you have decided upon your goal, you need to look for possible solutions. The more possible solutions you find, the more likely you will be able to discover an effective solution. Brainstorm for ideas to create a long list of possibilities. You can also seek ideas about possible solutions from your co-workers or supervisor, or the person's family members, carers or health professionals. The aim is to collect as many alternative solutions as possible.

4

Select a possible solution

From the list of possible solutions, you can sort out which are most relevant to your situation and which are realistic and manageable. You can do this by predicting outcomes for possible solutions and also checking with other people what they think outcomes might be. When you have explored possible reasons, you can use this information to identify the solution that is most relevant to you and is likely to have the best outcomes for your situation.

5

Implement a possible solution

Once you have selected a possible solution, you are ready to put it into action. Plan when and how you will do this. For example, you may arrange with an aged care worker in your team for a family member to be present at the next scheduled visit.

6

Evaluate

Just because you have worked your way through the problem-solving process does not mean that, by implementing a possible solution, you automatically solve your problem. You should ask yourself:

- 7 ▶ 'How effective was the solution?'
- ▶ 'Did I achieve what I wanted?'
- ▶ 'What consequences did the solution have on my situation?'

If you feel the problem has not been solved you can look for alternative possibilities by beginning the problem-solving cycle again.

Behaviours of concern

People with disabilities and older people might have changes in mood or behaviour linked to their situation, their disability, disease or ageing processes.

As a support worker you may observe behavioural clues that indicate a person's emotional needs have changed. Maybe family or friends who provided emotional support have moved away and cannot visit as often. Perhaps the person's husband, wife or parent has died and they need comforting or even counselling. It is important that you observe changes such as these and report them so that the person can get the emotional support they need.

Behaviours of concern are behaviours that are unexpected for the person, or not normally considered to be socially acceptable behaviour. These behaviours may put the person or others at risk of harm, injury or illness. Examples include being angry or aggressive; staying outdoors in cold or hot weather without protection; or acting in a physically or sexually inappropriate manner. All of these types of behaviours can be signs of a condition that affects thinking. Behaviour that is new or changed, or poses a risk to the person or others, should be reported to your supervisor as soon as possible.

Observe behaviours of concern

Support workers should recognise the type of harmful behaviour, its frequency, and what triggers the behaviour. This information often gives a clue as to what the behaviour means and how to support the person to alter the behaviour to decrease the risk of harm.

Systematically observe a person's behaviour during home visits to identify what triggers the reaction and to arrive at a reasonable conclusion by a process of elimination. When you determine the triggering event, record this information so it can be used in an individual response plan to limit or prevent recurrences.

The frequency and triggers of behaviour are explored here.

Frequency

The frequency of behaviour may alert you to the potential trigger of the behaviour, and may indicate that medication or environmental factors are at play. Frequency can also indicate the likely seriousness of the harm that may result from the behaviour. For example, Simon, a 35-year-old man with down syndrome beats his forehead against a solid wall every evening and often during the day as well. Clearly this is behaviour that is cause for concern and warrants observation to identify the trigger and to create a plan for a preventative response to the behaviour.

Triggers

Triggers are the events that set off the behaviour; a trigger may be an event that is (for some reason) distressing to the person and can stem from:

- ▶ the environment; for example, loud noises
- ▶ the person's physical, emotional or mental state; for example, if the person has experienced an injury
- ▶ the person's medication; for example, a dosage under or over the effective level, drug interactions or dehydration.

Assess safety

When observing behaviours, you need to keep a focus on everyone's safety and develop the habit of asking yourself 'Is this situation safe?' You should specifically consider if the situation is safe for you, as the worker. For example, you may have followed the WHS guidelines for dealing with a specific situation, but there may still be a threat to your safety. If this is the case, seek assistance from a co-worker or your supervisor.

You must also consider if the situation is safe for the person you support, or others, as part of your duty of care responsibilities. If a person is putting themselves and others at risk by the way they are behaving, this risk must be attended to immediately.

Observe without judgment

Although behaviours that put people at risk of harm are extremely challenging, it is important to remember that much of that behaviour may be beyond a person's control. Try to consider the whole person and situation while the behaviour is occurring; leave value judgments aside and simply observe the behaviour. It is important to do so to gain a clear picture of the situation and to ensure you don't make any unfair or incorrect assumptions. Then, when you record your observations, make sure your language is objective and opinion-free, so others have a clear account of what occurred.



Consult the person in need of support

Your observations can also include any information that a person provides. For example, if a person starts to hit out at a support worker during bathing, the worker should stop and talk to the person, and ask what is wrong and why they are behaving in such a way. It may simply be that the person is not prepared for what is happening, or there may be another issue at play that they can shed light on.

The people you support can also be consulted when harmful behaviours have been controlled. When they are calm, sit with them and ask why they behaved as such and how they were feeling. Then ask if there is anything you can do to help. This shows the person that you want them to be happy and comfortable and that you are taking the steps to ensure this.

Details of a person's behaviour should be recorded objectively and according to organisational policies and procedures. Apparent causes, triggers or underlying issues should be noted. Critical incidents are generally recorded separately.

Neglect

Neglect occurs when the person with support needs is neglected either through intentional or unintentional acts that result in the person not being provided with basic necessities. Here is further information about neglect.

Neglect

Not providing enough food or drinks.

Not spending time with the person – leaving them alone for prolonged periods.

Inadequate provision of clothing or personal items.

Unwillingness to allow for adequate medical, dental or personal care.

Inappropriate use of medication, for example overdosing a person so they sleep for longer periods of the day.

Leaving the person in the same continence aid for the whole day.

Indicators of neglect

Weight loss, dehydration, poor skin quality.

Person appears unkempt – same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, hair unwashed, untrimmed nails, poor hygiene.

No dentures, hearing aids, mobility aids or glasses.

Skin burns from urine being in contact with the skin for prolonged hours.

Abuse

Abuse can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to the other person by depriving and/or hurting the other person. Unintentional abuse can occur when another person doesn't realise, through ignorance or other reasons, that their behaviour towards the person with care needs is abusive. An example would be when a primary carer hasn't had a break and is caring for someone with very high needs. If there is no one else the carer can call on, they can become very tired and resentful; not realising the impact their behaviour is having. This is still abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse

The primary carer may be stressed at home or at work.

