

CHCAGE004

Implement interventions with older people at risk

Release 1



Learner guide

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Aspire Version 1.3



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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	December 2018	Minor corrections as part of our continuous improvement program
Release 1, version 1.3	July 2019	Updated to reflect the new Aged Care Quality Standards

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Before you begin

This learner guide is based on the unit of competency *CHCAGE004 Implement interventions with older people at risk*, 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 <div data-bbox="1163 1328 1353 1608" style="text-align: right;">   <p style="font-size: 8px; margin-top: 2px;">V1234</p> </div>
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 Assist with the preparation for a risk assessment	1A Confirm assessment requirements with your supervisor or relevant health professional	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Encourage participation of the older person and their carer in assessment and further actions	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Provide information to the older person and/or carer to clarify their own role, responsibilities and accountability	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Provide information to the older person and/or carer explaining the assessment process	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Communicate with the older person and carer in a respectful, supportive and encouraging manner	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1F Seek the older person's permission and cooperation in the assessment process	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 2 Contribute to the identification of risks	2A Identify and review factors in the older person's lifestyle that might affect their level of risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Use appropriate tools and methodologies to determine risk based on physical indicators	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Assist with risk assessment ensuring to minimise unnecessary discomfort to the older person and maximise their participation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Use the support of carers to identify risks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Recognise the older person's risk factors based on medical history, measurements and findings	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Identify the older person's needs, issues and concerns outside scope of your practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Implement risk minimisation strategies	3A Identify and explain options to minimise risk to the older person and/or carer	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Work with the older person and carer to identify risk minimisation strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Implement strategies in a safe and effective manner that minimises the older person's discomfort	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Support the carer in contributing to the implementation of strategies, where appropriate	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 4 Monitor risk minimisation strategies	4A Monitor the effects of the strategies on the older person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Identify any indicators of increased risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Identify when strategies are not having the desired result and possible reasons for this	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Reassess and identify more-appropriate strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4E Work with the older person and carer to assess the outcomes of risk minimisation strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4F Discuss feedback from the older person and carer with your supervisor and/or the relevant health professional	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4G Complete, maintain and store all relevant documentation and reports	<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 Confirm assessment requirements with your supervisor or relevant health professional**

- 1B Encourage participation of the older person and their carer in assessment and further actions**

- 1C Provide information to the older person and/or carer to clarify their own role, responsibilities and accountability**

- 1D Provide information to the older person and/or carer explaining the assessment process**

- 1E Communicate with the older person and carer in a respectful, supportive and encouraging manner**

- 1F Seek the older person's permission and cooperation in the assessment process**

Assist with the preparation for a risk assessment

Due to changes in the body's systems as people age, such as loss of muscle tone and density, impaired vision, lowered blood pressure and decreased spatial awareness, there is a greater risk of an older person experiencing increased health challenges and issues requiring assistance to maintain their independence.

People and organisations involved in providing care to older people have a duty of care to find ways to remove or reduce hazards that can cause health issues. To do this you should use recognised assessment tools, so health professionals can comprehensively identify, record and promote a person's health and wellbeing.

You will need to find out what is involved in carrying out an assessment, what your role and responsibilities are, and how to engage the individual in identifying their care needs and preferences.

You will also need to assess the participation of the relevant health professionals and develop strategies that align with legislation, trends and contemporary care services.

1A Confirm assessment requirements with your supervisor or relevant health professional

Recognised assessment tools are used to record and promote each person's health and wellbeing. Assessment tools are developed by the support worker, with their supervisor and other health professionals, to ensure the right tool is being used to gather the right data that will assist the older person to identify their particular health risks.

Types of assessments they provide are outlined in the following table.

Professional	What they do	Assessments they can undertake
Gerontologists and general practitioners	Gerontologists are qualified doctors who specialise in the care of older people.	Medical condition
Occupational therapists	Occupational therapists help modify the environment to make it safer for the older person and to help them maintain their independence.	Environmental
Pharmacists	Pharmacists manufacture, dispense and supply medication.	Drug interactions and risk associated with taking medication
Physiotherapists	Physiotherapists treat physical injuries. They usually focus on musculoskeletal conditions.	Balance and gait
Psychologists	Psychologists help people with mood disorders.	Depression Mental status
Registered and enrolled nurses	Registered and enrolled nurses assess and monitor a person's medical condition. They can monitor blood pressure and administer medication.	Blood pressure General health and wellbeing

Confirm assessment requirements

You need to find out what is involved in carrying out an assessment, and what your role is before conducting an assessment, by confirming the following information with your supervisor:

- ▶ When the assessment will be carried out
- ▶ Who will carry out the assessment
- ▶ Where the assessment will be carried out
- ▶ How the assessment will be carried out as well as the assessment tools that will be used



You should also find out about why the assessment is required, confirm with your supervisor or the relevant health professional which assessment tools will be used and which ones you will be involved in. The five main assessment tools are:

- ▶ medical history
- ▶ medication charts
- ▶ blood pressure charts
- ▶ balance and gait assessment
- ▶ mental status evaluation.

Different methods of assessment include discussion, observation, demonstration and the completion of forms, questionnaires and checklists. Health professionals generally use a combination of methods.

Issues for older people

It is very easy to base decisions and ideas about people on stereotypes rather than facts, so it is important to remember that everyone is different. Take the time to read care plans and case notes; talk with the older person and their families; and make objective, informed decisions based on real information. By doing so you ensure you meet the needs of the older person and set the scene for them to experience success and satisfaction when engaging in healthcare solutions.

You should have a reasonable working knowledge of the types of issues regarding the health of older people, as described in the following table.

Physical disabilities

The older person may have mobility difficulties and have need for a wheelchair, walking frame or elbow crutches, and may have difficulty moving around in the community.

Cognitive issues

The older person may vary in their behaviour, attitudes, judgment, communication, interactions with others, awareness of their behaviour and actions, and their ability to self-monitor.

Mental health issues

The older person may vary in their behaviour, attitudes, judgment, communication, interactions with others, awareness of their behaviour and actions, and their ability to self-monitor.

Age

Older people may have deteriorating health, physical abilities, memory, mobility and confidence in their own skills, as well as increasing frailty and dependence upon others for support.

Sensory disability

The older person may have difficulty communicating with others, moving around safely in an unfamiliar environment and an increased dependence on others with specialist communication, orientation and mobility skills for support.

Cultural background

Older people from diverse cultural backgrounds may have different attitudes, values, customs and beliefs when it comes to health, illness and health care. Language barriers may make it difficult to understand what is happening and this may make a person feel disempowered in the assessment process.

Family support

Some older people will have little or no family support or person looking out for them and supporting them during old age. They may feel vulnerable and will need to be encouraged and empowered during the assessment process.

Issues of wellbeing for older people

An individual's ability to contribute to their own care needs and preferences provides a framework for them to build a meaningful life for themselves. The development of programs and activities promoting good mental health and wellbeing for a person later in life will develop key components that are significant to ageing, including:

- ▶ the older person's need for a continued sense of belonging and identity in the community
- ▶ the impact of an older person's deteriorating healthcare requirements
- ▶ empowering the older person to be involved in assessing their own care pathways.

The following identifies areas that contribute to some legal and ethical issues relating to the wellbeing of older people.

Issues affecting the health and wellbeing of an older person

- ▶ Rural and isolated services
- ▶ Provision of culturally sensitive care services
- ▶ Services sensitive to lesbian, gay, bisexual, transgender and intersex individuals
- ▶ Provision and availability of social housing services
- ▶ Adequate dementia, mental health and palliative care services
- ▶ Rights and respect of the individual such as in the case of elder abuse
- ▶ Disadvantaged groups of individuals with no fixed address or contact details

Health trends among older people

The provision of aged care services in Australia is undergoing significant changes that have been largely driven by the introduction of the new aged care reforms to empower older people to direct their own care while remaining independent at home.

With an increase in funded assisted care, older people are encouraged to participate in a collaborative approach to their care according to their needs and preferences.

The current trends identify that the number of older Australians requiring assisted care in day-to-day activities has increased significantly.

The trends indicate that there is:

- ▶ an increasing number of older Australians requiring assisted care
- ▶ a greater reliance of service providers on the older person's contribution
- ▶ an increasing focus on community in-home care
- ▶ a greater proportion of residential consumers requiring high level care
- ▶ a decreasing number of boutique residential facilities
- ▶ an increasing investment by for-profit providers.

Wellbeing trends among older people

The University of Western Sydney and the University of Sydney surveyed over 22,000 Australian men and women aged 65 and above over a nine year period. It showed that older men and women (from ages 55 to 93) in Australia participate in an activity of their choice as least once a week. The most common activities identified were walking, golf, bike riding, lawn bowls, tennis and swimming.



The motivating factors reported on were:

- ▶ a desire to maintain a lifestyle that provided fitness
- ▶ keeping mentally and physically healthy
- ▶ maintaining agility.

When the data was analysed the trend information was based on factors of the older person's social interactions and engagement, fitness levels, recognition of the need to be active, challenges and benefits, medical constraint and levels of involvement. These variances show the differences in the reasons older people participate in exercise or activities based on their age, level of education, gender and occupation.

The group of Australians known as the 'baby boomers' (those born between 1946 and 1965) will undoubtedly have an impact on the demand for aged care services. It is apparent that this generation of older people requiring services will demand a wider choice in the goods and services they consume.

It has also been identified that many older Australians will choose to remain in their own homes with supported services rather than moving to a residential aged care facility.

You can read more about this study here:

- ▶ <https://aspirelr.link/ws-research-physical-activity-older-australians>

Health and wellbeing policies

There are several sets of standards used by the aged care sector that outlines the measures on which compliance is tested and the expected outcomes for providers who deliver services to older Australians.

Consider the following information.

Aged Care Quality Standards

According to the Aged Care Quality Standards (detailed in the Quality of Care Principles 2014), older people must be actively involved in identifying their care needs.

You can read more about the Aged Care Standards and Quality of Care Principles 2014 at:

- ▶ <http://aspirelr.link/aacqa-standards>

The National Standards for Mental Health Services 2010

The National Standards for Mental Health Services 2010 should be applied to all mental health services, including government, non-government and private sectors across Australia.

You can read more about the National Standards for Mental Health Services 2010 at:

- ▶ <http://aspirelr.link/national-standards-mental-health>

National Standards for Disability Services (NSDS)

The National Standards for Disability Services (NSDS) contain six national standards. The Disability Service Standards make it clear that facilitating choice is a key part of providing services to people with disabilities.

You can read more about the National Standards for Disability Services at:

- ▶ <http://aspirelr.link/nsds>

Confirm assessment requirements with your supervisor or relevant health professional

The information below provides examples of how the assessment process provides a comprehensive picture of the older person's care need and preferences.

Health assessment requirements

- ▶ Collecting information including any medical history or existing arrangements
- ▶ Completing an overall assessment of the older person
- ▶ Recommending suitable and agreed upon interventions
- ▶ Providing advice, feedback and information to the individual
- ▶ Maintaining documentation; for example, written reports and recommendations
- ▶ Offering the findings of the assessment to the relevant carer, family member or health professional

Aged care health assessment components

- ▶ Blood pressure, pulse rate and rhythm
- ▶ Medication
- ▶ Continence
- ▶ Immunisation; for example, for influenza
- ▶ Physical function including activities of daily living
- ▶ Psychological function, mood swings and cognitive condition
- ▶ Social engagement

Where is assessment carried out?

The location of the assessment also depends on who is carrying out the assessment as well as the particular type of assessment. Some assessments, particularly those conducted by health professionals such as physiotherapists and doctors, are carried out in their offices. Other health professionals, such as district nurses, may carry out the assessment in the person's home.

If the person has high care needs, assessments are often carried out in the person's home or residential setting to prevent them from having to travel.

If the assessment involves an environmental audit, it must be completed where the older person lives.

How is assessment carried out?

There are a variety of methods that can be used to assess people. These include:

- ▶ discussion
- ▶ observation
- ▶ demonstration
- ▶ completion of forms, questionnaires and checklists.

Health professionals generally use a combination of methods.

Practice task 1

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

Case study

Rita has recently noticed difficulty in performing particular personal care activities and has become increasingly anxious about how she will cope. She lives in a rural area where there is little access to healthcare services. Rita has asked for a health assessment from a supported services organisation to help her identify her current care needs.

Carol is a healthcare professional who has been asked to conduct a health assessment with Rita and her daughter. Carol has a health report from Rita's GP and is aware of the details of her current healthcare requirements and demographic difficulties.

1. Describe two things you will need to consider before conducting Rita's assessment.

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2. What general skills and tasks would you use to assist with the assessment?

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3. Describe the current issues that may be impacting on Rita's health and wellbeing.

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Click to complete Practice task 1

1B Encourage participation of the older person and their carer in assessment and further actions

Assessment should be a joint effort where the assessor and the older person being assessed work together to identify possible risk factors. Remember it is considered best practice to involve people in all aspects of their care as they are more likely to actively reduce risks if they have been involved in identifying the risks.



An older person can be encouraged to participate in their own care and the support worker must get to know the older person as an individual and treat them with the dignity they deserve. Demonstrate respect for the older person, their values, needs and individual preferences. A support worker should aim for a partnership and teamwork between the person, their family and the professional care team offering support. The older person should be at the centre of care and the health services should revolve around them rather than around funding and/or the needs of health professionals.

Participation by the older person

Many older people want to participate in the assessment process and would participate cooperatively if they understand what is required of them. Healthcare and community services employees often use jargon or specialist language and terms other people do not understand. Make sure you explain the assessment process in plain language and engage in the strategies to be implemented.

Motivate the older person to participate

Older people vary in personality and willingness and ability to cooperate. In your career you will meet older people who are easy to talk to and can help you with assessments; whereas others may be quite challenging or even difficult to deal with. Most older people fall between these two extremes.

One of the keys to helping motivate older people to participate in the assessment process is to help them understand why assessment is important and the consequences that can arise if assessment does not take place.



Lecturing an older person on the benefits of participation is rarely effective, as few people like being told what to do. Instead, discuss the benefits with the person; ask them what they know about their health issues and the consequences; and talk with them in general about some of the long-term consequences – disability, pain and loss of independence. Have brochures and fact sheets that help explain why older people are at greater risk of increasing health issues. Explain to them the body's ability to repair reduces as people age. Speak in general terms so the person does not feel that you are just telling them they are getting old.

Explain that there are many different causes of health challenges and you want to help identify possible risks they may face. Let them know it is their choice to participate in the assessment process.

Encourage participation

Older people and their carers will only be involved in assessment if they understand their role, and if they want to be involved. Clear, friendly communication can help you develop rapport with the older person and communicate their role and responsibilities in the process.

Consider the following information.

Tips for encouraging participation in the assessment process

- ▶ Make sure you understand the process. You will not be able to communicate the process unless you have a clear understanding of the assessment purpose and process yourself.
- ▶ Make sure you are dressed professionally. If you are untidy or out of uniform you will appear unprofessional, which may make it hard for you to gain a person's trust.
- ▶ Organise a meeting place that is quiet, comfortable, private and free from distractions.
- ▶ Make sure you have all required documents; for example, the privacy policy, code of conduct, consent to release information, assessment tools and information from other service providers.
- ▶ Explain the purpose of the assessment, what will happen and the time frame for assessment.
- ▶ Communicate their rights. Use written information to help the older person and their carer understand the information you are sharing verbally.
- ▶ During the meeting, focus on the older person and their carer by maintaining eye contact and using verbal and nonverbal communication to demonstrate interest.
- ▶ Pay attention to the person's verbal and nonverbal cues and, if they appear distressed, take time to reassure them. If they appear confused, ask questions to clarify.
- ▶ Allow the older person to speak and wait for them to finish. Listen to what they are saying. Do not cut them off mid-sentence or try to predict what they will say.

Example

Encourage participation of the older person and their carer in assessment and further actions

Lee, an aged care coordinator, discusses assessments with Jacqui, an older person. During the discussion Lee notices that Jacqui’s arms are folded and that she does not make eye contact. Lee also notices a tear roll down Jacqui’s face.



Lee: Jacqui is something upsetting you?’

Jacqui: No.

Lee: Sometimes people become frightened when challenged by increasing health needs.

Jacqui: It’s not failing health that I’m frightened of.

Lee: What is worrying you?

Jacqui: All you people trying to take my independence away!

Lee: Jacqui, that’s the last thing we’d want to do. We’re trying to help you maintain your independence.

Jacqui: In what way?

Lee: If you fall, for instance, you may hurt yourself. This may mean you need to rely on other people to help you with everyday activities such as showering. It may also prevent you from doing things you like to do. If we can work out what’s happening, then we can take steps to stop you from falling again. Does that sound like a good idea?

Jacqui: Yes, that sounds okay.

Jacqui’s body language then changes. She leans towards Lee during the discussion and maintains eye contact showing interest in and acceptance of the assessment process.

Practice task 2

1. How can you build rapport and trust with the older person you are assessing?

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2. Describe two ways you can communicate information about the assessment process with the older person in a supportive, respectful and encouraging manner.

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3. As a support worker how would you reduce tension when conducting an assessment?

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Click to complete Practice task 2

1C Provide information to the older person and/or carer to clarify their own role, responsibilities and accountability

When you have worked in community services for a period of time you will gain an awareness of your own role and responsibilities and those of other personnel. Older individuals may not be familiar with the role of a supervisor or support worker and may mistakenly believe you are a nurse or even a doctor. If you do not clarify your role, responsibilities and level of accountability you may undertake a task you are not qualified to do, upset others by not referring to your supervisor, cause information to be lost or overlooked, or disappoint the older person who may not understand why you refuse to complete nursing duties.



The organisation's policies and procedures set out what support workers should and should not do. A clear understanding of the limits and responsibilities of your job role reduces the risk of misunderstandings and supports empowerment for the older people you support because it also acknowledges their role and responsibilities within the relationship.

Provide information about your own role

Older individuals use aged care services to help deal with some of the changes that ageing brings. They may be distressed by the process, which can make it harder for them to understand your role.

When communicating with older people and their family members allow plenty of time for discussion. Explain in plain language what you can and can't do when implementing health prevention strategies. Consider writing notes for the older person about your role and the role of others. This can help remind them of your role and the process of health risk prevention implementation.

By clarifying your job role you are setting and promoting healthy boundaries to ensure an honest and professional relationship. By respectfully refusing requests outside your job role, you are being honest when unable to assist and not building unrealistic expectations.

Workers can find information about the boundaries of their role by:

- ▶ undertaking orientation when commencing a new role
- ▶ reading their position description
- ▶ reading their workplace policies and procedures
- ▶ reading the person's care plan or other documentation
- ▶ talking to their supervisor.

Work within your work role

You have a duty of care to older people and your employer to work safely and ensure your work does not harm anyone. Make sure you understand the limitations of your role and your level of authority. If you conduct assessments that you do not have the skills, knowledge, qualifications and authorisation to conduct, you are in breach of your duty of care. This is particularly true if you hurt someone during the course of the assessment or if you fail to identify issues that need to be addressed during the course of the assessment.



Provide information about responsibilities

Support workers become accustomed to the processes involved in assessment. It can be easy to forget that older people and others may find the process bewildering and even frightening. They may be reluctant to ask for further information for fear of appearing silly.

All aged care workers should be person focused. This means you need to consider the person's thoughts and feelings when providing health care. You can help alleviate concerns and tensions by providing information to clarify the assessment process. Tensions may exist between the person's rights to say no and make decisions about their own care, and the organisation's responsibility and duty of care to individuals. Clearly explaining any consequences and encouraging participation from everyone, including the family and carer, are important. Tensions can also arise when responsibilities and role become confused.

When providing information about responsibilities you should discuss the following points.

Information about responsibilities may include:

- ▶ the worker's role including what they can and cannot do
- ▶ the purpose of assessment or what you hope to achieve
- ▶ the approximate duration of the assessment, which helps the older person understand how much time they need to allow
- ▶ the type of information needed to allow the older person to prepare
- ▶ any specific assessment tools that will be used; use plain language and refer to tools as checklists or questionnaires
- ▶ the role of others in the assessment process, such as other healthcare professionals
- ▶ what will happen after assessment including referrals to other services
- ▶ how records are stored, accessed and used
- ▶ the role of the person's GP.

Provide information about accountability

Your organisation should have policies and procedures that explain how the assessment process is conducted. In addition, other services and agencies involved in carrying out assessment have brochures and information sheets that provide information for older people and other service providers. It is very worthwhile to develop a portfolio of resources, such as brochures, so you can readily access information about other service providers when required.



In addition, your organisation should have information in its privacy policies and procedures for the individual. You must make sure you have and understand this information when discussing assessment with older people to assure them the information they provide will be kept confidential. This is part of the accountability that describes to the older person who is responsible for what and what happens with information collected; for example, from the assessment process.

Duty of care, negligence and dignity of risk

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions. A person or organisation must do everything they can to remove or minimise the possible risk and cause of harm.

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

Here is more information about duty of care, negligence and dignity of risk.

Duty of care

- ▶ Duty of care is the obligation a person has to act in a way that would not cause harm to others.

Negligence

- ▶ 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.

Dignity of risk

- ▶ 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 requirements

A duty of care exists when someone's actions could reasonably be expected to affect another person, so the law has established a duty of care to that person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.



Tensions may occur if the person refuses or is reluctant to participate in an assessment or accept any recommendations made to reduce risk. This is where communicating to help them understand why assessment is important, and the consequences that can arise if assessment does not take place, is so vital.

Human rights for everyone

Each person is born with inherent human rights – the right to freedom, equality and dignity. Each person also has the right to safety, security and privacy. When supporting people, workers have an obligation to maintain and recognise basic human rights. For example, when supporting older people in their homes, support workers should respect and maintain the person's dignity and privacy.

All people have the right to have their basic needs met. The human needs approach ensures that all people have access to basic needs, including food, water, shelter, sanitation, education and health care. As well as maintaining human rights, ensure that the people you work with have their basic needs met.

Human rights in the workplace

Community services workers are by definition human rights workers as your daily tasks should ensure that a person's rights and needs are met.

Here is a description of how human rights are integrated into work practices, procedures and policies.

Human rights in the workplace

Practices

The workplace should inherently support individuals' human rights and needs. Workplace practices will observe the right to dignity, privacy, security and safety.

Procedures

Workplace procedures are step-by-step instructions that underpin practices. Procedures such as WHS procedures ensure people maintain the safety of themselves and others.

Policies

Policies inform procedures and practices. Policies such as the anti-discrimination policy ensure all individuals are treated equally and fairly.

Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy, as you must protect their confidential details. There are state and federal privacy laws that must be followed; for example, *the Privacy Act 1988* (Cth). These laws cover:



- ▶ what information is collected; providers are only permitted to collect information that is necessary to provide a service to the person requiring support
- ▶ how information is stored; information may be stored electronically and manually; when used properly, keys and passwords can help prevent unauthorised access
- ▶ who can access the information
- ▶ the person's right to access, view and correct personal information.

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.

You can read more about privacy, confidentiality and disclosure at the following sites:

- ▶ <http://aspirelr.link/aacqa-privacy-policy>
- ▶ <http://aspirelr.link/law-handbook-privacy-confidentiality>

Collection, use and storage of information

There are 13 Australian Privacy Principles that apply to the collection, use and storage of people's information. Here is further information about how to handle personal information.

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.

Example

Provide information to the older person and/or carer to clarify their own role, responsibilities and accountability

Chen is an aged care worker who works with Harold, an older person who has recently experienced several near misses. Chen meets with Harold and his children Madge and Tom.



Harold: This is Chen. He's going to stop me from falling.

Chen: I can't stop you from falling but I am here to begin to assess the things that may cause you to fall.

Madge: Can you suggest ways we can change the house to make it safer?

Chen: I can give you a few basic ideas. We have an occupational therapist who is very good at suggesting practical solutions to making houses safer.

Tom: Can't you just give us a list of equipment to buy?

Chen: I could, but because I don't have specialised knowledge I may end up suggesting changes that don't really meet Harold's needs. You could end up spending a lot of money to make changes that are unnecessary and may even do more harm than good.

Madge: So what exactly are you going to?

Chen: I'm going to fill out an initial questionnaire where we consider the things that may be contributing to Harold's risk of falling. Medical conditions, medicine, floor surfaces and even the choice of clothing can increase a person's risk of falling. Once we have worked out possible causes of falls, we can involve professionals who can help us develop solutions.

Tom: So you're going to leave Dad to his own devices once you have palmed him off to someone else?

Chen: Not at all. We will all be involved in developing a care plan together. Then I will be responsible for making sure the solutions are implemented. If you have any concerns at any stage I would be very pleased for you would contact me.

Chen hands Tom, Madge and Harold a business card with his contact details and they all agree to carry out the assessment.

Once the assessment is completed, Chen discusses options with Harold, Madge and Tom. Chen then provides notes about the discussion to them.

Chen: How about you think about the options and I will call you tomorrow to work out our next step.

Tom: That would be great. Thank you so much for your help.

Practice task 3

1. Provide a definition of the term 'duty of care' in an aged care setting.

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2. Describe how human rights are integrated into work practices, procedures and policies.

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3. Explain how you would ensure the privacy, confidentiality and security of an older person's information is maintained.

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[Click to complete Practice task 3](#)

1D Provide information to the older person and/or carer explaining the assessment process

Information sharing between services and health professionals can enhance the quality of an older person's care, as long as the information is accurate and clear, and is provided to an appropriate person within a set time frame.

All standards state that the person's right to privacy, dignity and confidentiality is recognised and respected. Particular care must be taken to ensure the older person's information is not disclosed to unauthorised people in order to protect the older person's dignity and to meet legal and regulatory requirements. Older people also have a right to know who sees their information and the reason information may need to be shared with other health professionals.



It is your responsibility to pass on the results to the older person and/or their carer in a way they fully understand what is required of them when the strategy is implemented, how it will be monitored and their involvement in the process. The information can be given by discussing the results with the older person, in a team meeting with all the stakeholders, via written information and verbal advice.

There are two key points when providing assessment information:

- ▶ The choice of healthcare professional must be appropriate to the older person's needs.
- ▶ The older person must be given a choice about who they are referred to.

Provide information to the older person

Your organisation will have policies and procedures that explain how the assessment process is conducted. In addition, other services and agencies involved in carrying out assessment have brochures and information sheets that provide information for older people and other service providers. It is worthwhile to develop a portfolio of resources, such as brochures, so you can readily access information about other service providers when required.

Also, your organisation should have information on its privacy policies and procedures for the older person. Make sure you have this information when discussing assessment with the person to assure them the information they provide will be kept confidential.

When sharing assessment results it may be appropriate to share them with:

- ▶ general practitioners
- ▶ allied health professionals involved in the care of the older person
- ▶ legal guardians
- ▶ paid carers directly involved in the care of the older person
- ▶ unpaid carers and family members.

Explain assessment results

You have a duty of care to clarify, add to the assessment and act on the results of all assessments. When providing information to the older person (and their carer or family members) it is important to remember that they should be treated with dignity and respect, to ensure they continue to direct their care needs and preferences.

Use the following strategies when communicating results to older person.

Communicating information to the older person:

- ▶ Prepare a sheet for yourself with notes about all aspects of the assessment process so you can refer to this if you need to.
- ▶ Check the furniture is safe and comfortable.
- ▶ Clarify the role of others prior to the meeting.
- ▶ Greet the older person and their family member/s in a genuine and friendly manner.
- ▶ Allow sufficient time.
- ▶ Offer the older person and their family members a cup of tea or coffee.
- ▶ Arrange a quiet, comfortable meeting point.
- ▶ Explain the information in plain English.
- ▶ Arrange the furniture so you can sit at a 90-degree angle to the older person and their family member/s. They will not feel as confronted as if you are sitting directly opposite them.
- ▶ Use brochures and fact sheets to back up the information you provide verbally.
- ▶ Remove any barriers such as desks.
- ▶ Ask open questions to clarify understanding.
- ▶ Make sure you are sitting at the same height as the older person and their family members.
- ▶ Make notes so the older person has something to refer to later.

Example

Provide information to the older person and/or carer explaining the assessment process

Martha, an aged care coordinator at the local council, is busy at work in her office when her receptionist informs her that Mr and Mrs Shaw have arrived for their appointment. Martha is surprised, as she had totally forgotten about them, even though the appointment is marked on her calendar.



There is a knock at the door, to which Martha replies, 'Come in!' as she remains seated at her desk. Mr and Mrs Shaw enter the room. The seats in the office are covered in paperwork. Martha says, 'Just clear the paper and take a seat'. Mr Shaw clears the paperwork and they sit down. Mrs Shaw says nervously, 'This seat feels a bit wobbly'.

Martha answers, 'Yes. I've been meaning to have them replaced ... Anyway, we'll be carrying out an environmental audit. The OT will be in charge. Here is a 'consent to release information' form. You'll need to sign this'.

She hands Mr Shaw a pen, who signs the form while Martha continues talking. 'I'm new to this job, so I'm not sure what will happen when the OT has made an assessment, but we'll cross that bridge when we get to it. Thanks for coming in today.'

Martha turns back to her computer to continue working on the task she was doing before the Shaws arrived. 'Just let yourselves out.'

Here is a list of things Martha did that were unprofessional and should have been done differently:

- ▶ Martha was completely unprepared and had not allowed sufficient time to prepare for the meeting with Mr and Mrs Shaw.
- ▶ The closed door and the position of the desk suggested that Martha was not open to discussion.
- ▶ Martha did not welcome the Shaws.
- ▶ She may have confused them by using jargon such as 'OT' when she should have used the full phrase 'occupational therapist' and then explained what an occupational therapist is.
- ▶ She should have explained:
 - what the occupational therapist will be assessing
 - where the assessment will occur
 - how long the assessment will take
 - the possible strategies that will be put into place at the completion of the assessment
 - the Shaws' privacy rights
 - the purpose of the 'consent to release information' form.
- ▶ Martha should have noted this information in dot points on a piece of paper that the Shaws could take with them at the completion of the visit.
- ▶ She should have provided her name and contact number so the Shaws have a point of reference should they have any concerns they wish to discuss.
- ▶ Martha should have concluded the meeting politely and shown the couple out.

1E Communicate with the older person and carer in a respectful, supportive and encouraging manner

In the past, one-way communication was the dominant model of communication used in aged care and health services. Medical staff, healthcare professionals and support workers were seen as the experts, and they expected that they would speak and the older person would listen and follow their instructions. Today, there is increasing recognition that older people are not only the experts who can provide valuable information about their health and wellbeing, but also that they have the right to actively participate in their own care.



Two-way communication, which involves both parties listening and being listened to, can help older people and carers feel supported and encouraged. It also helps you demonstrate your respect for the older person, which can help enhance their feelings of self-worth and empowerment.

Provide support and encouragement

Make sure you demonstrate respect through all aspects of your communication. Communication involves language (the words we use) and paralanguage, which refers to:

- ▶ the volume of our voice
- ▶ our rate of speech
- ▶ our tone of voice
- ▶ the gestures we use as we speak
- ▶ our facial expression
- ▶ the personal space between us and the other person.



Listening is another way to communicate respect. Stay focused on the older person, give them time to answer, and show that you have heard them by asking questions that relate to the information they have provided.

If you are not sure of the message communicated by your language, paralanguage and listening techniques, ask for feedback from the person to check their understanding of what you have said.

Be aware that people's emotional health can impact their physical health; for example, people who are worried may become stressed, which may make them physically sick. This is true in the case of health issue prevention. The older person may experience a range of emotions about ageing and their health.

You can help by supporting the older person emotionally – listen to what they say; watch their body language; look for signs that the older person is upset, confused, embarrassed or worried. For example, you can help older people by helping them understand that falling and falls prevention are not uncommon. Always reassure people that things can be done to help.

Individual differences

Everyone accessing aged care services will have a different level of understanding depending on previous experiences and their own level of education. It is important that the support worker can communicate with everyone, and they should learn to adjust their communication according to the needs of the person they are speaking to. This applies not only to the older person, but also to the person's carer and their broader family. Everyone has a right to respect and obtain the information they need to fully understand the decisions or actions they are being asked to implement.

These principles also apply to the people, and their support group and family, who are from cultural backgrounds different from your own. Understanding a person and their cultural background helps you to establish respect, which leads to a more effective working relationship. It is important to remember that people from diverse cultural backgrounds have different attitudes, values, customs, beliefs or language. Consider the following:

Attitudes

- ▶ A person's attitude is influenced by the conscious or unconscious evaluation of an object, situation or person. This will result in attitudes being positive or negative. Attitudes can be shaped by cultural backgrounds.

Values

- ▶ Values are the relative importance a person gives to an object, person, idea or event. A person may have ethical values, customary values, moral values and personal values. Like attitudes, values have inherent cultural influences.

Customs

- ▶ Customs refer to the habits, practices, conventions and rituals of a person, which are influenced by culture. Customs may be what a person wears, how a person eats, how many children a person has, whether the children look after their parents in old age, as well as a person's religion and beliefs. Respect and seek to understand what the significance of a custom is to the person. If a person practises a particular custom, you must respect their practice.

Beliefs

- ▶ Beliefs are a person's opinions and truths and may relate to religious beliefs, general world views, political views and views about identity. Like customs, attitudes and values, beliefs should be respected as they are important to an individual and their self-identity.

Example

Communicate with the older person and carer in a respectful, supportive and encouraging manner

Sometimes people from different cultures have different communication practices. What is respectful in one culture may be seen as impolite and offensive in other cultures. Consider the following examples.

Eye contact

Eye contact is seen as a sign of respect in some cultures, while in other cultures, eye contact is seen as a sign of aggression and dominance.

Nodding

Nodding may mean 'yes' in some cultures and 'no' in another.

Pointing

It is rude to use the index finger to point in the Middle and Far East; however, this is not so in Australia and other western countries.

Personal space

In some cultures, people respect the distance between people, while in other cultures people may feel comfortable standing quite close to one another.

Gender relations

In some cultures, the male is always head of the household and must be consulted; whereas in other cultures, decisions are made by everyone.