A person may be in debt and may steal from the person.

There is conflict, arguments and fights within the family.

The person is isolated and alone and the abuser thinks no-one will find out if they treat them badly.

A carer may be using drugs or drinking too much alcohol and cannot care for the person properly.

Indicators of abuse

The importance of observation and getting to know the person you are supporting can assist in identifying indicators of abuse. When you know someone, you are more likely to pick up on changes in their behaviour. Changes in behaviour can be a result of other things as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that the person is in fact being abused.

Here are some indicators of abuse.

<p>Behavioural signs from the person with support needs</p>	<p>A person may become withdrawn, depressed, anxious or display signs of being scared. They may become quite ambivalent or non-responsive.</p> <p>You might find the person is becoming disorientated or making contradictory statements. However, this can be a sign of a range of illnesses, so a thorough assessment should be conducted before making an assumption that the person is being abused.</p>
<p>Behavioural signs from the carer</p>	<p>You might encounter situations where the carer makes lots of excuses so you cannot gain access to the person with care needs.</p> <p>The carer might be overly affectionate and flirtatious with the person which might indicate an inappropriate sexual relationship.</p> <p>You might find the carer is giving conflicting accounts of incidents or is hostile towards the person with care needs.</p>
<p>General indicators</p>	<p>Changes in the person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks.</p> <p>Unexplained injuries or continual injuries.</p>

Physical abuse

This is when a person is being physically assaulted. This can occur through physical acts of violence. Indicators might include physical pain or injuries. Physical acts of violence include, hitting, slapping, punching, pulling hair, spitting, pinching, biting, twisting an arm or wrist, physical restraint such as being tied to a bed or chair, confinement to a room and using objects to hurt the person (throwing rocks, using a strap). This abuse must be reported.

Indicators of physical abuse can include:

- ▶ bruises, cuts, scabs and scars
- ▶ abrasions, welts, rashes
- ▶ swelling, burns, blisters
- ▶ loss of weight, agitation, cowering
- ▶ tenderness, pain, restricted movement
- ▶ broken or healing bones
- ▶ drowsiness
- ▶ unexplained weight loss or unexplained hair loss.

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person is sexual abuse. Sexual abuse includes sexual harassment, indecent assault and rape. This abuse needs to be reported.

Here are examples of indicators of sexual abuse.

Sexual abuse indicators

Withdrawal, disturbed sleep patterns, nightmares, agitation, fear.

Unexplained difficulty sitting or walking.

Bruising of genital areas or thighs.

Unexplained sexually transmitted diseases.

Unexplained bleeding from the genital areas.

Psychological/emotional abuse

This form of abuse is an ongoing intimidating behaviour that is designed to disempower a person. Psychological and emotional abuse can be both verbal and non-verbal. It can include belittling, threats and withdrawal of affection. Here are some indicators of this form of abuse. This abuse must be reported.

Indicators of psychological/emotional abuse

1

Sense of hopelessness

Fearfulness, helplessness, withdrawal, reluctance to make decisions.

2

Behaviour swings

Anxiety, anger, moodiness, agitation, depression, passivity, low self-esteem.

3

Tiredness

Sleep deprivation, insomnia, confusion.

4

Unexplained weight loss or gain

Change in appetite, increased intake of alcohol.

Financial abuse

This form of abuse is not always easy to spot. It can include a person's money, property or assets being mishandled or taken and used without their consent. It can also include situations where a person with impaired cognitive abilities has given consent without truly understanding what their consent means. This abuse must be reported.

Financial abuse includes:

- ▶ embezzlement, fraud, forgery and stealing
- ▶ withholding money from the person or not paying accounts or debt
- ▶ forcing a person to change their will
- ▶ enduring power of attorney refusing to provide enough money for the person to be able to live
- ▶ enduring power of attorney refusing to provide money for the person to buy clothing or other required items
- ▶ forcing a person to hand over their money or assets.

Report abuse and neglect

Abuse is illegal and you have a duty of care to report all forms of abuse as soon as you become aware of it. You should report situations of abuse directly to your supervisor. If your supervisor is not available go directly to the manager.

Abuse in aged care services is referred to elder abuse. All adult victims of abuse have the right to report abuse issues or not. However, under the *Aged Care Act 1997* (Cth) workers in aged care are required to report sexual abuse of residents. Abuse is illegal and therefore the person can be encouraged to report issues of sexual and physical abuse directly to the police. Here is further information about legal reporting requirements.

Report elder abuse

- ▶ *The Aged Care Act 1997* (Cth) states that:
 - ‘... if the approved provider receives an allegation of, or starts to suspect on reasonable grounds; a reportable assault, the approved provider is responsible for reporting the allegation or suspicion as soon as reasonably practicable, and in any case within 24 hours to ...’ (Section 63-1AA).

Follow policies and procedures when reporting

When you suspect abuse has occurred or you have witnessed abuse, you must act quickly to ensure immediate action is taken to prevent further abuse from happening or escalating. When reporting, be guided by your organisation’s policies and procedures. Besides verbally reporting to your supervisor, you will be required to document the report. This information may be recorded in case, continuation or file notes and in an incident report form. Here is an example of what to include in a report.

An objective report should include:

- ▶ what you saw (for example, the size, location and type of bruising)
- ▶ when you saw it (date, time, day)
- ▶ what you did (for example, removed the person from the situation)
- ▶ what you said (for example, explained to the person that you had to report the incident)
- ▶ the person’s response (what they said or did)
- ▶ follow-up action to be taken.

Example

Ethical dilemmas, behaviours of concern, abuse and/or neglect

Rick has been providing home support to Eugene for several months. Eugene likes Rick and tries to engage him in conversation about sport at the end of his home visit. He then asks Rick to do extra chores, such as clean the windows and walk the dog. When Rick says he can't because it is not in his job description, Eugene threatens to complain to Rick's supervisor, saying Rick has left early and is lazy. Rick is worried about this and thinks he should report it. When he writes in the communication book, he decides to look back to see if other support workers have had similar issues. He discovers that Eugene has made the same threats to other workers.



Practice task 12

Read the case study, then answer the questions that follow.