Language

Respect the person's needs and provide an interpreter when required. For example, a person and their carer may speak English poorly; older people with dementia may revert to their native language

Greetings

Address the person in the way they prefer. For example, use the correct title such as Mr or Mrs; ask them if they would like you to call them by their given name. Make sure you learn how to pronounce their name correctly.

Practice task 5

1. List an example of how you would demonstrate respectful communication to ensure the right level of understanding and cultural relevance.

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2. List three different communication practices you may have to consider when assessing an individual from a different culture.

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3. How could you assist an individual who may be experiencing a range of emotions about ageing and increasing health challenges?

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[Click to complete Practice task 5](#)

1F Seek the older person's permission and cooperation in the assessment process

There are many laws and regulations that apply to the aged care sector. These laws and regulations are designed to protect older people and others, as well as to promote their health and wellbeing. Laws and regulations most relevant to gaining consent include privacy laws and the Aged Care Quality Standards.

All healthcare providers, including aged care services, are required to comply with *the Privacy Act 1988* (Cth). This law regulates how information is collected, stored and used. According to the Australian Privacy Principles, which are part of the Privacy Act, information may only be collected from older people if they are aware of why the information is gathered and how the information will be used. This information may only be shared with others with the consent of the older person or the older person's guardian.



The Aged Care Quality Standards make it clear that the older person has the right to:

- ▶ choose the activities that they do and do not participate in
- ▶ privacy.

For these reasons it is important to gain the person's consent before undertaking an assessment.

Seek permission

You must always protect the person's confidential details. You require the person's consent if you wish to talk about their situation with others or before taking actions on their behalf. People most often provide consent when they understand why it is being requested.

In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to occur. Maintaining confidentiality is part of respecting a person's privacy and individual rights.

If the person cannot provide informed consent due to their condition, this must be given by their carer or advocate, or the person with medical power of attorney.

Informed consent has four parts:

- ▶ The person must understand what they are consenting to.
- ▶ The person's consent must be freely given.
- ▶ The person's consent is specific to the activity or action.
- ▶ The person's consent is in writing prior to the assessment.

Cooperating with older people

As a supervisor or support worker you are responsible for the following tasks to be completed. Use this as a checklist prior to conducting an assessment.

Prior to assessment:

- ▶ Make sure the person understands your role and that of others in the assessment process.
- ▶ Make sure the person understands the assessment process and what they're consenting to. You can confirm consent by using open questions to check understanding. The person needs to understand and consent to the type of assessment, duration, tools to be used, how it will be conducted, referral requirements and the role of the GP.
- ▶ Make sure the person does not feel pressured into providing consent. Provide people with sufficient time to make choices. Psychological and physical threats should never be used to persuade someone to agree to any form of intervention including assessment.
- ▶ Use the correct forms to document and record consent. Store completed consent forms in the person's file.

Example

Seek the older person's permission and cooperation in the assessment process

Here is an example of a consent form.

Consent to disclose information

Details:

This organisation and its employees take their responsibilities under the Federal and State Privacy and Freedom of Information legislation very seriously.

Your permission is sought to share information relating to the following conditions:

- ▶
- ▶

I _____ consent to information regarding my condition to the health professional/health service mentioned above.

Name

Signature:

Date:

Practice task 6

1. Refer to the Aged Care Quality Standards to briefly explain what rights the older person should expect to be upheld.

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2. If a person is unable to sign a consent form, what should you do?

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3. When seeking an older person's permission and cooperation in the assessment process you are required to gain their consent. Explain the four criteria of the consent process.

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[Click to complete Practice task 6](#)

Summary

1. People and organisations involved in providing care to older people have a duty of care to remove and reduce hazards that can cause health issues and conduct a structured needs assessment that systematically identifies and records the risk of health issues.
2. Assessment should be a joint effort where the assessor, the older person, their carer and other health professionals work together to identify possible risk factors.
3. One of the keys to helping motivate older people to participate in the assessment process is to help them understand why assessment is important and the consequences that can arise if assessment does not take place.
4. A support worker will adhere to the principles of duty of care, negligence and dignity of risk, human rights and privacy, confidentiality and disclosure.
5. Organisations should have in place a policy and procedure for providing and reporting information about the person.
6. All healthcare providers including aged care services are required to comply with the federal privacy laws that regulate how information is collected, used and stored.
7. Information sharing between services and health professionals can enhance the quality of individual care, providing the information is accurate and clear, and is provided to an appropriate person in a timely manner with the consent of the older person.

Learning checkpoint 1

Assist with the preparation for a risk assessment

This learning checkpoint allows you to review your skills and knowledge in assisting with the preparation for a risk assessment.

Part A

1. Briefly explain why it is important to confirm assessment requirements with your supervisor and other health professionals.

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2. Describe how you will encourage an older person participate in the assessment and further actions and dispel any possible tensions.

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3. What is the risk if you do not clarify your own role, responsibilities and accountabilities by providing information to the older person?

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4. In your own words provide a definition of duty of care.

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5. What are some good ways to communicate the results of an assessment to the older person?

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6. What is the key to two-way communication with the older person?

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7. What do the Aged Care Quality Standards clear in regards to a person's right to consent?

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Part B

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

Case study

Rebecca, is an aged care support worker, working with Kevin and his son, who is his carer. During the discussion, Kevin’s body language and concentration shows that he does not want to listen as he keeps looking out the window. Rebecca can see that Kevin is angry and his son is uncomfortable with Kevin’s behaviour.

Rebecca asks, ‘Kevin, do you have any questions?’

Kevin answers, ‘No’.

Rebecca tries again. ‘Sometimes people become afraid when new things happen and changes occur in their health.’

Kevin says, ‘It’s not failing health that I’m frightened of’.

Rebecca asks him to explain. Kevin replies, ‘All of you are trying to change the situation and I am quite happy the way I am!’

Rebecca explains, ‘Kevin we are not trying to do that. Please ask me some questions so I can make sure you fully understand what you are agreeing to. We are trying to help you maintain your independence and your son has been doing a great job supporting you and assisting you’.

Rebecca continues, ‘If you fall for instance, you may hurt yourself. This may mean that you need to rely on your son more than you do now and to help you with activities such as showering and dressing. It may also prevent you from doing things you like to do. If we can work together, then we can take steps to stop you from falling again. Does that sound like a good idea?’

Kevin agrees.

From then on, Kevin’s body language changes; he maintains eye contact and shows interest in and acceptance of the assessment process.

1. How has Rebecca built rapport and trust with Kevin and his son?

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2. How has Rebecca helped Kevin understand the process of empowerment?

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3. Give an example of a strategy Rebecca could use to encourage Kevin to engage in the assessment process.

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4. Describe Rebecca’s responsibilities to Kevin that ensured respect and dignity was maintained.

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Topic 2

In this topic you will learn how to:

- 2A Identify and review factors in the older person's lifestyle that might affect their level of risk**

- 2B Use appropriate tools and methodologies to determine risk based on physical indicators**

- 2C Assist with risk assessment ensuring to minimise unnecessary discomfort to the older person and maximise their participation**

- 2D Use the support of carers to identify risks**

- 2E Recognise the older person's risk factors based on medical history, measurements and findings**

- 2F Identify the older person's needs, issues and concerns outside the scope of your practice**

Contribute to the identification of risks

To work effectively with people in a community services setting you need to be able to recognise the signs that things are not going well for the older person.

As a support worker, you may have more contact with the older person than most other people and you may be best placed to notice and act upon worrying changes in their attitude, behaviour or circumstances.

To make sure you have correctly read the situation, you need to also be a calm and clear communicator able to show empathy and understanding, ask the right questions in the right way, and quickly call upon and engage the necessary assistance.

2A Identify and review factors in the older person's lifestyle that might affect their level of risk

A risk is anything that may result in harm or injury. There are risks in most activities. It is essential to identify, report or address anything that may be a risk to the person's health and wellbeing. When considering an assessment, the older person's lifestyle and background should be taken into consideration as these can increase the health risks. An older person's lifestyle factors may affect them emotionally, physically and mentally.



Assessing risk can be made more difficult if the person concerned is reluctant to reveal the true extent of their circumstances. Other issues may be that some older people live in poverty, have a mental illness, have a disability or require culturally sensitive care. The challenges associated with this work can be made less complex if the support worker understands and applies the basic principles of intervention.

It is useful to know factors that can place a person at higher risk, particularly when working in preventative programs; however, it is important not to make assumptions based on these factors and instead to look at individual signs including statements, reactions, expressed thoughts and feelings, and behaviour, when assessing risk.

Identify and assess current risk

There may be a number of reasons why an older person is at risk. They may be at risk of self-harm or at risk of harm from a family member, neighbour or someone else. They may be experiencing family violence or abuse from outside of the family. Assessing risk is difficult because human behaviour is complex; older people may be reluctant to make full disclosure of their situation and the circumstances leading to harm can be complicated.

While there are a number of factors associated with an older person's health, the most pertinent factor to observe when assessing current and immediate risk is the older person's behaviour and their current mental state. There are a number of indicators or signs that support workers can use to help identify when a person is at crisis point and requiring care services.

Effective communication skills are used to gather information from a number of sources, including identifying the verbal and nonverbal messages being communicated by the older person at risk. When determining risk, consideration is given to factors that link a person to life and living; their strengths and protective factors such as their coping skills, resilience, and the support they receive from family and friends; their religious beliefs; and access to community services.

Factors that assist in reading indicators of risk correctly include:

- ▶ familiarity with the person's personality
- ▶ knowledge of their circumstances
- ▶ understanding of their life issues
- ▶ background knowledge and context.

Signs of risk

Identifying potential risk involves being mindful of and present during the behaviour of the older person. An older person's behaviour should be benchmarked to what has been typically observed or what is in their usual range. This involves comparing current behaviour with behaviour exhibited by the person when their sense of wellbeing is high and the sort of behaviour they are known for when they are unwell or experiencing difficulties.

The following list of warning signs identifies some of the changes in behaviour that may indicate there is a crisis for the older person. Several indicators may occur together.

Sudden changes

May include:

- ▶ withdrawing from family/friends
- ▶ not wanting to be left alone
- ▶ not wanting to be touched
- ▶ loss of interest in usual social activities
- ▶ developing violent, argumentative or disruptive behaviour.

Significant personal changes

May include apathy regarding dress, appearance and personal hygiene.

Depression or other mental health problems

May include:

- ▶ loss of interest in previously pleasurable activities
- ▶ marked weight increase or decrease due to changes in eating habits
- ▶ lack of concentration
- ▶ changes in sleeping patterns (too much or too little)
- ▶ delusions or hallucinations
- ▶ lack of energy or motivation.

Disinterest in talking about the future

May include:

- ▶ talk of being worthless, useless or hopeless
- ▶ sudden happiness after a lengthy period of depression
- ▶ unusually disruptive or rebellious behaviour
- ▶ a noticeable increase in compulsive behaviour.

Impulsive and/or risk-taking behaviour

May include:

- ▶ careless, accident-prone behaviour and taking personal risks
- ▶ increased or heavy use of alcohol or other drugs.

Making final arrangements

May include:

- ▶ making a will
- ▶ giving away valued possessions
- ▶ organising their own funeral
- ▶ saying goodbye to loved ones.

Self-harm and suicide attempts

Having made previous suicide attempt/s is one of the most important and reliable indicators of risk.

Verbal expressions – direct or indirect

May include statements such as:

- ▶ 'I wish I were dead.'
- ▶ 'You won't have to bother with me anymore.'

Depression and anxiety

In communities where older people are living more and more in isolation, the risk factors contributing to their ongoing health and wellbeing are varied. The most common health risks are depression and anxiety, which can be triggered by physical illness or personal loss.

Where an assessment conducted with an older person may not identify the cause, it is important that the support worker or medical professional learns how to recognise the signs and symptoms that require attention.

Triggers that may cause depression/anxiety in an older person include:

- ▶ increased health challenges and/or chronic pain
- ▶ medication and its side effects
- ▶ social isolation and loneliness
- ▶ loss of independence, meaningful work, self-value, physical limitations and relationships
- ▶ long stays in hospital
- ▶ changes in living arrangements
- ▶ grief and loss
- ▶ physical limitations
- ▶ loss of relationships.

Family violence

Older people may also be at risk of harm in their own home from family (or domestic) violence.

Victims of family violence invariably live in fear. Such violence includes physical, sexual, and/or psychological damage; social isolation; and economic deprivation caused by the behaviour of one or more individuals in an intimate or familial relationship.

Family violence may include:

- ▶ physical abuse, such as actual or threatened punching, hitting, choking, throwing or smashing objects, damaging property or injuring pets
- ▶ sexual abuse
- ▶ verbal abuse, including continued verbal harassment, put downs, insults, name-calling and swearing
- ▶ social abuse by isolating a person from family and friends, denying access to the car or telephone, making it difficult to have friends by intimidating behaviour or emotional manipulation
- ▶ financial abuse that occurs when one person controls the family income so the other is either allowed no money or only money for household expenses and nothing for personal use
- ▶ psychological and emotional abuse, including verbal abuse, humiliation, threats, insults, harassment or constant criticism.

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, and not provide the appropriate care as a result. 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 older person.
- ▶ There is conflict, arguments and fights within the family.
- ▶ The older person may be 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 older person properly.

Indicators of abuse

The importance of observation and getting to know the older 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 older person is in fact being abused.

Here are some indicators of abuse.

Behaviour changes in an older person with care needs

- ▶ A person may become withdrawn, depressed, and anxious or display signs of being scared. They become quite ambivalent or non-responsive.
- ▶ You may find the older person is becoming disorientated or making contradictory statements. (This of course can be a sign of a range of illnesses, so should be thoroughly assessed before making an assumption that the older person is being abused).

Behavioural signs from the carer

- ▶ You may encounter situations where the carer makes lots of excuses so you cannot gain access to the older person with care needs.
- ▶ The carer may be overly affectionate and flirtatious with the older person, which may indicate an inappropriate sexual relationship.
- ▶ You may find the carer is giving conflicting accounts of incidents or is hostile towards the older person with care needs.

General indicators

- ▶ Changes in the older person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks
- ▶ Unexplained injuries or continual injuries
- ▶ An older person's personal care needs not being met, which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions
- ▶ Inappropriate use of medication, such as drugging the older person so they sleep for longer periods of the day and night

Physical abuse

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

Indicators of physical abuse can include:

- ▶ bruises, cuts, scabs and scars
- ▶ abrasions, welts, rashes
- ▶ swelling, burn blisters
- ▶ agitation, cowering, unexplained hair loss

- ▶ tenderness, pain, restricted movement
- ▶ broken or healing bones
- ▶ drowsiness, unexplained weight loss, unexplained hair loss.

Sexual abuse

Sexual abuse is any unwanted or uninvited sexual contact, language or exploitative behaviour by another person. It includes sexual harassment, indecent assault and rape. This abuse must be reported.

Here are some indicators of sexual abuse.

- ▶ 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.

Financial abuse

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

Financial abuse includes:

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

Emotional abuse

Emotional abuse is ongoing intimidating behaviour towards an older person that disempowers them. Emotional abuse can be both verbal and nonverbal. It can include belittling, threats and withdrawal of affection. This abuse needs to be reported.

Indicators of emotional abuse include:

- ▶ a sense of hopelessness – fearfulness, helplessness, withdrawal, reluctance to make decisions
- ▶ behaviour swings – anxiety, anger, moodiness, agitation, depression, passivity, low self-esteem
- ▶ tiredness – sleep deprivation, insomnia, confusion
- ▶ unexplained weight loss or gain – change in appetite, increased alcohol intake.

Social abuse

Social abuse occurs when another person behaves in ways to reduce or restrict an older person's social contact with others. It can include stopping an older person from being involved in activities with others and/or preventing contact with friends and family, resulting in social isolation. This causes isolation for the older person and can result in depression and anxiety and other related health issues. This abuse needs to be reported.

Indicators of social abuse include:

- ▶ withdrawal and sadness
- ▶ grieving for loss of family and friends
- ▶ low self-esteem and passive behaviour.

Systems abuse

While most older people enjoy a stable family life within the ageing population, there is an increased awareness that some older people are being abused or neglected. Elder abuse takes away the rights of the older person to live safely while maintaining their independence, health and wellbeing. The right of every older person is to live in safety and be treated with dignity and respect. Sadly this is not always the case, and communities are more aware of the abuse and neglect happening within our ageing population.

An older person is at risk when the healthcare system fails to identify those at risk of self-neglect; fails to act on reports of elder abuse; fails to provide adequate social housing; is unable to monitor medications administered to the older person; and neglect of care by family to name just a few.

The Australian aged care infrastructure has huge demands placed on it due to an ageing population. Other causes of major health risks (due to the current aged care system) to the ageing population are listed here.

Systems abuse issues include:

- ▶ medical neglect – failure to provide proper medical geriatric care to older people
- ▶ inadequate care – insufficient assessment and treatment being provided to older people
- ▶ lack of advocacy services – the current demand is putting a strain on agencies
- ▶ comprehensive geriatric evaluation and treatment in hospitals and nursing facilities
- ▶ neglect and abuse in the home by a carer, family member or friend
- ▶ self-neglect – conscious decision-making on lifestyle choices that cause risk of harm or impairment
- ▶ isolation
- ▶ failure to report elder abuse or follow up reports or abuse.