Case study

Marita provides home support services to Cyril and his wife Hazel. Cyril has undergone a hip replacement and Hazel has dementia. Marita's duties include general housework and assisting Hazel to shower. Hazel and Cyril both like Marita and ask her to give them both a hug before she leaves at the end of her home visit. Marita agrees, as it seems harmless. When Hazel has to go into residential care, Marita agrees to continue providing home support services for Cyril. The first time Marita goes to visit Cyril after Hazel has gone into residential care, Cyril greets Marita at the door wearing only his boxer shorts. He smiles and says, 'Now we can have a real cuddle.'

1. In what ways does Cyril's behaviour threaten Marita's personal safety?

2. What should Marita do in this situation?

Click to complete Practice task 12

3E Maintain confidentiality

As a support worker, you must maintain a person's right to privacy and confidentiality in accordance with legislation and organisational policies and procedures.

Privacy refers to a person's ability to control access of others to themselves, their space and their possessions, including information about themselves. Privacy also means taking steps to avoid embarrassment and humiliation.

Confidentiality is about data or information – not people – and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using or disclosing information about a person that is outside of the scope for which the information was collected.

Confidentiality includes how information is:

- ▶ collected
- ▶ stored, and for how long
- ▶ destroyed when it is no longer needed
- ▶ accessed and released to other parties.

Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details. You always need the person's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

Disclosure is the requirement in some exceptional situations to disclose private information but this is generally only when you become aware that someone may be harmed. For example, if a person tells you that they are having thoughts of self-harm, or that they are driving a car without a licence, but asks you not to tell anyone, you have a duty of care to tell your supervisor.



What the law says about privacy

The *Privacy Act 1988* (Cth) outlines principles for handling personal information that applies to Australian Government departments and private sector organisations throughout Australia. In addition, each state and territory has their own laws governing privacy. Privacy legislation and principles govern the collection, use and storage of people's information.

Any information that could identify a person must be kept confidential. This could mean names, addresses, dates of birth or description of identifying attributes. Workers must be aware that even if they are being careful to avoid using names in order to maintain confidentiality, a description of a person's features or condition may provide enough information to be identifying. Consider the following guidelines when managing confidential information.

Guidelines for managing confidential information

- ▶ Ensure you have a valid reason, and the person's consent, for collecting, storing or distributing any personal information.
- ▶ Keep personal information in locked filing cabinets and password protected electronic files.
- ▶ Limit access to files and information.
- ▶ Restrict written records from being removed from the organisation's grounds; for example, do not take a person's file unnecessarily on a home visit and avoid leaving confidential information unattended in a car or bag.
- ▶ Know and abide by the organisation's confidentiality policies and procedures.

Collection, use and storage of information

There are 13 Australian Privacy Principles that apply to the collection, use and storage of people's information. These are outlined here.

Collection, use and storage of personal information

- 1 Open and transparent management of personal information**

Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**

Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**

Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
- 4 Dealing with unsolicited personal information**

Outlines how organisations must deal with unsolicited personal information.

- 5

Notification of the collection of personal information

Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6

Use or disclosure of personal information

Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
- 7

Direct marketing

An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8

Cross-border disclosure of personal information

Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
- 9

Adoption, use or disclosure of government-related identifiers

Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
- 10

Quality of personal information

An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
- 11

Security of personal information

An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.
- 12

Access to personal information

Outlines an organisation’s obligations when an individual requests to be given access to personal information held about them by the organisation.
- 13

Correction of personal information

Outlines an organisation’s obligations in relation to correcting the personal information it holds about individuals.

Further information is available at:

- ▶ <http://aspirelr.link/aus-privacy-principles>

Example

Maintain confidentiality

Tony is assisting Lara at home with her personal care. Lara has to go to hospital for an operation and expects to be away from home for two weeks. She is worried about who will feed her cat and water her indoor plants.

Tony sees Lara’s neighbour as he is leaving and tells him about Lara’s operation and that she needs someone to help with the cat and the plants while she is away. The neighbour says he is happy to help. Tony runs back inside and tells Lara that he has told the neighbour about her trip to hospital and that the neighbour will help.

Lara turns white with rage. She says, ‘The neighbour is a nosy parker, always going through my mail and checking through the windows. I don’t want him knowing my business.’ Tony has broken Lara’s right to privacy.



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Practice task 13

Read the case study, then answer the questions that follow.

Case study

Margot is a support worker. She is at the local pub having a drink. She sees a support worker from another agency and says, 'John, I've been meaning to ask you about Sam Morrison. He is giving me a great deal of trouble! How do you handle people with autism?'

1. What has Margot done incorrectly?

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2. What should Margot have done?

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Click to complete Practice task 13

Summary

1. You are entitled to a safe workplace; and the person you support is entitled to maintain their home environment. Sometimes this requires negotiation that is tactful and respectful.
2. It is your responsibility to implement the individual plan to suit the person you support, while respecting that the work setting is the person's home and personal space.
3. Community services organisations and workers have a legal and ethical responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services.
4. There are many factors that will mean no two people you support, either now or in the future, will ever need the same approach. You will need to adapt the strategies you use to suit age, abilities, interests, culture and other differences.
5. As you begin to form a relationship of trust and confidence with the person you support, you will learn to identify what triggers certain behaviours, and recognise indicators of abuse or neglect.
6. Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen.

Learning checkpoint 3

Operate respectfully in the home

This learning checkpoint allows you to review your skills and knowledge in respectfully providing support services in the person’s home.

Part A

1. Describe how duty of care applies to the provision of home and community services.

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2. Describe dignity of risk in relation to home and community services.

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3. Explain how codes of practice impact on the provision of home and community services.

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4. What practice standards must be followed in the provision of home and community services?

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5. Explain how organisational limitations impact on the role of a support worker.

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6. Describe two ethical dilemmas a support worker may have to deal with.

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7. Identify two indicators of neglect.

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8. Identify two indicators of physical abuse.

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9. Identify two indicators of sexual abuse.

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10. Identify two indicators of psychological/emotional abuse.

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11. Identify two indicators of financial abuse.

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12. Identify the legislative instrument a worker must adhere to in maintaining the confidentiality of a person with support needs.

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Part B

Read the case study, then answer the questions that follow.

Case study

Kara is a support worker and has just taken over the case management of Mr and Mrs Chan, a couple in their late 70s and of Chinese descent. Mrs Chan recently had a stroke. As a result she now depends on a wheelchair for mobility. Mr and Mrs Chan still live in the home they built when they were married more than 50 years ago. The house is located in a quiet suburban area and Mr and Mrs Chan have very strong relationships with their neighbours. The home has been cosmetically updated over the years, but does not currently meet the physical requirements of Mrs Chan. Kara reads Mrs Chan's individual plan and identifies her goal of becoming more independent and more confident in the use of her wheelchair. Kara visits Mr and Mrs Chan in their home and discusses the possibility of making modifications to the home so it is wheelchair accessible. This will allow Mrs Chan move around the house without any assistance, as well as shower herself and use the toilet on her own. Mr and Mrs Chan have the resources to make the modifications but verbally indicate that they are not confident enough to manage the arrangements. Kara remembers that there may be government funding available to assist Mr and Mrs Chan with the costs.

Kara also learns from Mrs Chan's individual plan that the couple are practising Mahayana Buddhists. It is part of their religious practice that any visitors to their home are required to remove their shoes and any head covering before entering. Mr and Mrs Chan always drink Chinese herbal tea with their visitors and prefer to use an antique teapot that sits on their dining table while they drink tea.

1. Describe two ways that Kara should demonstrate respect and sensitivity towards Mr and Mrs Chan when she visits them in their home.

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2. During the home visit, Mrs Chan asks Kara if she would make her a cup of tea. Describe how Kara should demonstrate respect towards Mr and Mrs Chan's home and belongings.

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3. Explain Kara's responsibility in implementing Mrs Chan's individual plan.

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4. How could Kara support Mrs Chan to become more confident using her wheelchair?

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5. Identify two policies, protocols and/or procedures that Kara must follow when implementing Mrs Chan's individual plan.

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Topic 4

In this topic you will learn how to:

- 4A Comply with the organisational requirement to report**
- 4B Complete and maintain documentation**
- 4C Ensure any arrangements for follow up visits are recorded and implemented**

Complete reports and documentation

Accurate and up-to-date record-keeping underpins quality service provision that meets individual needs. Actions are documented in a way that increases accountability and duty of care. Completing reporting and documentation is an essential role of support workers and coordinators. There are many different types of reports and documentation used in home and community services settings. These documents may relate to service users, staff and to the organisation and its operations. Support workers need to be aware of and abide by legislative requirements, policy requirements and organisational protocols about how documentation and reports are completed, maintained and stored.

4A Comply with the organisational requirement to report

Reporting and documentation requirements in aged care, disability care and home and community care settings can be extensive. Here are three important legal reasons for accurate record-keeping.

Communicating between staff

Records and documentation may identify the person's needs; act as a guide for planned action; and provide a reference point to ensure the person is receiving the required services, particularly if several workers support them.

To provide evidence that you are following standards

Written records provide evidence that actions have been performed and give an account of procedures that have been followed. Passing on documentation regarding changes in individuals, incident reports or hand-over records may also assist in meeting individual duty-of-care requirements. Documents can provide evidence of the actions you have taken in the event of an incident or accident.

To meet funding requirements

Another reason for complying with organisational reporting and recording requirements is to demonstrate accountability to service users, funding bodies, government and other stakeholders. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmark standards. Inaccurate or ineffective reporting and documentation may impact an organisation's professional reputation.

Report observations

Some people in receipt of home support services may not see many people throughout the week. They may have trouble getting out of the house or may not have family members or friends who visit regularly. Sometimes the only people to see them regularly are the workers providing support to them. Therefore, it is important that when you notice any changes in their circumstances, you report it to your supervisor. This may result in the support being adjusted in line with changing needs.



Identify changes

There are many different changes that you might identify when working with people in receipt of home support services. The types of changes you are able to detect will depend on your role. For example, if you prepare delivered meals, you may notice changes in the requests that people make with regard to their meals. If you work in a day centre, you may notice physical or memory changes. If you provide personal care, you may notice medical changes or changes in their home.

You may identify:

- ▶ changes in the person's preferences, needs or behaviour
- ▶ changes to the person's physical or medical condition
- ▶ changes to the person's personal or family details
- ▶ changes in the level of services being provided to the person.

Report changes in the person's preferences, needs or behaviour

Do not argue with the person in cases where they disagree with their individual plan. Speak to them calmly about the instructions you have, and explain that it is important for their safety, and yours, that instructions are followed. Take the time to discuss their request and find out why they want the support provided in a different way.



If the person insists that they do not want the support provided in the way you have been instructed, that is their right, but you must contact your supervisor and discuss a plan of action. You must not provide support in any way different to what is described in the individual plan, without first discussing it and receiving new instructions from your supervisor.

There may be times when a person may disagree with the information in the plan, and ask that you provide the support in a way that is very different to your documented instructions. Reasons for this may include:

- ▶ a change of plans for the day – for example, feeling tired, so wanting to stay in bed rather than get up and get dressed
- ▶ unrealistic belief in their own ability – for example, people with intellectual disability or dementia might tell you they are independent when they are not
- ▶ a change in the person's abilities that results in them being able to perform tasks either more or less independently.

Report changes in person's condition or circumstances

Your role is to report any changes you notice. Remember, you may not be qualified to make an assessment or diagnose a condition. You are reporting what you see and what the person may tell you. Here are examples of changes to a person's circumstances that need to be reported.

Report changes in circumstances or condition



Physical or medical condition

You may notice that the person's medical or physical condition has deteriorated. These changes may mean that they will need extra support. Report these changes to ensure the person receives the additional support they need. The change may be:

- ▶ Temporary; for example, they may have sprained an ankle or broken a bone, or be in pain.
- ▶ Permanent; for example, a person's condition may be declining due to an illness.



Personal or family details

You may come across personal details about the person that have not been reported to the service provider. These changes must be reported to ensure that service records are up to date, and adjusted, as needed.

These changes may include address or pension details, or changes to a family situation; for example, family members have died or moved interstate.



Service level

You may be the first to discover the person is receiving additional unreported services. In some cases, people who receive additional support, such as a community aged care package, are not eligible to access some home support services, such as personal care or day centre support. This type of support may already be provided through the package. It is important that this information is reported, as services may need to be adjusted or coordinated to respond to this change.