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 or manager.

Abuse in aged care services is referred to as 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 the sexual abuse of residents. Remember also that abuse is illegal and therefore the person can be encouraged to report any instances of abuse directly to the police.



The *Aged Care Act* (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).

Neglect

Neglect is when the person with care needs, either through intentional or unintentional acts, is not being provided with basic necessities. Here is further information about neglect.

Neglect

Neglect includes:

- ▶ not providing a person with enough food or drink
- ▶ 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

Indicators include:

- ▶ weight loss, dehydration, poor skin quality
- ▶ an unkempt appearance – 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.

Follow policies and procedures when reporting

When you suspect abuse has occurred or you have witnessed abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from occurring or escalating. When reporting, be guided by your organisation's policies and procedures. Besides verbally reporting to your supervisor, you are 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.

Objective reporting

- ▶ 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

Falls

There are a number of factors that increase an older person's risk of falling. Some factors are part of the usual changes associated with ageing such as muscle weakness, low bone density, low blood pressure, poor posture, irregular gait, poor balance and certain medications. Other factors are environmental hazards that place an older person at greater risk of falling.

In addition, lifestyle and the way an older person interacts with the environment can increase or decrease their risk of falling.

Make sure you are aware of the conditions that may put an older person at greater risk of falling, which include:

- ▶ visual impairment
- ▶ impaired cognition
- ▶ degenerative joint disease such as arthritis
- ▶ motor disorders such as a stroke
- ▶ incontinence
- ▶ high or low blood pressure
- ▶ medication administration.



Medication effects

Many older people are likely to take a number of medications over a period of time. Some medications have side effects; for example, medications to sedate or lower blood pressure can increase a person's risk of falling. In fact, some medications have both a sedating and blood pressure lowering effect. Another example includes some prescription anti-depressants that can cause:

- ▶ postural hypotension, which can lead to dizziness
- ▶ confusion, which can prevent an older person being aware of hazards in their surroundings
- ▶ falls as a result of the sedative effects.



Dehydration and malnutrition

Nutrition and hydration are vital to an older person's health and wellbeing; they are an important part of ageing successfully. Dehydration and malnutrition can cause a number of health risks such as infections, confusion and weight loss.

Dehydration can be fatal and is caused by lack of water intake. An older person is at risk of dehydration if they are unaware of their dehydrated state and their body's inability to maintain fluid balance; if they have a limited or inadequate water intake; and if they experience side effects of prescribed medications, excessive sweating or loss of blood.

Malnutrition is not necessarily a side effect to aging but can be caused by the many health issues associated with ageing. Ageing can cause a decrease in the sense of taste and smell, poor dental health, decrease in physical activity, and dysphagia (difficulty swallowing), which may ultimately develop into under nutrition and decreases the quality of the older person's life.

Health factors that can lead to dehydration and malnutrition include illness, heart failure, lung and kidney problems, cognitive disturbances, sleeplessness, swallowing disorders, oral and dental problems, mouth sores and pain.

Some environmental factors contributing to dehydration and malnutrition for the older person at home may include losing appetite due to lack of activity or exercise, lack of care from family or friends, special dietary requirements, cultural differences, mobility limitations, dementia, memory loss and confusion or poverty.

Dysphagia

Dysphagia is often identified because the older person is finding it difficult to swallow. The older person may have food sticking in their throat, or cough or choke on food.

Dysphagia is a greater risk in older people and can occur through the natural aging process. It can severely affect the older person's quality of life, can lead to depression due to the disruption to their normal way of living, removes independence and causes significant weight loss and loss of muscle strength. Dysphagia can also be fatal.

This risk of dysphagia can be minimised by:

- ▶ medication management by minimising sedatives and narcotics
- ▶ managing oral hygiene (this reduces the risk of aspiration pneumonia)

- ▶ modifying meal preparation (provide thickened fluids)
- ▶ provide safe swallowing methods (sitting upright, chin tucked in, encourage slow swallowing)
- ▶ provide information to the older person, their carer, family and friends about the appropriate food and drink for the health issue
- ▶ provide speech therapy for a detailed swallowing assessment
- ▶ refer the older person to a dietitian.



Continence

Older people who have serious health issues such as diabetes, mobility and cognitive problems or impairment often experience incontinence. Changes in the bladder or urinary tract and often urinary tract infection can be due to age-related changes in the body. An assessment conducted with the older person and their carer, family member or other health professions will identify the person's continence needs and preferences.

The following identifies steps to be taken when conducting an assessment.

A continence assessment should include:

- ▶ a detailed history including symptoms
- ▶ a detailed history of possible triggers and conditions that may affect continence (for example, dementia, multiple sclerosis, stroke, asthma)
- ▶ a review of existing medication to determine if certain drugs precipitate or exacerbate the condition; for example, diuretics and analgesics
- ▶ fluid intake information
- ▶ assessment of the environment for location, access to toilets and assistance as required
- ▶ the establishment of voiding patterns and bowel function
- ▶ the level of independence and toilet assistance required
- ▶ details of required continence aids.

Example

Identify and review factors in the older person’s lifestyle that might affect their level of risk

Ray is 82 years old and he lives alone following the death of his wife Martha. He has experienced a decline in his wellbeing with a diagnosis of depression for the last seven months. This was diagnosed following an overdose of medication a few months after his wife died.



Ray receives support from the local community mental health team and meets with a support worker once a month. Usually they meet in the community; however Ray has said he is ‘not in the mood to go out’. This is unusual because he usually appreciates getting out of the house and having someone to talk to.

The support worker is concerned that Ray may self-harm, so he raises this directly with Ray, in a respectful way, and listens as Ray talks about feelings of hopelessness, despair, loneliness and grief.

The support worker asks directly about any plans Ray has made to end his life. Ray responds that he has thought about this and has decided that medication can’t be relied upon so he will have to think of some other way.

The support worker assesses Ray as high risk of self-harm and informs Ray that he is very concerned for his wellbeing and will not leave him alone. He then contacts his supervisor to discuss his concerns and seek advice on how to proceed.

Practice task 7

1. Give two examples of signs that may suggest a person is at risk of emotional abuse.

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2. Provide two key elements you should record when reporting suspected abuse.

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3. Describe the factors to look for when identifying potential risks in an older person.

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Click to complete Practice task 7

2B Use appropriate tools and methodologies to determine risk based on physical indicators

As an older person's condition changes as they age, you need to be aware of any changes that have taken place so you can inform the appropriate health professional. Further assessments and support strategies may need to be put in place. It is useful to keep a list of the types of professionals who can help you identify conditions that may increase an older person's risk, as such of falling.



It is best to assess risks using more than one assessment technique. This helps build a comprehensive understanding of a person's concerns. For example, a person may not want to appear old and frail so may pretend they are confident. Your observations may tell you otherwise.

Current trends suggest that you actively involve the client in all aspects of their care including assessment. The aged care coordinator has a duty of care to clarify, add to the assessment and act on the results of all assessments.

Standardised tools for risk assessment

Different methods of assessment can be used depending on the context, and the older person's specific needs. Using standardised assessment tools provides a mechanism for benchmarking and providing data from a range of specific areas to identify and determine health risks.

The different methods can include the following:

- ▶ Strengths-based assessment – focuses on an older person's strengths and competencies.
- ▶ Domain-based assessment – focuses on particular domains of health and functioning such as mental health, physical abilities or social needs.
- ▶ Norm-based assessment – focuses on the older person in relation to a predefined population, known as a sample (against their peers).
- ▶ Competency-based assessment – the process of assessing a person's competencies in different areas.



A combination of these methods may be used, depending on the person's needs. Discuss with your supervisor the types of assessment used in the organisation, and ensure organisational policies, procedures, protocols and guidelines are followed when assessment is conducted.

Assess risk in aged care

The following table identifies some of the key assessments conducted when an older person is assessed for services through aged care and community services.

Medical condition

- ▶ An older person's medical condition has been diagnosed by a qualified health professional and should be referred to in the assessment. If there are signs of instability in the older person's health, the assessment should not proceed until there immediate health issues have been addressed.

Physical capability

- ▶ Assess the older person's mobility capacity to perform activities of daily living to maintain independence – specifically, mobility, personal hygiene, nutrition, independent activities such as shopping, driving and cleaning.

Cognitive and behavioural factors

- ▶ Assess for verbal and physical behaviours that may be aggressive, self-destructive, relate to confusion or impaired judgement, or the ability to reason and make decisions. This should include reference to the older person's GP or health professionals for more information on their cognitive status.

Social factors

- ▶ Considers the older person's current supports including social needs and support from families, carers or friends. This will include assessment of the older person's social, spiritual, cultural and financial considerations and background.

Physical environmental factors

- ▶ Assess benefits and limitations of the person's living environment including safety risks in the home environment.

Personal choice

- ▶ Provide information to the older person regarding their choice of care services available to meet their needs. Assessment is made of the older person's preferences for any care services or living arrangements they require.

Manage risks in aged care

The Australian Aged Care Quality Agency has developed assessments and standards for managing key health challenges experienced by older people. There are eight standards in the Aged Care Quality Standards that detail the expected healthy outcome for the older person as they receive care in a residential setting or in their home.

For more information, visit:

- ▶ <http://aspirelr.link/aged-care-quality-standards>

Common health issues and expected outcomes:	
▶ Medication is managed safely and correctly.	▶ Challenging behaviours are managed effectively.
▶ The person is as free from pain as possible.	▶ Optimum levels of mobility and dexterity are achieved
▶ The comfort and dignity of terminally ill care recipients is maintained (end-of-life care).	▶ Oral and dental health is maintained.
▶ The person receives adequate nourishment and hydration.	▶ Sensory losses are identified and managed effectively.
▶ Skin integrity is consistent with their general health.	▶ Natural sleep patterns are achieved.
▶ Continence is managed effectively.	▶ Appropriate health specialists are consulted in accordance with the person's needs and preferences.

Monitor risks in aged care

An older person receiving care will have their health risks monitored using standardised assessment tools. Depending on the strategy, the older person will be monitored to indicate the level of success and progress being made.

The following table identifies five key assessments from a care plan.

Key assessment tools for monitoring risks:

- ▶ Contenance assessment
- ▶ Restraint monitoring (when required)
- ▶ Mobility assessment
- ▶ Diet diagnosis
- ▶ Health directive assessment
- ▶ Mini mental memory assessment
- ▶ Depression assessment

Use risk assessment tools and methods

There are a number of tools that can be used to assess and document whether or not a person is at risk of deteriorating health. Not all of them will be used. Confirm with your supervisor or the relevant health professional which ones are used and which ones you are involved in.

Support workers need to assess risks so they can develop and implement appropriate strategies to reduce these risks. The older person should always be involved in this process.



Supervisors and support workers must balance the older person's right to safety with their right to independence and autonomy. The support worker or supervisor conducting a physical assessment will have a good understanding of the assessment

tools and techniques available, how to use them effectively and the type of information they wish to gather. It is likely that the organisation will have a comprehensive set of assessments within their policies and procedures.

The support worker will only provide services that are within the scope of their role and in consultation with their supervisor and team of health professionals.

Example

Use appropriate tools and methodologies to determine risk based on physical indicators

The table below outlines the five main assessment tools.

Medical history

Community centres, residential care settings, and home and community care services all document a person's medical history, including information about past and current illnesses, treatments and medications; letters of referral from other health professionals; medical reports; and X-rays. The person's GP or other healthcare professional is a good person to assess whether or not these medical conditions (for example, heart and lung problems) increase their risk of falling.

Finding out the person's age is also important. As people age their risk of increasing health challenges increases. In particular, the risk rises as people move from middle age (45 to 59) to elderly (60 to 74) and then increases dramatically as they become aged (75 to 90) and very old (90 plus).

Medication charts

Certain types of medications can signal an increased risk of health challenges. You may need to check the person's medication chart that communicates the medication a person should be taking, the dosage (amount and frequency) and route. You can also find information about prescribed and nurse-initiated medication in a person's care plan; how it has been administered should be recorded in the person's progress notes.

Blood pressure charts

Charts are used to monitor blood pressure, which is calculated on the basis of the amount of blood pressure at mid-heartbeat (systolic) and while the heart is at rest (diastolic). A reading of 140/90 indicates that a person has a systolic blood pressure reading of 140 and a diastolic blood pressure reading of 90. A reading of 90/60 or below indicates that a person has low blood pressure. This can cause the older person may become dizzy and lose consciousness, resulting in a fall.

Aged care support workers and supervisors can take blood pressure if they have completed specialist training. This responsibility is usually carried out by a nurse.

Continued ...

Balance and gait assessment

There are many forms of balance and gait assessment. Examples of these include:

- ▶ the timed 'Up and Go' test where older people are encouraged to walk three metres; older people who take more than 12 seconds are deemed at risk of falling
- ▶ Romberg's test, which involves asking the older person to stand with their eyes shut; if they are unable to maintain balance without relying on visual cues, they are at risk of falling.

Mental status evaluations

Mental status evaluations test people's orientation (being aware of who they are, the time period and where they are) as well as memory and thought processes. Problems with cognitive function can indicate dementia. Impaired spatial awareness can be a feature of dementia. If people are not able to judge distance, depth and the location of objects they are more likely to trip and fall.

Practice task 8

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

Case study

Akot is an aged care coordinator. He conducts an assessment on Mrs Brown using a falls assessment tool. Mrs Brown tells him she is extremely confident she will not fall when carrying out all activities of daily living, circling 10 in response to all of the questions on the scale.

Later, Akot observes Mrs Brown and notes she moves quite slowly and maintains contact with the handrail while walking down the corridor. A worker, Frank, tells Akot that Mrs Brown has experienced episodes of incontinence as she waits until the last minute to go to the toilet.

Akot discusses his concerns with his supervisor to seek direction on what should happen next

1. What indications are there that Mrs Brown is at risk?

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2. What may have prevented Mrs Brown from answering the falls assessment questions honestly?

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3. Describe the actions Akot should take in relation to his duty of care.

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Click to complete Practice task 8

2C Assist with risk assessment ensuring to minimise unnecessary discomfort to the older person and maximise their participation

Supervisors and support workers have an ethical responsibility to do no harm to older people. You are responsible to ensure you do not cause unnecessary discomfort to the older person during the assessment process. Discomfort can be psychological or physical and may result in the older person refusing any future assessments.

Minimise discomfort

Older people may not want to be involved in the assessment process. They may have low self-esteem and think their input is not valuable. They may feel intimidated by you or the setting, or they may not understand what you are saying because:

- ▶ they have a hearing impairment
- ▶ they have a cognitive impairment
- ▶ you are using jargon or technical language
- ▶ they don't fully understand what is happening to them
- ▶ English is not their first language
- ▶ they are overwhelmed.



Overcoming these barriers is important. Always make the person feel welcome and establish rapport by using open questions to promote sharing. Avoid misunderstanding by using plain language to impart information and show respect. Do not talk down to the person, and assist them to maintain their dignity.

Always continue to explain what you are doing during the assessment to keep them informed. Let the person know what is happening, especially if further action is required, such as an assessment by a qualified professional. Otherwise, the older person may become confused when asked to attend another meeting or be involved in further assessment.

Assist with risk assessment

The support worker should take steps to ensure the older person does not suffer discomfort in the assessment process. The older person has a right to dignity, privacy and respect. From the initial discussion to implementation of the risk minimisation strategy, the older person should direct the services according to their care needs and preferences. Preparation is important and you must establish rapport with the older person, select the most appropriate venue for the assessment, and conduct the appropriate assessment. The following list can be used as a guide to make sure you do not inadvertently make the older person feel anxious, distressed or uncomfortable.

Establish rapport

- ▶ Encourage the older person to invite a support person.
- ▶ Make sure the older person understands the purpose of assessment and what will happen during the assessment. This can minimise stress and fear.
- ▶ Take steps to develop a positive relationship with the older person. Make sure you are aware of all relevant information in the care plan/file prior to the assessment. Introduce yourself to the older person. Make sure your manner is warm and welcoming.

The venue

- ▶ Choose a venue that is in a location the older person can reach with minimal inconvenience.
- ▶ Make sure the assessment location is large enough for the older person, any specialist equipment such as a walking frame, and the person's carer.
- ▶ Make sure there is sufficient room to carry out the assessment in private.
- ▶ Provide a robe so the older person can maintain their modesty.
- ▶ Prepare the environment. It should not be too hot or cold. The temperature should be appropriate to the person's comfort.

The assessment

- ▶ Encourage the older person to ask questions.
- ▶ Do not take longer than necessary, but do not rush.
- ▶ Ask the older person about their comfort levels.
- ▶ Stop the assessment if the older person appears distressed or uncomfortable.
- ▶ Allow sufficient time to discuss the results and what happens next.

Example

Assist with risk assessment ensuring to minimise unnecessary discomfort to the older person and maximise their participation

Marnie is an aged care support worker in a residential facility. A doctor is about to conduct an assessment of Mrs Harman’s gait. Marnie asks the doctor what this involves. The doctor tells her that she will get Mrs Harman to walk in a straight line and to sit on and rise from a chair.



Marnie relays this information to Mrs Harman, who tells Marnie, ‘I’ve never met this doctor. Can you come too?’ Marnie checks with her supervisor and the doctor who both agree that she can support Mrs Harman during the process.

Marnie organises the recreation room at the facility for the assessment, which saves Mrs Harman the inconvenience of car travel. She makes sure the room is warm and light and places three comfortable chairs in the room to make sure Mrs Harman can rest if she finds the process tiring.

The doctor begins by asking Mrs Harman whether she has any questions. During the assessment she also checks on Mrs Harman’s physical and emotional comfort.

After the assessment Marnie has a cup of tea with Mrs Harman. While drinking the tea, Marnie encourages Mrs Harman to discuss the assessment process and ask any questions she may have.

In this example Marnie and the doctor made sure Mrs Harman was emotionally and physically comfortable. Support workers who minimise the person’s discomfort during the assessment process not only fulfil their duty of care to the older person by preventing them from suffering, but also increase the likelihood of the assessment being successful.

Practice task 9

Read the reflection, then answer the questions that follow.

Reflection

Put yourself in an older person’s shoes. Imagine you are carrying out an everyday activity such as reading, eating or talking when a nurse informs you that you must come with them. Another person tells you they are about to push you, which they do. This person then instructs you to walk in a straight line. After that you are expected to stand and then march with your eyes shut. At the completion of this activity the person takes some notes. They then tell you to leave.

1. Describe two feelings an older person may feel if they are uncomfortable with the process of an assessment.

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2. Why is it important to minimise an older person’s discomfort or anxiety during an assessment?

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3. How would you minimise the discomfort of an older person when preparing for an assessment?

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Click to complete Practice task 9

2D Use the support of carers to identify risks

Carers and other unpaid volunteers play an invaluable role in promoting the health and wellbeing of older people in their care. They can provide valuable information on the person's current health issues and the services that are effective to maintain their independence.

They often provide unpaid, 24-hour care to their loved ones, making significant sacrifices. Carers often undervalue their role.

You have a responsibility to ensure the older person's carer realises their contribution to their care is valued and appreciated. The carer's involvement in providing the older person's day-to-day care can bring knowledge and understanding to the current risks. They can also provide feedback about successful outcomes or barriers to previous risk minimisation strategies, which will assist in the development of new strategies.



Carer assistance to identify risks

A carer can provide a support worker with information about the older person's living environment, falls history, health and behaviour the older person may have forgotten about or may not think is significant. They may also help the older person feel reassured and comfortable during the assessment process by having a familiar person present.

The carer can assist the support worker to explain the assessment process to the older person in language they understand.

Remember, carers should only be involved in the assessment process with the person's consent and that the older person has a right to choose who is involved in the assessment process.

A key to successfully engage the carer in identifying risks is for the support worker to build rapport with them. The following table provides some suggestions for how to support a carer.

Caring for the carer

- ▶ When meeting with the carer, introduce yourself. If you do not know the person's name, ask them. You should also ask how they prefer to be addressed; for example, by their first name or using a title such as Mr or Mrs.
- ▶ Invite the carer to participate in the assessment process. The assessment should be organised for a time and place that is also convenient for the carer.
- ▶ Provide a chair for the carer as well as the older person. All chairs should be of the same height and size so no-one feels at a psychological disadvantage.
- ▶ Include the carer in conversations about the assessment process. Tell them what will happen and how they can help.
- ▶ Encourage the carer to ask questions.

Example

Use the support of carers to identify risks

Hazel is 82 years old and lives in public housing for older people. She has mild dementia, experiences depression and drinks more than four glasses of alcohol each day.



During an assessment designed to monitor her current progress, Hazel is aggressive and resistant to the process. The assessment team observes that Hazel looks tired and has lost weight. One of the assessors starts asking Hazel about her drinking habits, which causes her to become more aggressive. They decide to adjourn the assessment.

Another of the assessors, Lee, approaches Hazel in a less-formal capacity and asks if her carer can meet with them next time she comes around. Hazel agrees and passes on the carer's contact details to set up another assessment meeting.

At the next meeting with Hazel and her carer, Josie, Lee asks open-ended questions and pays attention to Hazel's nonverbal cues, such as her slurred speech. As Hazel is no longer aggressive, Lee takes the opportunity to ask her how she thinks she is going. Hazel tells her she doesn't leave the apartment and can't be bothered getting out of bed. Lee asks Hazel if she feels she would benefit from talking to someone and possibly taking medication. Hazel is receptive. One by one each issue is discussed. Lee is mindful of being non-threatening and not hurrying Hazel to make decisions. Josie is also able to encourage Hazel to answer and gives prompts, when necessary, to provide a better insight into Hazel's situation.

It is important to be patient, and non-judgmental when identifying the needs of older people with multiple issues. They may be very distressed; therefore, it is important to use containment skills to minimise distress so assessment can be conducted. Empathise with the person. Use attentive listening skills, such as maintaining eye contact, reflection and paraphrasing to demonstrate your interest. Allow yourself to be led by the older person, but set boundaries and use containment where necessary. Ask open-ended questions to provoke response, closed questions to clarify, and probing questions to challenge contradicting sentiments.

Practice task 10

1. Explain the carer's role during the assessment process.

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2. List at least two ways you can build rapport with the carer.

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3. What is the role of the carer when implementing risk minimisation strategies?

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Click to complete Practice task 10

2E Recognise the older person's risk factors based on medical history, measurements and findings

During the assessment process, you will gather a range of information about the older person from a variety of sources. You need to work through this information to interpret the results. Interpreting assessment results involves collating and analysing the gathered assessment information in consultation with the older person. You will conduct assessments to determine what the older person's needs are or whether their needs have changed over time. When analysing results, only make judgments based on your own qualifications, area of practice, work role and level of responsibility. All other judgments must come from people qualified to make them; for example, a doctor's advice should be sought and followed regarding medical matters. If you are in doubt about assessment decisions, seek advice from your supervisor.

Use medical history to identify risk factors

Gaining knowledge of the older person's medical history will be valuable in analysing the current needs. To do so, consult with the person's GP and/or any specialists responsible for their care. If personal information is to be released to the organisation, ensure the older person's consent is obtained. Only information relevant to the older person's case should be shared.



The outcome of collating and analysing the gathered information will be an assessment report that summarises the most relevant information and prioritises the older person's needs for service delivery.

You can obtain information from:

- ▶ interviewing the older person
- ▶ using questionnaires
- ▶ using specific screening tools
- ▶ speaking with the older person's family members, guardian, carers and friends
- ▶ speaking to other workers and service providers
- ▶ observing the older person
- ▶ consulting medical records and reports from medical professionals
- ▶ reviewing progress notes
- ▶ checking incident and accident reports.

Use measurements to identify risk factors

Many of conditions and changes occur as part of the ageing process. It can be helpful to use measures associated with blood pressure, bone density and depression to determine who is and is not at risk.



The following measurements suggest a person is at risk:

- ▶ Blood pressure: less than 90/60 mmHg
- ▶ Bone mass density: less than -1
- ▶ A high rating on a depression test (the score depends on the test used)

These figures can be difficult to interpret without specialist knowledge, so it is useful to keep a list of the professionals who can help you interpret the results of assessment and identify conditions that may increase an older person's health risks.

Reliability is the extent to which measurements are consistent. To be reliable, the assessment should produce similar results on separate occasions. Height and weight are considered reliable measurements; for example, if a set of scales is reliable, it will weigh an empty mug as 200 grams one day and as 200 grams again the following day.

Validity of an assessment relates to its usefulness or accuracy in measuring what it is intended to measure, and can be used to provide very accurate measures indicating a person's improvement or decline.

Use research

A support worker can increase their knowledge of assessment tools by researching contemporary trends and outcomes when identifying and assessing risks in older people.

Researching the older person's history of current care requirements will help them develop a good understanding of the person's care needs and preferences. Other ways to learn about what the older person's risks may be include those listed previously for how to obtain information.



When making a decision on an assessment tool you must be clear on which assessment procedures lie outside your scope of practice and consult with your supervisor, colleagues, organisational policy and/or professional body to discuss the options. As a result of this consultation, you may identify the need to engage other health professionals or a specialist to assist with the assessment process. They will conduct the assessment, analyse the results, make decisions on appropriate actions and assist in determining strategies and goals.

Example

Recognise the older person's risk factors based on medical history, measurements and findings

The following table lists appropriate specialists who may be consulted during or following assessments of clients with specific health issues.

Specialist	What they can assess/identify
Cardiologist	Assess for heart disease
Continence nurse	Assess a person's continence level
Drug and alcohol workers	Identify signs of substance abuse
General practitioners	Provide you with a person's medical history
Gerontologist	Explain how the changes associated with ageing can increase a person's risk of falls
Neuropsychologist	Identify and assess neurological disorders
Occupational therapist	Identify hazards in the environment
Ophthalmologists and optometrists	Assess vision disorders
Pharmacist	Explain how medications interact and the effects of prescribed and over-the-counter medications
Physiotherapist	Assess muscle strength and posture
Pulmonologist	Assess respiratory disorders
Psychologist	Assess mood disorders such as depression
Registered nurse	Check blood pressure and interpret health/medical information

Practice task 11

1. List and describe two types of research you would use to identify and analyse risks.

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2. Medical history and measurements can be difficult to interpret. List five health professionals who can provide assistance to identify conditions that may increase an older person's health risks.

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3. What is the importance of using a measurement when identifying a risk?

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Click to complete Practice task 11

2F Identify the older person's needs, issues and concerns outside the scope of your practice

It is rare that one service alone can meet the needs of an older person with health issues. So, you need to implement processes to ensure appropriate services are located and referrals are made.

Where possible, encourage the older person to identify and independently access a service. Additional assistance, such as from an interpreter or aid, may be required for the person to take on this responsibility. You may also be required to conduct an active referral, which means engaging with the person at each stage of the referral process to ensure services are delivered and the older person's needs are met.



You have a duty of care to the older person and your employer to work safely and ensure your work does not harm anyone. Make sure you understand the limitations of your role and your level of authority. If you conduct assessments that you do not have the skills, knowledge, qualifications and authorisation to conduct, you are in breach of your duty of care. This is particularly true if you hurt someone during the course of the assessment or if you fail to identify issues that need to be addressed during the course of the assessment.

Empower the older person

As a professional in the community services sector, you will work using an empowerment approach to support older people. Empowerment refers to when a person takes control of their own life. A large number of people in receipt of support services are often vulnerable because of their care needs and the related myths and stereotyping that occurs.

Your approach to work should always be based on trying to 'do yourself out of a job'. 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 always be working to uphold people's rights through an empowerment approach.

Consider the following information.

Empowerment strategies

- ▶ Ensure all services presented are appropriate and relevant to the older person.
- ▶ Present all the information, as clearly as possible, so the older person can make an informed decision.
- ▶ Present information in an unbiased way to avoid influencing the decision.

- ▶ Put aside your own biases.
- ▶ When presenting different options, ensure information is presented in a way the person will understand.
- ▶ Where necessary, ensure the person receives translating or interpreting services, or advocacy.
- ▶ Encourage the person to ask questions and seek clarification about the service and how it will meet their needs.
- ▶ Invite the person to make their decision, and avoid guiding them by using persuasive language.
- ▶ Treat the person respectfully and without prejudice.

Work role boundaries – responsibilities

You will be responsible for coordinating an older person’s care. A critical part of this role is connecting the person to other appropriate services and agencies when health issues or emergencies arise. You must remember the level of your authority and know who you should refer the situation to. If you are unsure how to respond to minimise risk, immediately consult your supervisor or health professional.



When assessing an older person’s needs, you must work within legislative requirements and your scope of practice. It is your responsibility and duty of care to take quick and appropriate action to ensure ongoing safety and care for the person. You may be required to identify and assess immediate risks during the course of the service being provided.

When facilitating referrals to appropriate agencies, an older person must provide consent and be empowered to identify service preferences. Engage the older person in a conversation about available services and encourage them to make their own selection, based on the gathered information. Timely and accurate documentation in progress notes will ensure accountability and duty of care and provide vital information for other health professionals.

Work role boundaries – limitations

Whatever the issues presenting in the older person, their safety must always be a priority. If a situation is ever deemed unsafe for an older person or support workers, it is imperative that appropriate assistance is sought. The decision to seek assistance is determined by the limitations of your role. It is not acceptable to try something new without assessing the risks with other healthcare professionals or a supervisor involved in the person’s care.

Factors and guidelines that determine the limitations include:

- ▶ your position description
- ▶ the organisation’s policies and procedures
- ▶ your qualifications and accreditation
- ▶ your duty of care
- ▶ legislation, such as work health and safety Acts and regulations
- ▶ scope of practice.

Identify needs, issues and concerns outside role

You must recognise when there is a requirement to ask for advice and refer to the stakeholder involved in the older person’s care requirements. It is never okay to alter a person’s care without assessing the risks with the older person, their carer or other health professionals.

Your organisation will have policies and procedures regarding reporting serious issues to an external source if the older person is at risk of harm or injury. Consult with your supervisor and care team immediately if there is such a risk.

Issues you may identify as beyond your scope of practice include:

- ▶ an assessment you are not qualified to conduct
- ▶ a person requiring medication to be administered; for example, a sedative
- ▶ a person experiencing assault or sexual abuse
- ▶ a suicide in progress
- ▶ a person who is violent
- ▶ a person who is placing you in imminent danger
- ▶ a person who in imminent danger.

Example

Identify the older person’s needs, issues and concerns outside the scope of your practice

The following table contains a sample list of issues that should be referred to other specialists. In some of these examples the action taken varies depending on whether you are conducting an assessment of the risk in the person’s home environment or a residential facility.

Situation	What you should do if the situation occurs in the older person’s home	What you should do if the situation occurs in an aged care facility
The older person faints during the assessment process.	Roll the person onto their side. Call emergency services 000.	Call for a registered nurse.
The older person becomes angry and violent during the assessment process.	Remove yourself from the situation. Call your supervisor. Call emergency services, if necessary.	Remove other people from the area. Remove items that could be used as weapons. Call for your supervisor.

Situation	What you should do if the situation occurs in the older person's home	What you should do if the situation occurs in an aged care facility
The older person shows signs of depression.	Refer the older person to their GP who can organise a referral to a psychologist or social worker.	Refer the older person to their GP who can organise a referral to a psychologist or social worker.
The older person's home needs modification.	Contact an occupational therapist who can suggest appropriate environmental modifications.	Contact an occupational therapist who can suggest appropriate environmental modifications.
The older person shows signs of cognitive impairment.	Contact the older person's doctor who may refer the older person to a neurologist or gerontologist. Refer the client to a neurologist or gerontologist.	Contact the older person's doctor who may refer the older person to a neurologist or gerontologist. Refer the client to a neurologist or gerontologist.
The older person is in pain.	Refer the older person to their GP who can organise further assessment.	Refer the older person to their GP who can organise further assessment.
The older person refuses to continue with the assessment.	Contact your supervisor.	Contact your supervisor.
The older person is alcohol dependent.	Contact and a drug and alcohol worker who can provide the older person with strategies and the support needed to cease drinking or reduce alcohol intake.	Contact and a drug and alcohol worker who can provide the older person with strategies and the support needed to cease drinking or reduce alcohol intake.

Practice task 12

1. Following an older person's assessment, how can you identify appropriate services to meet their needs?

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2. How would you assist an older person to be empowered to direct their own care?

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3. Give two examples of issues that may be outside your scope of practice.

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[Click to complete Practice task 12](#)

Summary

1. There are a number of factors contributing to an older person's risk of harm and the support worker should become aware of the person's personality, circumstances, life issues and background in order to assess the level of risk.
2. Lifestyle factors such as a person's environment, exercise program, poor diet and alcohol misuse can increase a person's increasing health risk.
3. A variety of tools and methodologies and measurements can be combined to provide the most appropriate assessment to the older person.
4. A support worker has a responsibility to minimise the older person's discomfort and ensure the assessment respects the person's thoughts, feelings, dignity, wishes and beliefs.
5. The support of the older person's carer can assist in the assessment and support the ongoing strategies, and should be involved in the assessment process.
6. Measurements, review and consultation assist in analysing and summarising an older person's condition and provides valuable information when identifying risks.
7. Support workers must always work within legislative requirements and their scope of practice.

Learning checkpoint 2

Contribute to the identification of risks

This learning checkpoint allows you to review your skills and knowledge in contributing to the identification of risks.

Part A

1. Explain what factors in an older person's lifestyle may affect their level of risk.

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2. In what ways could you identify and assess the current risk in an older person?

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3. Describe the common triggers that cause depression/anxiety in an older person.

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4. What is the advantage of using standardised tools when assessing physical indicators to determine increased risk?

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5. Identify methods, depending on the context of the assessment, which can be used to develop standardised tools and provide a brief description of each one.

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6. In what ways could you provide safety and security to an older person when making a risk assessment that makes them comfortable?

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7. Explain the role an older person's carer has in the assessment process.

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8. Explain the importance of using medical history and measurement tools when identifying health risks in an older person.

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9. In the context of 'duty of care', what is your first priority when providing services to an older person?