Tell your supervisor

Reporting changes also includes informing your supervisor. Some changes must be reported to your supervisor quickly so that necessary changes to support or levels of service can be arranged.

If the change relates to the medical or physical condition of a person, it may be appropriate to inform your supervisor immediately. If it is just a minor change to their personal details, you may be able to tell your supervisor the next time you see them. Whatever the change is, make sure your supervisor is informed and aware. This ensures that your person is receiving high-quality support. If you are unsure of how to report a change, always ask your supervisor.

How to report

You need to be aware of how to report changes to a person's needs. Your workplace will have policies and procedures that you should follow when reporting an issue.

Formal reporting involves completing formal procedures such as incident reports, monitoring forms, or file notes about something you have seen, heard or have concerns about.

Informal reporting usually involves communicating to your colleagues or supervisors about a person's progress or changes. Here are some details of ways to report changes to a person's needs.

Reporting methods



Report verbally

In your workplace, all issues related to service provision where needs are not being met, need to be reported verbally to the supervisor. They are usually the best person to talk to first, and can give you advice about what to do. If your supervisor is unavailable, another supervisor or senior manager may be able to help.



Report in person

You may need to report issues related to an individual in person; for example, at a team meeting or by arranging a meeting with your supervisor. You may have a case meeting about a person in receipt of services, where you meet with a number of workers and professionals together.



Report in writing

Every workplace will have various ways to report in writing; for example, case notes and progress notes may be used to record the level of care given. They may also be used to report issues observed and actions taken by workers.

Communication books are used to share information with family members or carers. They may report minor issues, pose questions of family members/carers, document observations and record tasks performed for family members/carers.

Verbal reports

Whether reporting via the phone or in person, always keep file notes on what you reported. If you are working in an aged care facility, you will need to add a file note or continuation note to the person's file. If you are working in the community, you will need to keep a note in your diary or in a folder on your computer. Always date and sign your file notes.

File notes should include:

- ▶ details (facts) of what occurred
- ▶ where the incident took place
- ▶ date and time and who was involved
- ▶ the action taken by you or someone else.

Written reports

Case notes, progress notes, communication books and incident reports are written reports. Each workplace may have its own style and preferred way of communicating information. It is important to record only the facts. Opinions can be subjective and a support worker is not responsible for diagnosing a problem or issue. Opinions can also be offensive to a person.

Written reports should include:

- ▶ your full name
- ▶ your place of work
- ▶ the date and time the issue presented
- ▶ the date and time the report was made
- ▶ the action you took
- ▶ any action taken by someone else
- ▶ details of what happened or what the issue is
- ▶ facts rather than just your ideas, views or thoughts.

Program areas

There are many different funded programs and services that operate in the community services sector to empower people with care needs. It is important that you understand what these programs are, why they are provided, what they do and who they are for. It helps to know how the program you work in is the same or different from other programs.

Programs change and funding is sometimes redirected by Governments. So keeping up to date with what the service system can provide is something you need to continually work on. Here is where you can get further information in your state or territory.

Queensland	http://aspirelr.link/community-services-qld http://aspirelr.link/community-groups-qld
NSW	http://aspirelr.link/community-services-nsw http://aspirelr.link/family-and-community-services-nsw
ACT	http://aspirelr.link/government-directory-act
Victoria	http://aspirelr.link/community-directories-vic http://aspirelr.link/service-seeker
Tasmania	http://aspirelr.link/government-organisations-tas
South Australia	http://aspirelr.link/community-organisations-sa http://aspirelr.link/sa-community
Western Australia	http://aspirelr.link/dlgc-wa http://aspirelr.link/dss-vulnerable-people
Northern Territory	http://aspirelr.link/health-nt http://aspirelr.link/housing-nt

Commonwealth Home Support Programme

Many Australians receive home support. These services allow people to be independent and continue to live in their own homes. From November 2015, the Commonwealth Government implemented a new service delivery model. The Commonwealth Home Support Programme (CHSP) aims to provide smaller amounts of services to frail older people as a first step to keep people living in their own home for longer. Older people needing more assistance can apply for support through the Home Care Packages Programme.

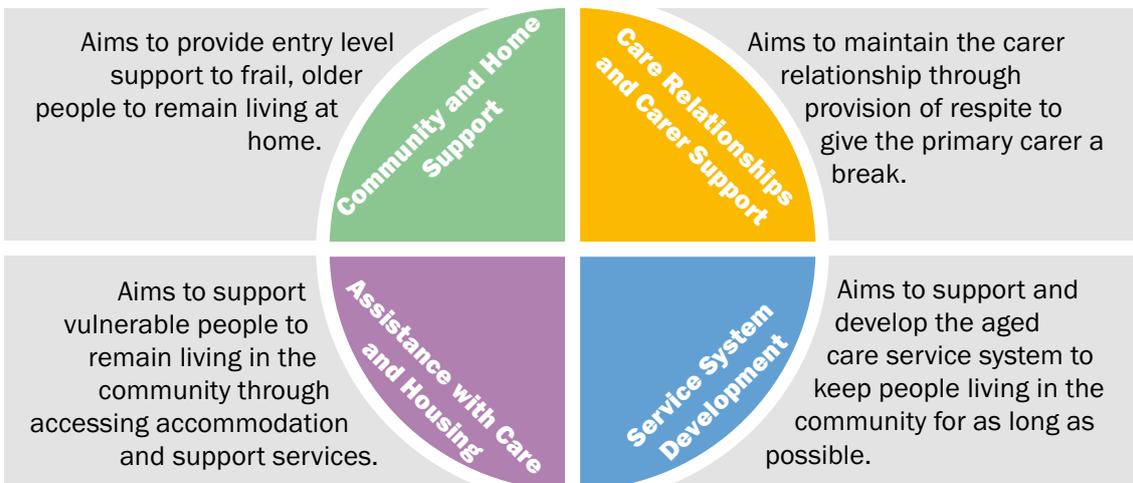
The Department of Social Services provides a range of support guides, advice and policies to direct home and community services workers in providing support to different community groups.