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10. Provide two examples of needs you identify as beyond your scope of practice.

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Part B

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

Case study

Tania is a support worker for Madge and has recently observed a deterioration in her health including weight loss. After a discussion with Madge and her family about her health and wellbeing they request an assessment by a GP. Madge says she no longer wants to cook and prefers to have a drink of alcohol instead of preparing a meal at night time. Alcohol is not recommended to be taken with the medication Madge is currently taking and the combination may also increase her risk of falling.

A GP is going to conduct an assessment on Madge, so Tania asks the doctor what this involves. The GP tells her he will weigh and measure Madge and take some blood to test. He also will check her medication requirements. Tania relays this information to Madge, and Madge asks Tania if she can come too. Tania confirms this with her supervisor.

Tania organises the visit with transport and travels with Madge, chatting with her to keep her calm. The doctor begins the assessment by asking Madge whether she has any questions. During the assessment he constantly asks and checks on Madge's physical and emotional comfort.

After the assessment Tania has a cup of tea with Madge. While drinking the tea, Tania encourages Madge to discuss the assessment and raise questions about the process.

1. Identify factors that may be affecting Madge's health and wellbeing.

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2. Give two examples of health professionals who could help you in assessing Madge's health risks.

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3. Describe how Tania ensured Madge was made comfortable during the assessment process.

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4. Explain why it is important for you to minimise the discomfort of an older person during the assessment process.

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5. In what way did Tania identify and assess the current health challenges and risks being experienced by Madge?

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Topic 3

In this topic you will learn how to:

- 3A Identify and explain options to minimise risk to the older person and/or carer**
- 3B Work with the older person and carer to identify risk minimisation strategies**
- 3C Implement strategies in a safe and effective manner that minimises the older person's discomfort**
- 3D Support the carer in contributing to the implementation of strategies, where appropriate**

Implement risk minimisation strategies

Support workers who foster collaborative working relationships demonstrate a commitment to the self-determination, human rights and empowerment of the people they support.

A collaborative approach focuses on a common goal and aims for an honest, equal relationship where contributions by all parties are respected. The support worker acknowledges that they do not have all the answers and nor do other services they may refer the person to. They also see the person requiring support as a valuable contributor to solving the problem.

As well as leading to better solutions, a collaborative approach has the additional benefit of being an effective way of developing rapport and fostering an empathetic, mutual understanding.

3A Identify and explain options to minimise risk to the older person and/or carer

Older people have a right to make informed decisions about all aspects of their care. They can't make an informed decision unless they are aware of the different options available. They also have a right to determine which strategy is used and whether or not they participate in the strategy. An older person who is not cognitively impaired has the right to refuse to participate in or follow strategies for minimising health risks. If a person has dementia, their carer or guardian will make this decision.



Identify options to minimise risk

Options to minimise the risk to an older person can be divided into five broad categories: diagnostic, therapeutic, preventative, rehabilitative and social support. These categories often overlap. Start by making sure you are fully informed about these health risk minimisations strategies for each category.

Options for minimising risks.

Diagnostic

- ▶ Diagnostic activities focus on finding out why a person is at risk.
- ▶ Diagnostic strategies are more commonly called assessment.

Therapeutic

- ▶ Strategies that involve treating underlying conditions such as depression or dementia and other health risks are known as therapeutic strategies. For example, changing a person's diet or lifestyle.

Preventative

- ▶ Preventative options are far more cost effective and provide the older person with a better opportunity of maintaining good health and wellbeing. Any options that minimise the risk or reduce related health challenges are preventative options.

Rehabilitative

- ▶ Rehabilitative options, for example with a physiotherapist, focus on building people's physical strength and their confidence to minimise the impact of their health challenges, and to reduce the likelihood a person will experience similar issues in the future.

Social support

- ▶ Older people may avoid activities, which reduces their opportunities to maintain muscle and increases their likelihood of depression. These are both factors that place an older person at greater risk. Social support can help people participate in social and recreational activities to reduce their risk of depression and, depending on the nature of the activity, maintain their muscles.

Explain options to minimise risk

Before you explain the option/s to an older person, briefly revise their present condition and identify health risks. Explain the consequences that may arise if action is not taken to remove, reduce or minimise the health risk. This helps the older person understand why a minimisation strategy must be implemented.

Then discuss various options. You should provide the older person with written information about the possible options. They can use the information after your meeting to explain the options to their family members. The written information can also be used to help explain the benefits of various options. Many pamphlets have photos to help people with low literacy, or where English is not their first language, to understand the information even if they can't read the words.

Older people may be overwhelmed with the number of options. Remember, it is not your role as a support worker to tell the older person which option they should select. It is your responsibility to help the older person make sense of the options. You can help an older person identify the strengths and weaknesses of various options by drawing up a table listing the pros and cons of each one.

Help an older person make an informed decision by telling them about the:

- ▶ options available
- ▶ commitment expected
- ▶ possible outcomes
- ▶ financial costs
- ▶ potential drawbacks and benefits.

Example

Identify and explain options to minimise risk to the older person and/or carer

Craig is an aged care support worker who works with Angelo, an older person with no living friends or family members. Angelo has recently fallen over a number of times at home, and an environmental assessment reveals the home needs to be retrofitted with holding bars and frames so it is safe for Angelo. The other option is for Angelo to move into an aged care facility.



Craig reminds Angelo that he has fallen at home several times.

‘Angelo, I know this is hard for you, but I am very worried that you have fallen over a number of times and have been hospitalised. We have looked at your home and it is not safe for you or for workers. The inside of your home needs to be altered to make it safe. There is another option and that is to move into an aged care facility’.

Angelo tells Craig, ‘I really don’t know what to do. I don’t want to fall again. What do you think I should do?’

Craig says, ‘I can’t tell you what to do, but how about we look at what is good about each option and what is bad about each option?’

He starts by drawing up a table, then asking Angelo questions.

Craig asks Angelo to tell him one good point about renovating his home. Angelo says, ‘Keeping my home’. Then he asks Angelo to tell him one bad point. Angelo rubs his fingers together and says, ‘The dollars’. Craig updates the tables to reflect Angelo’s point of view.

Craig and Angelo continue brainstorming until they have exhausted all possible strengths and weakness for each option, before making a final decision.

Practice task 13

1. Briefly explain how you would inform an older person of the assessment options that can help them reduce their health risks.

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2. Identify and describe one of the risk minimisation categories that provide risk reducing options to the older person.

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3. Describe one way you can assist an older person to assess the benefits and weaknesses of the options.

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Click to complete Practice task 13

3B Work with the older person and carer to identify risk minimisation strategies

The strategies selected for implementation should be discussed with both the older person and their carer and/or family members. A carer or family member can provide vital information that will help you choose strategies that are safe and address the older person's needs and preferences. You have a responsibility and duty of care to ensure the older person is comfortable with the risk minimisation options and strategies and to involve them in the whole process, empowering them to make choices. The carer or family member can provide support and encouragement through this process and explain options in a way the older person can understand.



If there is doubt about the right option to use or the options decided upon are outside the scope of your practice, you should discuss this with your supervisor.

Work to identify safety needs

Older people have a right to maintain their independence, to participate in all aspects of community life and to be safe. A safety risk minimisation strategy can help decrease the risk of an older person falling without being overly restrictive. This allows the older person to continue living independently and safely. However, it is your duty of care to make sure the strategy does not overextend the person or require them to do something they are not physically capable of doing. They are the best person to inform you of their capacity and you should listen to their ideas and thoughts about the options. It is important to include a carer or family members in the discussion as they can contribute information that the older person may have forgotten about, or not observed themselves.



Work to identify priorities

The strategy selected must be appropriate to the needs of the older person. You can discuss the older person's concerns and determine what, in their opinion, is their major risk. In addition to interviewing the person, reviewing medical records and previous assessments will give you a picture of the present status of their health and wellbeing. Once you have this information, it will assist you in prioritising the immediate health risks.

For example, when assessing someone susceptible to falls, is it more urgent to tidy up their environment before helping them to walk safely?

You can find out more about the older person's needs by:

- ▶ accessing their medical history
- ▶ checking incident and accident reports
- ▶ reading progress notes
- ▶ identifying which areas are a priority
- ▶ speaking with the older person, their carer and others involved in the person's care and finding out their preferences
- ▶ encouraging the older person to maintain a health diary where they can record when, what, where and how an issue or condition occurred and any injuries or observations.

Work to identify specific requirements

If an older person has more than one issue, there may be a number of specialists involved at the same time. This may involve obtaining the older person's consent for a referral, and following the organisation's policy and procedure for making a referral. Specialist professionals are able to provide specific support to assist an old person with their particular needs.

An important part of the referral process is assessing the level of support required by the older person accessing the service.



If you have observed warning signs and are concerned that an older person may be at immediate risk of harm, you may need to refer the person for emergency interventions to keep them safe. This may require ringing for an ambulance, a crisis team or establishing if family members or friends are available who can safely escort the person to hospital. Consult with your supervisor immediately if you are unsure.

Example

Work with the older person and carer to identify risk minimisation strategies

Often an older person experiences health challenges that warrant specific requirements. There are many external sources of support for older people, delivered by government and non-government services, which can provide risk assessment for older people. These are outlined in the table below.

Doctors	Doctors provide assessment, appropriate medications and ongoing care for people with health risks.
Psychiatrists	Psychiatrists diagnose older people who may have mental illness; prescribe medications; and offer other appropriate interventions.
Psychologists	Psychologists conduct mental health and suicide-risk assessments and provide counselling and appropriate behavioural interventions
Counsellors	Counsellors help older people work through problems and provide behaviour change strategies.
Mental health workers	Mental health workers have different roles according to their background and the type of service they provide.
AOD workers	Alcohol and other drugs workers support people who appear to be abusing drugs or alcohol to manage their substance abuse.
Hospitals and emergency departments	Hospitals and emergency departments cater to people at high risk of suicide, or have already attempted self-harm, to treat or stabilise their condition.

Practice task 14

1. Why is it important to consider the priority needs of an older person?

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2. When implementing a safety risk minimisation strategy what must you consider to ensure the older person is engaged and responsible for their decisions?

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3. When would an older person require emergency interventions?

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4. List at least two potential health professionals who can support older people to identify health risks.

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Click to complete Practice task 14

3C Implement strategies in a safe and effective manner that minimise the older person's discomfort

You have an ethical responsibility to do no harm to the older people in your care. You must also make sure you do not cause unnecessary discomfort to the older person during the assessment process. Discomfort can be psychological, physical or both.

You must have all the elements covered to ensure the comfort of the older person by choosing the right environment to conduct the assessment, establishing rapport with the person and their carer and using tools that are appropriate to the assessment purpose.



Standardised tools to manage risk

A standardised assessment tool provides robust guidelines to capture the many variables of an older person's care needs. Using an assessment tool is a fundamental part of the process.

Standardised tools must be reliable and as valid as possible. Reliability and validity are affected by how objective the variable is and the conditions under which the assessment is conducted.

A standardised tool provides comprehensive, multipurpose and systemised methods of collating, reporting and comparing data for assessment of the older person's care needs and preferences, and ensures quality and equality of service.

Although a standardised tool is useful for consistency of assessment, a more comprehensive assessment may be required for more-complex health issues. You should refer to the organisation's policies and procedures on the types of assessment tools to use.

The standardised tool may include the following evidence-based principles:

- ▶ What happened
- ▶ What the circumstances were
- ▶ What the consequences were
- ▶ How this relates to the older person's health or wellbeing risk

Implement risk management strategies

You must take all reasonable steps to implement strategies safely and effectively within your scope of practice. Some activities, like changing medication, providing clearance to participate in an exercise and installing adaptive equipment, should only be carried out by people with the appropriate level of skill, experience, qualification and level of authorisation.

You have a duty of care to follow up the results of a risk minimisation strategy and monitor its progress. Your role is to assist in identifying appropriate activities to reduce the risks, and then help to implement the selected strategy. At all times you must encourage and support the older person to participate and where possible include a carer or family member who may be involved in the care program.

Example

Implement strategies in a safe and effective manner that minimises the older person’s discomfort

You can only implement a care plan safely and effectively if you have the required skills and knowledge. More information about these requirements is provided in the following table.

Element	What is required	What you can do
Knowledge	Awareness of the health risk minimisation strategy Knowledge of your role in the risk minimisation strategy	Call a meeting to inform all people of their role and responsibility Ask open questions to check the level of understanding
Skills	Reading skills to understand the risk minimisation plan Skills to carry out roles and responsibilities safely and effectively	Assess skills through observation and feedback from others Arrange skills training Provide support
Duty of care	A willingness to carry out their responsibilities Ensuring the older person is comfortable	Communicate the importance of the fall minimisation strategy Involve stakeholders in developing the fall minimisation strategy to encourage them to take ownership and personal responsibility for the strategy’s success

Practice task 15

1. Describe your responsibility towards an older person when conducting a risk assessment.

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2. Describe the elements of a standardised assessment tool, which ensure the many variables of an older person's care needs are addressed.

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3. Describe the purpose of a standardised assessment tool.

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[Click to complete Practice task 15](#)

3D Support the carer in contributing to the implementation of strategies, where appropriate

Some people living in their own homes are supported by a carer who may have the full-time responsibility for the care of the older person. In these situations, the strategy for minimising health risks can only be effective if the carer participates. Remember, the carer can provide information about the older person because of the rapport and trust in their relationship.



Support the carer to implement strategies

A carer can provide vital information regarding the older person in their care. When working with the carer, there are several ways you can support them to participate in the strategy.

Supporting the carer

- ▶ Listen to the carer. Caring can be a full-time job, so the carer may not have any supervisor with whom they can discuss their worries and concerns about the risk minimisation strategy.
- ▶ Provide emotional support. Caring for a person with complex or chronic needs can be emotionally and physically taxing.
- ▶ Provide information. Find out how much the carer knows and understands, then help them to fill the gaps in their knowledge or to correct their understanding.
- ▶ Help the carer gain the required skills to participate in the strategy if relevant. It may be appropriate to arrange training for the carer.
- ▶ Encourage the carer. Let them know they are doing a good job.
- ▶ Provide referrals where appropriate. The carer may be suffering from their own health challenges, which may require support from a specialist.

Example

Support the carer in contributing to the implementation of strategies, where appropriate

In your role you will be involved with many different people and personalities. In each case you can continue to develop your communication skills, which are invaluable as you build rapport with older people, their carers and family members.

The following outlines the skills and attributes that will help you develop effective communication skills to support a carer effectively.

Skills/attributes of support carers:

- ▶ Patience
- ▶ Listening skills
- ▶ Ability to explain complex information
- ▶ Empathy
- ▶ Understanding of the issues affecting older people and their carers
- ▶ Ability to motivate others
- ▶ Ability to help others feel better
- ▶ Knowledge of ways to help a carer participate in a risk minimisation strategy
- ▶ Knowledge of ways a carer can help with the implementation of risk minimisation strategies

Practice task 16

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

Case study

Cheryl is making a check on an older person, Lorna and her long-term partner, Ted, who cares for Lorna on a full-time basis. Ted goes for a daily walk with Lorna to help build up her muscle strength, but confides to Cheryl, 'I don't always feel like going for a walk. Sometimes I wish she would go by herself, but I'm worried if I don't go with her, she'll fall and injure herself'.

Cheryl empathises with Ted. 'It sounds like this is a concern for you. It is okay to want time for yourself.'

Ted asks, 'Doesn't that make me a bit selfish?'

'Not at all', replies Cheryl, 'In fact, there may be some other options we can consider. We may be able to organise a support worker to walk with Lorna or look at some alternative exercise options. What do you think?'

'That would be good ... but I still want to support Lorna.'

'Of course you can', says Cheryl. 'And you can provide encouragement to Lorna, too.'

1. In this situation, list the attributes Cheryl displayed in supporting Ted.

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2. How did Cheryl help maximise Ted’s participation?

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3. Carers can play a valuable role in implementing a risk minimisation strategy if they are given the chance. As a support worker, what is your responsibility towards the carer?

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Click to complete Practice task 16

Summary

1. A collaborative approach focuses on a common goal and has the additional benefit of being an effective way of developing rapport and fostering an empathetic, mutual understanding.
2. When developing strategies for risk minimisation, the older person should be involved. The strategies should align with the older person’s care needs and preferences. Drawing on the strengths of the extended care team will provide a strategy that is less likely to compromise the safety of the older person.
3. It is not enough to keep a client safe. You must take all reasonable steps to ensure their physical and emotional comfort during the assessment process.
4. The purpose of an assessment is to achieve independence for the older person while recognising and respecting the cultural and spiritual needs of the individual.
5. Carers play a valuable role in implementing the risk minimisation strategy if they are given the chance. As a support worker you have a responsibility to encourage their involvement and provide support.

Learning checkpoint 3

Implement risk minimisation strategies

This learning checkpoint allows you to review your skills and knowledge in implementing risk minimisation strategies.

Part A

1. How can you help an older person make an informed decision regarding the available options to minimise risk?
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2. Describe how you would work with the older person and carer to identify risk minimisation strategies.
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3. Explain how a standardised assessment tool can manage risk in an older person.
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4. When working with the older person in choosing strategies to reduce health risks, explain how a strengths and weaknesses table can assist in the decision making process.
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5. How would you implement risk strategies in an effective manner that minimises the older person's discomfort?
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6. When working with an older person’s carer, in what ways can you support them and the care they are providing?

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Part B

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

Case study

Doug is an 82 year old widower who has been sent home from hospital after recently having surgery on his knee. Since he’s been home, his physical activity has been limited and the furniture placement in his home is causing some risk to further injury or harm if he were to fall. His daughter has asked for help to assess the immediate risk to her father.

Katy, Doug’s support worker, has been asked to visit him at home to assess the environment and any attributing factors that are causing delays in his mobility improvement and his emotional wellbeing.

Katy sits with Doug to discuss the possibility of removing or moving some of the furniture items, particularly in his living room and bedroom. Doug begins to show signs of anxiety as the furniture is part of who he is and what he built with his wife of 45 years.

Katy empathises with Doug and explains that part of the assessment process is to help Doug identify potential risks to his mobility, and that ultimately removing or relocating some of his furniture will help him to move more freely about his home and assist in his recovery to full health and strength. They work through a strengths and weaknesses table and together decide which pieces of furniture should be put in storage.

Doug’s daughter is present for the assessment and Katy encourages her in the role she is playing in providing care for her father. Doug’s daughter agrees that the risk strategies will also help her as she assists her father to move about the house, and together they develop the implementation of a risk minimisation plan.

1. In what ways did Katy build rapport and trust with Doug?

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2. Explain how Katy minimised Doug’s feelings of discomfort.

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3. What could Doug’s daughter do to help with the implementation of the risk minimisation plan?

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4. Explain how you would help Doug and his daughter identify risks in his environment and provide options to minimise the risk.

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Topic 4

In this topic you will learn how to:

- 4A Monitor the effects of the strategies on the older person**
- 4B Identify any indicators of increased risk**
- 4C Identify when strategies are not having the desired result and possible reasons for this**
- 4D Reassess and identify more-appropriate strategies**
- 4E Work with the older person and carer to assess the outcomes of risk minimisation strategies**
- 4F Discuss feedback from the older person and carer with your supervisor and/or the relevant health professional**
- 4G Complete, maintain and store all relevant documentation and reports**

Monitor risk minimisation strategies

You have an obligation to follow up the risk minimisation strategies and report on how effective they have been. In many cases the strategy will have reduced the health risks and the older person may be more confident.

Sometimes the strategies may not produce the desired results; they may be ineffective or have negative effects. Establishing why the strategy is not working helps you develop appropriate modifications to the strategy. Any change made should be designed to ensure the safety and the comfort of the older person.

Changes to the strategy or strategies used to minimise health risks or challenges should be discussed with all people involved, then documented and reviewed.

4A Monitor the effects of the strategies on the older person

Risk minimisation strategies take time, effort and have financial costs. If the strategy is not working, timely action must be taken to prevent older people and others from wasting their time, become disillusioned and becoming unnecessarily injured.

It is crucial to speak with your supervisor or a health professional if you are unsure about a strategy as soon as you notice it may not be working. It is therefore important to monitor risk minimisation strategies to make sure that the strategy does not cause further harm and that it remains effective. Changes may need to be made to improve the outcomes.



In some cases the older person may let you know if the strategy is not working. More typically, older people and others do not complain or provide feedback unless you actively seek this information. Older people may not complain because they do not feel they have the same level of authority and understanding of the risk minimisation process as you do.

Sometimes older people may not be aware there is a problem. Carers, family members, service providers and other health professionals may be busy dealing with daily tasks. Therefore the responsibility falls to the support worker to make sure the older person receives care that is responsive to their needs.

Monitoring strategies

It is not enough just to implement a strategy and hope for the best – you need to use standardised tools to monitor the progress of an older person's health and wellbeing.

You must be familiar with the methods for monitoring the effects of risk minimisation strategies. Your organisation will be able to provide policies and procedures on monitoring risks and these are usually included in an older person's care plan and progress notes.

The following table describes the purpose of standardised assessments tools for monitoring the effectiveness of risk strategies.

Review incident reports

Incident reports are used to identify when an older person has an incident that causes injury or harm. They should contain the following information:

- ▶ What happened prior to the incident
- ▶ What the person was doing at the time of the incident
- ▶ Where the incident occurred
- ▶ The time of day the incident occurred
- ▶ Witnesses
- ▶ Injuries
- ▶ Follow-up action taken

Review progress notes

As part of providing care, you should document what the person did as well as the older person's reactions. Update progress notes with the details about:

- ▶ whether or not the strategy is meeting the person's needs
- ▶ whether or not the older person complied with the risk minimisation strategy
- ▶ any problems with implementing the risk minimisation strategy
- ▶ incidents that have taken place after the strategy was implemented
- ▶ follow-up action taken.

Ideally, other people involved in the care program will communicate with you about issues of concern such as difficulties with the risk minimisation strategy, although this does not always happen in practice. Make sure you read through progress notes to help you understand the issues the older person, their carer/s and workers face in implementing a risk minimisation strategy.

Ask the older person, carers and workers

The value of verbal communication should not be overlooked. You can have telephone conversations, if necessary. Face-to-face contact is preferable as it is far more personal and many older people and others appreciate the interest you show in their care. Furthermore, inviting the person to identify problems encourages them to take responsibility for the outcomes and success of risk minimisation strategies.

Team meetings provide support workers with the opportunity to explain and discuss an older person's progress or any concerns they may have.

Tools for monitoring risk

There are a range of assessment tools and methods you can use to ensure all needs are addressed when conducting an assessment. Initial health assessments are used to identify physical, psychological, emotional, cultural and spiritual needs and preferences.

You may be required to engage an interpreting service if the person is from a culturally and linguistically diverse (CALD) background or is hearing impaired.

Most organisations have standard procedures and tools for collecting and assessing a person's information. Using these ensures the information you obtain is comprehensive and covers all the issues you need to examine. Within your organisation's assessment protocols, you may use a range of tools and methods including interviewing the older person and their carer or family members, reviewing care plans or health records, direct observation, consulting others, asking the older person to fill in questionnaires, or administering specialised screening or assessment tools.

Ensure you understand what tools are available to use and the purpose they serve and that you only ever conduct an assessment that is within your scope of practice.

Common assessment tools include the following:

- ▶ Continence aids assessment
- ▶ Pain management assessment
- ▶ Falls risk assessment
- ▶ Behavioural assessment
- ▶ Depression and anxiety assessment
- ▶ Mobility, dexterity and rehabilitation assessment
- ▶ Oral and dental care assessment
- ▶ Sensory loss assessment
- ▶ Sleep assessment
- ▶ Medication management assessment

Example

Monitor the effects of the strategies on the older person

Here is an example of a falls diary, which can be used to record instances and communicate information about falling. A diary can also be used to monitor the effectiveness of a risk minimisation strategy in regards to falling, as older people may not remember how often they fall or when.

Date	Time	What happened before the incident? (Antecedents)	Activity	Location	Fall	Near fall
24/12/16	9 am	Took medication	Showering	Bathroom	✓	
25/12/16	3 am	Rushing to the toilet	Walking	Hallway		✓
26/12/16	10 am	Feelings of dizziness	Gardening	Outside		✓

Falls dairies are an invaluable source of information as they can help you understand what is causing a person to fall and identify the environment where the older person is most at risk. When monitoring the success of a fall minimisation strategy, compare the diary entries before and after the fall minimisation strategy was introduced and implemented.

Practice task 17

1. What are two reporting elements you would include in an incident report?

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2. What details are you looking for when conducting an initial assessment of an older person?

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3. List and briefly describe how you can monitor risk minimisation strategies.

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Click to complete Practice task 17

4B Identify any indicators of increased risk

Nobody's health is static. Over time, people's conditions either improve or worsen. Some health conditions and behaviours can increase the person's risk of injury or ill health. You must be aware of any changes and identify why and how these changes occur. Measurements and standardised tools can provide relevant data based on assessment of the same variances in an older person's health.



Indicators of increased risk

You may not always be aware of the subtle changes in a person's health and should consult with carers and others who may be involved in the care program. You should also be aware of which assessment tools are beyond your experience and qualifications.

The following table describes of number of indicators (that could put an older person at risk) to assist your understanding and knowledge of which indicators to look for.

Adverse reactions

An adverse reaction is a consequence of an intervention that is undesirable. Adverse reactions can be physical, cognitive or psychological. Physical reactions that place a person at increased risk of falling are muscle weakness and poor muscle control. Cognitive changes that place a person at increased risk of falling are altered judgment and impaired spatial awareness. An older person may not be aware of where they are, the dangers associated with different activities or be able to judge distance and depth.

One common side effect of a health challenge such as falling is depression, which can affect a person's cognition and willingness and ability to comply with fall minimisation strategies.

Contraindicators

A contraindicator is a condition that makes a particular strategy inadvisable. For example, a falls diary would be inappropriate for someone who can't write. Another example is that a doctor would not prescribe a medication if the older person is allergic to the medication or is taking another medication known to have an adverse interaction with the first medication.

Withdrawal of consent

A person withdrawing their consent signals that they no longer wish to participate in the risk minimisation strategy selected. You can't force a person who has the capacity to make informed decisions to participate in a strategy. You should check whether the older person is using other methods to control their risk of falls. If they are not, you should encourage them to consider alternative ways of reducing their risk of falling, or find out if there are other reasons, such as a relationship difficulty with a support worker.

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2. Explain when and why a strategy should be stopped.

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3. In relation to the case study in the previous Example, list the steps Helen took to document the risk to Wendy's current health.

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Click to complete Practice task 18

4C Identify when strategies are not having the desired result and possible reasons for this

You have an obligation to follow up the risk minimisation strategies and report on outcomes. Identifying the effectiveness of risk minimisation strategies is a vital step in maintaining an older person's health and wellbeing. Without this, the desired results will not be achieved. It is also important to follow up any identified risk to understand the possible reasons why the strategies are not being effective. This may include the strategy tasks or it may involve the older person who has not fully engaged or understood the consequences of the strategy.

You will need to develop the skills and knowledge to identify the triggers that cause a strategy to fail. Of equal importance is the need to identify reasons why the risk minimisation strategy will be successful. On the basis of this information you can develop strategies that the older person understands, is comfortable with and will engage in.

Evaluate risk minimisation strategies

You have a responsibility to take quick and appropriate action when a risk minimisation strategy is not working. In the evaluation stage of a strategy, consider the options if it does not seem to have suitable results. For example, if the older person was not willing to leave the house for their weekly shopping, discuss other options, such as referrals to alternative health services.

The evaluation of the strategy should ensure that the service continues to meet the older person's needs and is affordable and accessible.

Reasons why a risk minimisation strategy will be successful

- ▶ It is appropriate to the needs of the older person. Sometimes an older person's condition changes between the time the strategy is developed and when it is implemented. From time to time people may develop a strategy without undertaking a comprehensive assessment of the older person's needs, conditions and risk factors.
- ▶ All people understand what they are required to do. The supervisor must communicate the plan, verbally and in writing, to all involved in its implementation. The aged care supervisor should also check that all people involved in the care plan understand what they are required to do.
- ▶ All people want to carry out their responsibilities successfully. Supervisors can increase a person's willingness to carry out the tasks in the strategy by actively involving them in the development of the strategy.
- ▶ The required resources are available and accessible.

Identify ineffective strategies

To identify ineffective strategies you must refer to assessment tools used to gain feedback and build knowledge of the status of the current strategies being used. Incident reports; progress notes; and feedback from the older person, their carer or other health professions, are just some of the many ways you can identify and evaluate whether the strategies in place are effective.

Information on assessing and reporting on current strategies is provided below.

Observation

Observation is a good tool for assessing noncompliance. Watch the older person to see whether they are following:

- ▶ behavioural instructions such as standing and sitting more slowly
- ▶ clothing guidelines such as wearing appropriate footwear
- ▶ environmental instructions such as clearing walkways.

Document

Once you are aware that the strategy developed for the older person is not working, you should document:

- ▶ what has placed the older person at increased risk
- ▶ where you found the information
- ▶ actions that should be taken.

Identify reasons for ineffective strategies

You can identify why strategies are not working by organising a formal meeting where you provide all stakeholders with the opportunity to share ideas and information that will help you and others identify the problem. Prior to the meeting you should develop a clear understanding of what you hope to achieve. Inform all stakeholders, including the older person, of the purpose of the meeting and invite them to contribute to the agenda.

The following table provides signs that suggest a strategy is not working.

Signs of ineffective strategies include the following:

- ▶ No change to the older person's health condition
- ▶ Increased health challenges
- ▶ Complaints by the older person and others
- ▶ Feedback from carers, support workers and others

Example

Identify when strategies are not having the desired result and possible reasons for this

Sally is organising a meeting to discuss the changing care needs of Clive, who is 86 years old and no longer coping well at home on his own. Sally has invited him, his carer and the team to a formal meeting to share ideas and information about how best to identify the problems and find solutions. Sally has asked everyone for agenda items ahead of time and she has prepared some notes with a clear idea of what she wants to achieve from the meeting. Sally knows how to ensure the meeting is effective by implementing the following.

Tips to run a productive meeting:

- ▶ Select a room with appropriate heating or cooling, sufficient space and enough chairs.
- ▶ Acknowledge all contributions.
- ▶ Don't allow anyone to be verbally aggressive to others in the room or to blame others.
- ▶ Organise another person to take notes during the meeting.
- ▶ Sum up the discussion at the end of the meeting.
- ▶ Let people know what will happen next.
- ▶ Thank people for their participation.

Practice task 19

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

Case study

Joan, an older person, lives at home. Over the past few months she has not felt confident to enter the shower without a fear of slipping on the water. A risk minimisation strategy is developed. Despite the strategy, the number of near misses actually increases. Tulla, a support worker, calls all the stakeholders together to discuss the problem. Joan, her son Kevin, a paid carer, her GP and the supervisor all attended the meeting.

1. Who is responsible for developing an agenda for the meeting?

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2. Why is it important to discuss the situation as soon as possible?

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3. How might meetings like this impact on the level of care provided?

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Click to complete Practice task 19

4D Reassess and identify more-appropriate strategies

Once you have monitored and reviewed a strategy, it does not signal the completion of care; you now need to reassess the situation, so the original strategy can be modified or replaced with a more appropriate strategy. And so the cycle continues. These steps may be repeated once or a number of times depending on the older person and their situation.

The following diagram illustrates this process.



Reassess and identify alternative strategies

Reassessment is essential as the person ages and their condition changes. It is possible that the original strategy is inappropriate or was not followed correctly.

It is your responsibility to ensure each person receives the best care possible. Be vigilant, observant and encourage communication between you, other care providers, the older person and their carer so you can promptly report when a strategy is not working.

Remember, you may not be qualified to suggest alternative strategies. Your role is to explain the situation clearly to others who will decide what is most appropriate for the person to reduce their risks. The more you understand different strategies and how they work to minimise risk, the better equipped you are to make relevant suggestions. By working closely with the person and their carer you also know what the older person prefers and what strategies are more likely to succeed.

A risk minimisation strategy can be assessed by:

- ▶ asking the older person, carers and workers for feedback
- ▶ reviewing documentation such as progress notes or incident reports
- ▶ observing the older person
- ▶ using diary information.

Evaluation of alternative strategies

In the cycle of reassessment, where the original strategy has been modified or replaced with a more appropriate strategy, continue to evaluate the effectiveness of the program. You should be prepared to change the program according to the level of the older person's comfort and the suitability of the strategies in place.

The evaluation is done in consultation with the older person and their carer to ensure their needs and preferences are being met and to gain feedback to determine any barriers to new strategies. Ensure you adhere to the policies regarding privacy, dignity and respect of the older person when providing alternative solutions, and that they participate in any changes occurring in the program.

An explanation of the changes and information regarding the outcomes should be given clearly to the older person and their care providers should also be kept informed.

Support workers require skills to:

- ▶ develop a trusting relationship so the person will tell you how they are feeling about the strategy
- ▶ ask an older person questions about a strategy
- ▶ explain to a health professional why a strategy is not working
- ▶ participate in case conferences/meetings to discuss strategies
- ▶ record the monitoring process and results of strategies
- ▶ identify whether a strategy is working
- ▶ identify when a strategy should be halted until a health professional is consulted
- ▶ understand a range of strategies that can help to reduce the health risk.

Example

Reassess and identify more-appropriate strategies

Colin is 78 years old and lives at home. A paid carer cooks his meals, cleans the house and does his washing. Colin had a hip operation six months ago and wants to retain his independence and dignity so tries to walk unaided. He is slow but careful; however, he has already fallen twice. Colin's GP has given him medication for his blood pressure, but the care team think the environment is the main hazard area, so they clear obstacles from walkways, repair broken steps, make sure all floor surfaces are even and non-slip, and provide Colin with a shower chair and bathmat for the floor.

A month later they re-assess and discover that Colin has fallen again.

At a case conference, the team decide to concentrate on Colin's physical skills by suggesting some exercises for him to do, and arrange for the carer to take him for a walk each day. The GP also reduces Colin's blood pressure medication as Colin reports that he becomes quite dizzy for half an hour after taking it.