CHSP consolidates a range of previous funded programs including the:

- ▶ Commonwealth Home and Community Care (HACC)
- ▶ National Respite for Carers Program (NRCP)
- ▶ Day Therapy Centres (DTC)
- ▶ Assistance with Care and Housing for the Aged (ACHA).

Sub-programmes of home support

The CHSP has four sub-programmes. Information on each sub-programme is provided below.



Community and Home Support Sub-Programme

The Community and Home Support Sub-Programme targets frail older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander peoples) who need assistance with daily living to remain living independently.

Types of services offered under this program include:

- ▶ meals
- ▶ other food services
- ▶ transport
- ▶ domestic assistance
- ▶ personal care
- ▶ home maintenance
- ▶ home modifications
- ▶ social support – individually focused
- ▶ social support – group based
- ▶ nursing
- ▶ allied health and therapy services
- ▶ goods, equipment and assistive technologies.

Care Relationships and Carer Support Sub-Programme

The target group for the Care Relationships and Carer Support Sub-Programme is primary carers. The aim is to maintain the care relationship between the primary carer and the person with care needs. By providing this support, people are empowered to remain living in the community rather than prematurely moving into an aged care accommodation setting.

Here are the types of services offered under the Care Relationships and Carer Support Sub-Programme.



Flexible respite

Includes in-home day respite; in-home overnight respite, individual community access; host family day respite; mobile respite and other planned respite.



Centre-based respite

Day respite; residential day respite and community access group respite.



Cottage respite

Overnight community based respite.

Assistance with Care and Housing Sub-Programme

The target group for the Assistance with Care and Housing Sub-Programme are people aged 50 years and over who are on low income and either homeless or at risk of homelessness. At the time of printing, this program was only available to people in Western Australia and Victoria.

You can read more about the Commonwealth Home Support Programme and assistance with care and housing at:

- ▶ <http://aspirelr.link/chsp-assistance>

Home care packages

If you are working in the community sector, you may be providing support to someone with a home care package. These packages provide the opportunity for the person with care needs to direct their own support (consumer directed care) which gives the person more power to influence the types of care and services they believe better suits their needs.

Here is more information on what consumer directed care means.

Consumer directed care

- ▶ The person gets more say in the care and services they access, how it is delivered and who delivers it to them.
- ▶ The person has the opportunity to have conversations about their needs and goals.
- ▶ The person works in partnership with the service provider to develop their individual plan.
- ▶ The person agrees to the level of involvement they will have in managing their own care package.
- ▶ The person will have a greater understanding about how their package is funded and how those funds are spent through their individualised budget and monthly income and expense statement.
- ▶ The service provider has a responsibility to monitor and provide the care recipient with ongoing formal reviews to ensure that the package still meets their needs.

Department of Veterans' Affairs

The Department of Veterans' Affairs (DVA) provides pensions and benefits to eligible veterans who have served in Australia's defence force.

Following is some information about the home and care services that the DVA provides.

For further information visit the DVA website at:

► <http://aspirelr.link/dva>

Aged and community care	The DVA provides a range of in-home and community support programs that focus on assisting people to continue living independently by supporting their health, wellbeing, and connection to the community.
Education schemes	The DVA provides financial assistance, student support services, guidance and counselling services for 5–25 year old eligible students.
Homelessness	Other than residential care, the DVA does not provide housing or accommodation services. However, the DVA may be able to provide some support and assistance to veterans who are homeless or at risk of homelessness.
Household assistance	Some eligible veterans may be entitled to DVA supplements to help with household costs such as telephone, internet, water, sewerage, rates, energy costs, and prescriptions.
Rehabilitation Appliances Program (RAP)	An eligible veteran may be able to access aids or appliances to help them maintain their independence in the home.
Travel for treatment	The DVA provides eligible persons and their medically required attendants, assistance with transport when travelling for approved medical treatment.
Veterans' Home Care (VHC)	VHC assists eligible veterans to continue living at home by providing a small amount of practical help.

Example

Comply with the organisational requirement to report

You must follow your organisation's reporting requirements by completing standard forms or documents.

Here is an example of a file note.

Link Chain Attendant Care**File note**

Name: Bea Reardon

Support was provided today as per individual plan.

Bea appeared very sad today. She also appeared uninterested in eating breakfast, or taking a shower and getting dressed. I asked her if anything was wrong and she told me her neighbour and close friend, Millie, had a serious stroke last week and is in hospital, and probably will not be able to return home.

She says it makes her worry more about being alone and what might happen if she became unwell or had a stroke.

She says she worries that she could be lying on the floor for days before someone found her. I made Bea a cup of tea and reassured her about her safety.

I reported my concerns and our conversation to my supervisor, who will arrange visits from the GP and a social worker. She will also arrange for a personal alarm for Bea.

Name of support worker: Kerrie Burns

Date: 17/08/16

Practice task 14

1. Provide two legal reasons for reporting.

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2. What types of reporting might you use to communicate a problem to a supervisor?
Give two examples.

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3. Research the mandatory reporting laws via the following link, and provide a short summary of how they apply in your own state or territory. This information is available at:

- ▶ <http://aspirelr.link/mandatory-reporting-child-abuse>

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4. Why is it important only to record facts rather than your opinion?

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Click to complete Practice task 14

4B Complete and maintain documentation

Many of the documents, reports and records completed by workers are considered a legal record. Most government-funded organisations undergo regular audit evaluations, where records are examined to ensure work is carried out to the appropriate standard.

Different types of information may need to be documented at different times and several people may enter information on a single record. There may be a weekly report on skills development of individuals, and a funding agency may require additional reports to be made monthly.



Complete documentation

Consider the following factors when completing documentation.

<p>Objective and factual</p>	<p>Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability and ensures individuals are described in ways unaffected by judgments, stereotypes, assumptions or opinion.</p>
<p>Timely</p>	<p>The nature of a report or document, along with the expectations of the organisation determines the time lines and protocols for completion of reports. Reports such as funding submissions or statistical reports to government have externally set time frames. Internal documentation is dictated by urgency, organisational policy and the end use of the information. For example, file notes or case notes should be completed regularly so the most current information is always available.</p>
<p>Confidentiality</p>	<p>Often case notes, programming and incident reports include interactions that involve events with other people. Confidentiality must be maintained when writing notes or reports recorded in another person's files or records.</p>
<p>Language</p>	<p>Each part of the community sector often has its own language and jargon. To ensure clarity and accuracy, use complete words rather than abbreviations or acronyms and plain English instead of jargon. Ensure language matches the needs of the intended audience.</p>

Spelling

Spelling is another critical aspect of recording information. Spelling a person's name incorrectly may have a number of unintended consequences. Their data may be confused with another person's data leading to serious privacy breaches, confusion or duplication of records. Incorrect spelling of medical terms can cause confusion; for example, the treatments for and effects of hyperthyroidism and hypothyroidism are quite different.