4E Work with the older person and carer to assess the outcomes of risk minimisation strategies

The cycle of monitoring continues as new strategies are introduced. Implementation and monitoring are key to successful outcomes for the older person. Your relationship with the older person and their carer does not end once implementation of a strategy has commenced. You need to regularly monitor the allocation of services to ensure they continue to meet their needs. Progress reports and feedback from the person and the carer are an important means of evaluating the service's adequacy and performance. They are also a means of monitoring whether any changes have occurred in the older person's circumstances or the services being provided.



The older person and their carer are the best people to provide feedback on the success or failure of the strategy and can provide information on the barriers to increased health and wellbeing. Discussing the results will empower the older person to continue to have input into strategies that impact their care needs and preferences.

Assess the outcomes of risk minimisation strategies

Consult with your supervisor and organisational policies and procedures to determine which processes to use to collect the person's feedback about the adequacy of service delivery.

Building rapport with the older person and their carer will establish their involvement in the assessment, implementation and monitoring process of the strategy. The carer and older person will also provide further actions to improve the strategy and identify any possible risk factors still present and take appropriate corrective actions.

Assessing the outcomes will determine if it was the strategy that has provided improvement or other factors such as the carers' greater involvement that contributed to better outcomes.

Key questions

Key questions you will need answered as part of the review of a risk minimisation strategy include:

- ▶ Does the strategy continue to meet the older person's needs?
- ▶ Is the older person satisfied with the delivery of the strategy?
- ▶ Are all the stakeholders involved in the care of the older person satisfied with the older person's progress?
- ▶ Has the older person's needs changed?

Factors

Many factors can impact the ongoing suitability and effectiveness of a risk minimisation strategy. Factors directly related to the service include:

- ▶ Relocation or discontinuation of the service/program
- ▶ New services offered
- ▶ Poor delivery
- ▶ An increase or decrease in funding
- ▶ A poor match between the older person's goals and the service and support offered.

Example

Work with the older person and carer to assess the outcomes of risk minimisation strategies

Pat has a history of low blood pressure and risks fainting and falling as a result of her dizziness. Her support worker and carer assist Pat to implement a strategy to normalise her blood pressure. Pat has not experienced any dizziness or falls or near falls. The team are satisfied that the strategy is effective.

The week after review Pat experienced a fainting spell which resulted in her falling and hitting her head on the floor. Her support worker asks her what she had done different. Pat says that she was feeling so well that she decided to reduce her medication because she didn't think she needed it anymore.

In this situation, Pat's behaviour (reducing her medication without consultation) accounted for the minimisation in the risk strategy. The support worker and carer made the error of assuming Pat understood the importance of staying on the medication and following the risk strategy while assessing and monitoring the effectiveness.



Practice task 21

1. Why is it important to involve the carer in assessing the effectiveness of the strategy?

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2. Provide two questions you would reflect upon when assessing a current risk minimisation strategy.

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3. How can feedback be collected?

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Click to complete Practice task 21

4F Discuss feedback from the older person and carer with your supervisor and/or the relevant health professional

In addition to consulting with health professionals involved in the care of the older person to obtain review information, it is important to seek feedback from the person and their carer about their level of satisfaction and whether they feel the strategy in place is effectively meeting their needs.



Feedback can be collected formally or informally. You may also need to engage advocacy services and/or an interpreter to enable effective review of the strategy.

An older person may give contradictory feedback. They may tell you everything is fine, but nonverbal cues suggest otherwise. Use probing questions can help you understand why this may be. The carers' feedback can provide valuable information related to the reality of the older person's current health risks.

Obtain feedback

Obtain a person's feedback by conducting regular meetings with them and their carer or other health professionals involved in their care and ask them to complete a feedback form.

The following is an example of a client feedback form used monitor effectiveness of strategy delivery arrangements.

Client feedback form			
Client name			
Date			
My feedback is a:	Compliment	Complaint	Comment/suggestions
What would you like to tell us about the risk minimisation strategy?			
What would you like to see happen?			
What changes would you like to see in the implementation of this strategy?			
Signed			

Discuss feedback from older person and carer

Feedback gathered from the older person and carer should be discussed with your supervisor and the health professionals involved in the care program. Your role may be to coordinate meetings, document the proceedings and follow up the actions that are decided.

Any issues with developing solutions or better strategies or facilitating problems with group dynamics should be communicated to your supervisor. Your supervisor will appreciate being kept up to date and may be able to help by providing you with suggestions or by speaking with the people in the group directly.



Shared information will assist all stakeholders involved in the care program to develop strategies that are most appropriate to the care needs and preferences of the older person. All feedback should be documented on the progress notes in the care plan and all stakeholders should be informed of any changes in circumstance.

Example

Discuss feedback from the older person and carer with your supervisor and/or the relevant health professional

The way a meeting operates depends on the personalities and communication styles of individual members within the group.

Factors that can help people work well together are discussed here.

Processes

Follow standard meeting protocol. This includes preparing and using an agenda. Allow people sufficient time to discuss issues and document and distribute results of the discussions carried out during the meeting in the form of meeting minutes.

Clear roles

Often people come into negative conflict when they are unsure about the limits of their authority and the authority of others. Clearly define the roles of everyone in the group. Uncertainties about roles and responsibilities can be clarified by turning to documentation such as position descriptions, organisational charts and policies and procedures.

Goodwill and mutual respect

People don't need to agree with one another to have productive conversations. They do need to respect one another. You can help foster respect by raising awareness of the roles of the people in the group modelling respectful behaviour, setting ground rules and encouraging others to consider the value of others in the group.

Conflict

When managed properly, conflict can be good. In fact, differing points of view on potential solutions can help all group members think about the positives and negatives of possible solutions and select a strategy that is most effective in reducing the older person's likelihood of falling.

Practice task 22

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

Case study

Gayle is an aged care support worker. She is working with Leila, an older person, who needs to exercise to build muscle mass and bone density to decrease the likelihood of falling and associated health risks as a result of falls. The district nurse and Leila support this strategy. Leila’s family is also involved in her case, and they disagree and are openly hostile towards Gayle and others in the group.

Gayle speaks with her supervisor, who asks Gayle how she has handled the family. Gayle responds, ‘I keep telling them about the benefits of exercise but they won’t listen.’

Her supervisor asks, ‘Gayle, have you tried asking them what their concerns are?’

Gayle admits that she has not. Gayle speaks with the family members. ‘I’d really like to find a strategy that we are all comfortable with. What are your main concerns?’

The family tell Gayle that they are most worried that Leila will hurt herself. Gayle acknowledges the family members’ concerns. She then discusses the physical impacts of falling. She explains in plain language how strong muscles can help a person stay upright and can help them stabilise more effectively. Leila’s son says, ‘So that’s why you want mother to exercise?’

As a group they then develop an exercise program to help Leila gain strength.

1. Explain how Gayle encouraged the family members to collaborate.

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2. Who should you involve in assessing the outcomes of a risk minimisation strategy?

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3. What methods would you use to encourage the involvement of the older person, their carer and others involved in the care plan?

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Click to complete Practice task 22

4G Complete, maintain and store all relevant documentation and reports

Reporting and documentation requirements in aged care are extensive. This is particularly true when implementing risk minimisation strategies or any other activities that have a safety focus.

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 benchmarks. Inaccurate or ineffective reporting and documentation may therefore have a significant impact on an organisation's professional reputation.



Examples of documentation requirements might include:

- ▶ Progress notes and care plans
- ▶ Incident reports
- ▶ Risk assessments
- ▶ Emergency contact information
- ▶ Consent to release form

Keep records up to date

Accurate and up-to-date record keeping underpins quality service provision that helps ensure the safety and independence of older people. Actions are documented in a way that increases accountability and duty of care. Progress notes or care notes should be completed regularly so the most current information is always available. There may be serious consequences if documents are not completed correctly.



Completing documentation and reporting is an essential responsibility of your role. Most organisations have policies and procedures for ensuring the integrity of a person's information.

Documentation is completed so information can be easily shared between workers and others involved in the care of an older person. The information must be complete, factual and easy to locate when required. For this reason, there are organisational, and sometimes legal, requirements about who completes documentation, when it is to be completed and how and where it is stored. Regardless of your workplace, you will find that there are systems used to manage information. These systems cover the naming of documents and files as well as the way the documents are filed.

Store documentation

Privacy laws demand that an agency has valid reasons for collecting, storing and disseminating information about individuals. There are also various guidelines on file retention times. There may also be times when additional information is required to meet new standards. For example, when privacy legislation was introduced, community services providers had to get existing and new people to sign consent to disclose information forms. If they did not do this, it would be illegal for them to share this information with other agencies.

Below are examples of the different types of information and storage protocols.

Legislation and standards

Information about legislation and standards is stored as a reference to the obligations of the organisation and its workers, and to ensure currency and accessibility of this information.

In some organisations this information is stored within policy documents. It may also be displayed visually (for example, summary posters) to increase accessibility.

Other agencies

Information about other agencies is stored as a reference for the organisation and its workers, and to ensure currency and accessibility of information about other services so it can be disseminated or accessed as required.

This information may be filed or stored electronically. It is not confidential so does not have to be locked or password protected.

Policies and procedures

Organisational policies and procedures are stored as a reference to the obligations of the organisation and its workers, and to ensure information about policies and procedures is accessible and up to date.

This information may be in hard copy and provided to staff. In some organisations, policies and procedures are only available electronically to ensure the most recent records are used.

Individual files and information

An individual's files and information are stored so a plan can be developed and implemented to meet individual needs, and to meet duty-of-care and other legal requirements.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.

Staff information

A staff member's files and information are stored so the human resources department can have a record of the contact details in case of emergency and for payroll and leave requirements. A record of qualifications, certifications and other requirements will be stored.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.

File and secure information

You must always follow organisational procedures for filing information to ensure it is not lost and can be readily retrieved by authorised personnel. An older person's information should always be kept in safe and secure areas. It is common to store hard-copy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to individuals and other members of the public.



Many community agencies use electronic systems that allow users to input all personal details, referrals, assessments and progress notes directly to a personal database. Other types of documents such as incident reports, safety checklists and time sheets may also be stored electronically. These systems may be password-protected, which limits access to authorised staff only and protects the privacy of the person accessing the service. You should avoid logging on for another staff member and always log off when leaving the computer.

Complete documentation and reports

Many of the documents, reports and records completed by support workers are considered a legal record of the support provided to clients and the ways in which an organisation manages matters such as workplace health and safety and infection control. Most government-funded organisations undergo regular audit evaluation with records examined to ensure work is being carried out to the appropriate standard. In aged care, this is known as accreditation. Documentation is a significant part of the assessment process along with observation and interview.

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 an older person and a funding agency may require reports of seclusion or restraint to be made weekly.

Documentation can be used to keep a record of changes, communicate to others involved in providing care and help supervisors and support workers develop a care plan that better addresses the older person's changing needs.

Your organisation will have standard procedures for completing documentation:

- ▶ on intake
- ▶ when developing care plans
- ▶ when providing care
- ▶ when consulting with others
- ▶ when reporting incidents and accidents.

Remain objective when reporting information

Ensure your documentation is objective and factual. 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, ensuring that individuals are described in ways that are not affected by judgments, stereotypes, assumptions or opinions.



Confidentiality of an older person's records must be maintained when writing notes or reports.

Disclosure of confidential information

There are some instances in which you are permitted to disclose information as part of your duties. For example, if the person is being referred on for medical treatment, the hospital, specialist or doctor needs to know the person's history, allergies and personal details. You must always obtain the person's informed consent before you disclose confidential information to a third party.

Here are some situations where you may be required to disclose confidential information.

When you may need to disclose private or confidential information

- ▶ You are compelled by law (for example, if the person has a reportable disease or the information is requested by a court of law).
- ▶ A person's interests require disclosure and there is a serious risk that justifies breaching confidentiality; for example, risk of suicide, self-harm or harm to others.
- ▶ There is a duty to the public (for example, there is public threat or concern).
- ▶ The person has consented to the disclosure.

Maintain documentation and reports

Recording and documenting work is an ongoing task. Many actions that are recorded happen repeatedly, but must be recorded each time. Documentation should not be allowed to get out of date, but should be completed as the work is done to prevent errors or omissions. It could be required at any time by other support workers, by your supervisor, other health professionals, and government agencies or for legal proceedings.

Your workplace has procedures and guidelines about how and when documentation is to be maintained.

Operational reports may include funding reports, reports regarding supplies and equipment, annual reports, business plans, staff performance appraisals and complaints, and financial forms. If you forget to complete paperwork, there may be significant consequences later on in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

Sample documents to be maintained relating an older person's health status:

- ▶ Risk assessments
- ▶ Progress notes
- ▶ Incident reports
- ▶ Workplace health and safety records
- ▶ Emergency contact information

Example

Complete, maintain and store all relevant documentation and reports

The following outlines the type of documentation that will be referred to or included on an older person's care plan or electronic file.

Personal information forms

A personal information form is completed the first time a client uses a service. The basic information about the older person can include:

- ▶ first name, middle name and last name
- ▶ address
- ▶ telephone number
- ▶ date of birth
- ▶ Medicare number
- ▶ emergency contact details
- ▶ details of medical conditions, allergies and medication.

Health assessments

Initial health assessment is used to identify physical, psychological, emotional and cultural needs. Health assessment may include:

- ▶ health questionnaires and tools to assess functions; for example, falls assessment
- ▶ cognitive function questionnaires
- ▶ intake interviews.

Case documentation

Case documentation may include:

- ▶ medical records
- ▶ progress notes
- ▶ test results
- ▶ completed questionnaires
- ▶ completed assessment tools
- ▶ service delivery plans
- ▶ records of client feedback
- ▶ consent to disclose information forms.

This information can be used to develop an understanding of the progress of the older person's general condition or provide an insight into changes in their health condition that may put them at greater risk. This information can also be used to find out what has and has not worked for the client.

Medical reports

Medical reports often help assess a client's needs, sometimes summarising the results of complex testing in plain language. This is an effective and efficient way of accessing a wide range of information about a person's physical and mental health, the types of test used, the results of tests, diagnosis and prognosis.

Incident reports

All support workers have workplace health and safety responsibilities; communicating with others about risks is part of these responsibilities. Recording a health issue, fall or near miss is essential in making improvements to workplace or home safety to minimise hazards or risks.

Practice task 23

1. Briefly describe where you may be required to disclose information as part of your duties.

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2. Describe the risk if information is not updated on a person's progress notes or care plan in a timely manner.

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3. Provide a list of sample documents you may find on a person's care plan.

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[Click to complete Practice task 23](#)

Summary

1. A support worker has an obligation to ensure the safety and wellbeing of the older person when monitoring risk minimisation strategies.
2. Risk minimisation strategies are re-assessed for effectiveness and can result in changes to the program to ensure the strategies are meeting the older person's care needs and preferences.
3. Collaboration and communication between the support worker, the older person, their carer and the extended health professional team involved in the care of the person is imperative for the evaluation of services to identify if they are adequate and effective.
4. The paid carer or family member supporting the older person should be encouraged in the service they provide. The support worker has a role to ensure the carer is managing the care of the older person, contributes to the planning and outcomes of a risk minimisation strategy and is looking after their own health and wellbeing.
5. The integrity of a person's information is critical to their care and can be used to identify and keep a record of client needs and the steps taken to meet those needs.
6. Information must be stored confidentially and according to legislation and organisational policy and procedures.

4. Explain who you would share information with and why you should provide feedback gathered from an assessment?

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5. How will you monitor and assess a risk minimisation strategy with the older person and their carer?

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6. When providing feedback received from an older person and their carer to stakeholders involved in the older person's care, how would you do this effectively?

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7. When completing, maintaining and storing relevant documentation and reports for an older person, explain your responsibilities to ensure privacy, dignity and confidentiality of the older person are maintained.

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8. Explain the importance of documenting information in an older person's progress notes or care plan.

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Part B

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

Case study

Heather is an older person living in a nursing home. Several strategies have been implemented to reduce her risk of falling, such as minimising the amount of furniture in her room and showing her how to use the hand rails when walking in the corridor; however, she has recently had two falls.

Heather's GP conducts a risk assessment and writes to the facility providing a diagnosis of depression. This condition puts Heather at increased risk of falling, especially when she is confused.

The registered nurse places the letter from Heather's doctor in her personal file and discusses the situation with the support workers involved with Heather's care.

The registered nurse writes up the information on the electronic care plan and the case notes to reflect the changes in Heather's condition. She also liaises with other health professionals to provide care outside her scope of practice and organises a care plan meeting. She then updates Heather's records to reflect the change in Heather's condition.

In addition, she informs others involved in Heather's care at a care plan meeting. She also arranges a meeting with Heather and the case coordinator, where she explains to her how depression can increase a person's risk of falling.

1. What are the immediate concerns for Heather's health and wellbeing?

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2. Describe the possible indicators that Heather's risk of falling have increased and the possible reasons for this.

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3. Explain the importance and purpose of documenting information in a timely manner.

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4. Explain how you will maintain Heather’s confidentiality when making a report.

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5. Suggest how you would ensure that information stored about Heather is maintained and up-to-date.

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