Complete file notes

When completing workplace documentation, there are other points to consider. The following guidelines are particularly important for continuous records such as file notes or case notes.

Workplace documentation guidelines

Writing must be legible and comprehensible.

Completed documents should not be changed. If changes are made, clearly explain why and by whom. Computer-based records may be password protected.

Use the appropriate form. This helps other workers identify the required information. Make sure you have completed all sections and entries make sense.

Read information back to the person and/or their advocate to confirm its accuracy. This helps prevent mistakes that may take considerable time and effort to rectify.

Records should be signed and dated by the person completing them. Computer-based records may require a log-in to access records that identify the author.

Complete service delivery and travel documentation

You will need to complete service delivery and travel documentation. This means the home support service has a record of the provision of services, the length of time taken to provide those services, and the time and distance travelled between homes, as outlined by your supervisor. It ensures that you receive reimbursement for the driving you have done and the petrol you have used, if you are entitled to this, and that people are correctly billed when you provide transport for them.

You may need to complete the documents outlined here.

Roster

You need to complete a roster to show that you have provided the service indicated. How you do this will depend on your workplace and where the service has taken place. You may need to ask the person to sign a form, when work has occurred in their home or you may be asked to sign it yourself. At the end of your shift or the end of the week or fortnight, the completed form is given to your supervisor.

Time sheet

You need to record the hours that you work, on a time sheet. This ensures that you get paid the correct wage and it provides a record of your attendance at work. This is necessary if you hurt yourself or are involved in an incident at work. It proves that you have been at work and may also assist in ensuring that people are billed correctly for the support they receive. Most time sheets require you to record the day and date that you worked, your starting time and finishing time.

Travel record

If you provide support in people's homes, you need to record times worked with each individual, as well as the time spent travelling between homes. This is to ensure that you are paid for the whole time you have worked, including travel time. It also ensures that people are billed only for the amount of time they received support.

If you use your own car to drive between homes to provide support, you will be required to keep a record of how far you travel, using a dated log sheet or book, and the reason for the travel. You may also have to record a reading from the odometer, at the start and finish of your work.

Maintain documentation

Recording and documenting work is an ongoing task. Documentation should not be allowed to get out of date. It must be completed as the work is done to prevent errors or omissions. It could be required at any time by other workers, by your supervisor, government agencies or for legal proceedings.

Generally, records of past work are stored and maintained even if they no longer appear relevant, or have been superseded by more recent information. These documents may be required to assess changes in a person's needs over time, to demonstrate past support or to show a history of quality care.

In manual filing systems, the most recent information is usually towards the front of the file or section with older information stored behind it. Electronic or computer-based records show both current and past information.

Your workplace will have procedures and guidelines about how and when documentation is to be completed.

Store information

In any organisation there will be policies, guidelines and procedures about where reports and documents are to be stored and filed. Records must be stored in the correct place so they can be easily located and referred to when required.

Within each person's files, each type of record or document will be stored in the same place. For example, in a file you might find that 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 individual's details, referrals, assessments and case notes directly into a database. These systems may be password-protected, which limits access to authorised staff only.

Other types of documents such as incident reports, safety checklists and time sheets also have specific places where they are to be filed.

Example

Complete and maintain documentation

Complete documentation using objective (rather than subjective) language. Records must be kept safely and updated to reflect the person's support needs and services. People receiving support and/or their advocates and family may access and read your documents so always be respectful and objective.

Subjective and objective (or factual) information are compared below.



Subjective

- ▶ Mrs Smith is depressed.
- ▶ Tamara was nervous when I mentioned her parents.
- ▶ Mark is a drug addict.
- ▶ Mr Thompson is dirty and messy.
- ▶ Alex acted aggressively.



Objective

- ▶ Mrs Smith is quiet and has been crying.
- ▶ When I asked Tamara about her relationship with her parents she looked down and twisted her hands and did not answer.
- ▶ Mark uses heroin regularly.
- ▶ Mr Thompson has left plates and food scraps on the kitchen bench and there are mice droppings nearby.
- ▶ Alex rose quickly, slammed the door and raised his voice saying, 'Get lost and leave me alone!'

Practice task 15

Rewrite the following phrases objectively. You can imagine some details if needed.

1. Sophia was up all night throwing tantrums.

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2. Peter is rude to staff and won't do anything we ask him.

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3. Richard becomes lazy at night, refusing to get himself dressed, and expects us to do everything.

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4. Mary has no idea about personal hygiene and her clothes are filthy.

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[Click to complete Practice task 15](#)

4C Ensure any arrangements for follow-up visits are recorded and implemented

After completing an initial home visit with a person you support, you should identify and record any specific areas for follow-up against each expected outcome in the individual plan.

Follow-up visits are useful when significant changes have occurred to the person's health, home or support requirements. For example, a follow-up home visit after a person has returned from a period of hospitalisation provides an opportunity for the support worker to discuss wellness, prevention issues, and any other concerns with the person. Follow-up visits are useful for evaluating the person's coping behaviours after a significant change, and monitoring the effect of home support services provided.



Follow-up visits should be recorded in the person's case or progress notes, communication book, and/or individual plan.

Reasons for follow-up visits

Follow-up arrangements are made for a number of reasons specific to the needs and goals of the person you are supporting.

Follow-up visits may be conducted (with the person's consent) to:

- ▶ identify additional or unmet needs
- ▶ evaluate the person's functional activities of living, such as bathing, dressing and toileting
- ▶ evaluate the person's instrumental activities of living, such as using the telephone, administering medications, or paying bills
- ▶ assess the person's current state of nutrition, eating behaviours and food preferences
- ▶ assessing the person's home environment for privacy, social interaction and both spiritual and emotional comfort and safety
- ▶ clarify the roles and concerns of the person's social support system at home, such as family
- ▶ evaluate the type, amount and frequency of medications and the methods of medication delivery
- ▶ assess the person's home for safety issues and determine whether the person's environment is comfortable, safe and shows no unreasonable risk of injury
- ▶ ask about the influence of spiritual beliefs on the person's sense of physical and emotional health
- ▶ meet with other community services providers at the person's home to enhance communication and cooperation between services, professionals and agencies.

Identify signs of additional or unmet needs

Most of us have needs that are complex and varied. While there are many needs common to all of us, people at different life stages and ages can have changing needs. Our common needs as humans can be broken down by looking at a holistic model. Holistic approaches look at the whole person, not just at their physical needs.

Here are descriptions of different types of needs.

Physical needs

Physical needs are our most basic areas of need. They include the need for food, shelter, personal hygiene, mobility, and sleep.

Emotional/psychological needs

These include our need to feel self-worth, to have a purpose, and to enjoy life free from worry or stress.

Social needs

Social needs include interaction with others, and being able to communicate, help others and feel part of a community.

Intellectual needs

Sometimes called higher order needs, this involves the need to think and reason, and take part in activities that challenge our intellect. This can include the need to plan, keep order, be challenged, read, talk and learn.

Cultural and spiritual needs

Cultural needs include activities, beliefs and behaviours that are important to the individual based on their own background or religious beliefs. Spiritual needs can sometimes involve the need to find peace with one's place in the world or seeking out a higher being.

Sexual needs

Sexual needs don't just involve the need to have sex, but can include the person's self-image, gender identity, respect for sexual preferences, companionship and intimacy.

Unmet needs

Some of the signs that a person might have unmet needs are outlined here.

Signs of unmet needs

- ▶ Talking to you frequently about things they would like more of in their life, such as social interaction with others.
- ▶ Indications from family that the person has other needs that are not being met.
- ▶ Signs of withdrawal, frustration, anger, depression, or lack of interest in everyday life.

- ▶ Overdependence on activities that may be substituting unmet needs, such as being too dependent on friendships with support staff, dependence on alcohol or other substances, and disinhibited or reckless behaviours such as overspending.
- ▶ Signs of neglect within the person's physical environment or of themselves, such as poor hygiene.

Report additional and unmet needs

If the individual plan does not address a need that you feel should be included, and the need is something that you could meet, such as supporting the person to practice a cultural activity like prayer, follow-up arrangements should be made to reassess the person's needs and revise their individual plan.

Other needs can be outside of our organisation's scope, but there are usually other places or services that can support a person to meet holistic needs. If you are unable to deliver the support required, contact your supervisor to discuss the person's needs.

You can support the person to access services or groups including:

- ▶ community initiatives and council run groups such as social groups and community transport
- ▶ professionals such as psychologists and counsellors
- ▶ cultural groups and church groups
- ▶ charitable organisations
- ▶ self-help groups
- ▶ specialist medical referrals.

Example

Ensure any arrangements for follow up visits are recorded and implemented

Hosea is a support worker who visited Mark in his home two weeks ago. Mark is an 80-year-old man who lives alone. Mark has a cardiovascular condition which means he needs assistance cleaning and maintaining his property every fortnight. Three days ago Mark suffered a mild heart attack. Mark is currently in hospital but has been given the all clear to return home tomorrow. Mark's daughter, Janice, will collect him from the hospital and bring him home. Janice contacts Hosea to let him know about Mark's situation. She explains to Hosea that Mark has been given new medication that he must take twice a day. She would like Hosea to conduct a follow-up visit with Mark as soon as possible to:



- ▶ evaluate the type, amount, and frequency of medications and the organisation and methods of medication delivery
- ▶ re-evaluate Mark's functional activities for living since having a heart attack
- ▶ clarify the roles and concerns of Mark's family members to support him at home.

Hosea arranges with Janice to visit Mark on the afternoon he returns home from hospital. Janice checks with Mark and he agrees to the follow-up visit. Hosea makes a record of his conversation with Janice in Mark's case notes, schedules the follow-up visit in his calendar and notifies his supervisor of the arrangements.

Practice task 16

1. Why are follow-up visits useful in the provision of home support services?

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2. How should follow-up arrangements be recorded?

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3. Describe two reasons for conducting follow-up visits.

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Click to complete Practice task 16

Summary

1. Reports can be made in several ways, including written, verbal and in meetings.
2. Reports should contain factual and timely information.
3. Mandatory reporting laws vary between state and territory. They require that certain workers or professionals report signs of child abuse to authorities.
4. Protocols for correct and accurate documentation include writing objectively.
5. Storing of documentation must observe organisation protocols and includes ensuring confidentiality.
6. After completing an initial home visit with a person you support, you should identify and record any specific areas for follow-up against each expected outcome in the individual plan.

Learning checkpoint 4

Complete reports and documentation

This learning checkpoint allows you to review your skills and knowledge in completing reports and documentation.

Part A

1. What is the purpose of the Commonwealth Home Support Programme?

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2. Describe two home and care services provided to eligible people by the Department of Veterans' Affairs.

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3. Describe two factors a support worker must consider when completing documentation.

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4. Why must records be stored and maintained even if they no longer appear relevant?

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5. Where would you find information about how to store documentation?

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6. Describe the benefit of using an electronic recordkeeping system.

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Part B

Read the case study, then answer the questions that follow.

Case study

Mrs Thomasetti has always been a quiet and withdrawn lady. She lives alone and has some distant family overseas. However, she has begun to withdraw more than usual into her own company. She rarely goes out, and lately the staff have been noticing a large number of empty beer bottles around her flat. She has stopped paying attention to her hair and clothes in the way she used to. Julia has been concerned about Mrs Thomasetti, and although she doesn't know the reasons, she feels that she may be suffering from depression.

1. Describe one way that Julia could report her observations about the changes in Mrs Thomasetti's behaviour.

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2. Why is it essential for Julia to tell her supervisor about her concerns for Mrs Thomasetti?

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3. Describe two services or groups that Julia could support Mrs Thomasetti to access that will fulfil her unmet need for social interaction.

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