CHCAGE001
Facilitate the empowerment of older people

Release 1

Learner guide

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learning resources

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Learner guide

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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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Contents

Before you begin

This learner guide is based on the unit of competency *CHCAGE001 Facilitate the empowerment of older people*, 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	▶ 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	▶ 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	▶ 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	▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ 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	▶ 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	▶ 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	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ 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	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwor	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome

Innovation and creation	▶ Recognising opportunities to develop and apply new ideas
	▶ Generating ideas by thinking of new ways to do something
	▶ Making suggestions to improve work
Technology and digital literacy	▶ 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 Develop relationships	1A Conduct interpersonal exchanges to promote empowerment	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Respect social, cultural and spiritual differences	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Maintain confidentiality and privacy	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Identify physical and social enablers and disablers	☐ Confident ☐ Basic understanding ☐ Not confident
	1E Share responsibility for better health outcomes and quality of life	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Provide services	2A Identify and discuss services that empower the person	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Support the person to express their own identity and preferences	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Adjust services to meet specific needs	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
	2D Provide services according to organisation policies, procedures and duty of care	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 3 Support the rights of older people	3A Assist the person to understand their rights and the complaints mechanisms	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Deliver services ensuring the rights of the person are upheld	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Identify breaches of human rights and respond appropriately	☐ Confident ☐ Basic understanding ☐ Not confident
	3D Recognise signs of abuse or neglect	☐ Confident ☐ Basic understanding ☐ Not confident
	3E Assist the person to access other support services and the complaints mechanisms	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 4 Promote health and reablement of older people	4A Encourage the older person to engage as actively as possible in all living activities	☐ Confident ☐ Basic understanding ☐ Not confident
	4B Assist the older person to recognise the impact of ageing	☐ Confident ☐ Basic understanding ☐ Not confident
	4C Identify strategies and opportunities that maximise engagement	☐ Confident ☐ Basic understanding ☐ Not confident
	4D Identify and utilise aids and modifications to assist with independent living	☐ Confident ☐ Basic understanding ☐ Not confident
	4E Discuss situations of risk or potential risk associated with ageing	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A Conduct interpersonal exchanges to promote empowerment

1B Respect social, cultural and spiritual differences

1C Maintain confidentiality and privacy

1D Identify physical and social enablers and disablers

1E Share responsibility for better health outcomes and quality of life

Develop relationships

Australia's population is ageing and we have a high percentage of people requiring services to help them remain living as independently as possible. Service models continue to change and improve so the person in receipt of services can maintain control over their own life. Even people who may be in the latter stages of dementia, or have an acquired brain injury, are encouraged to make decisions and choices about what they wish to participate in. How you interact with people with care needs has an impact on their health and wellbeing, as well as their overall quality of life.

1A Conduct interpersonal exchanges to promote empowerment

Have you thought about how you would like to be treated when you reach the point of needing assistance? How would you like people to address you? What control would you like to have over your own life? Your responses to these questions may help you realise the importance of treating people with care needs in ways you would like to be treated yourself; that is, with dignity and respect.

Develop rapport

You may like to use certain micro skills to develop rapport. In his book *People Skills*, Gerard Egan outlines some micro skills that have proven successful in developing rapport with others. He uses the acronym SOLER, which stands for the processes to use. Here is what SOLER stands for.

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S	O	L	E	R
Sit or stand SQUARELY to the person – usually at a 5 o'clock position so as not to startle them.	Use an OPEN posture at all times to ensure you do not set up any physical barriers to communication. For example, don't cross your arms.	LEAN slightly toward the person to show you are interested and engaged in the conversation with them.	Maintain appropriate EYE contact. You will need to consider any cultural needs here. For example, you would make less eye contact with an Indigenous Australian person.	Take a RELAXED approach. If you are relaxed, then the other person will be as well.

Interpersonal exchanges

A combination of strategies will help you to support the person to become more empowered. Here are some examples of approaches.

Person-centred

Support workers can promote empowerment by adopting a person-centred approach when they support individuals. This means ensuring the service meets the person's needs. People in receipt of support services have the authority to make decisions about their own lives.

CDC

Consumer directed care (CDC) enables people to make decisions about their own care. In the past, service providers often made these decisions.

Non-discriminatory

Discrimination means unfairly making decisions based on your own ideas about groups of people. This type of treatment is disempowering. Services and workers cannot discriminate against people in receipt of services. They must treat everyone fairly and equally.

Listening

When you communicate with an individual, one of the most important skills to possess is that of active listening. Try to ensure the environment has minimal distractions and that you both have time to talk. As a support worker, you must learn to listen not just with your ears but also with your eyes and with your heart. Remember, people with care needs have a long history of not being heard. To hear what they are saying, you need to put your own opinions aside and see things though their eyes.

The following listening strategies may help:

▶ Face the person you are listening to, if it is culturally acceptable.

▶ Observe their body language.

▶ Be patient and don't interrupt.

▶ Don't finish their sentences for them.

▶ Don't assume you know what they are going to say.

▶ Repeat things back to them to make it clear you understand.

▶ Summarise the points they make.

▶ Ask the person to repeat things if you don't understand.

▶ Give information based on fact. Don't give opinions.

Self-determination

Part of your role is to facilitate the empowerment of people by fostering self-determination. Self-determination means people have the right and ability to choose and control their own quality of life, their own objectives and goals and the right to participate in decisions about the services they receive. People must have the right and capacity to direct their lives wherever possible.

Here is more information about self-determination.

Self-determination includes:

▶ understanding your own preferences

▶ acknowledging your own strengths and needs

▶ evaluating a situation

▶ setting goals and solving issues.

Make choices

Older people want to, and should be able to, make choices for themselves in the same way others in the community do. These choices relate to how they live their lives and what is important to them. Australian legislation is designed to eliminate discrimination and promote equality, acceptance and recognition of people with care needs.

As a support worker, you have a key role to play in helping people gain the quality of life they deserve by developing good working relationships, giving support and encouraging them to think and act independently.

Empowerment

You can't 'give' empowerment to a person. Your role is to provide information, resources and support in a way that enables the person to become empowered. How you interact with the person also helps support the person to become more empowered. Here are some other ways to support people to become empowered.

Empowering strategies

People in control of their needs

Services should always assess the person's needs through consultation. This includes clarifying what the person can and can't do and understanding what the person would like from a service.

Flexibility

In service provision, this refers to providing services to meet the person's needs at a time and place that suits them and adapting to changes in their needs.

Help people stay in control

Services must make sure the person and/or their advocate understand all the choices available to them. They should outline the fees/costs, the services and their responsibilities. There should be no surprises or pressure for people to take on particular types of support.

Consultation

When you work within an empowerment model you need to use consultative processes. You can help affirm a person's preferences by consulting them regularly about the tasks you do to support them.

Questions to demonstrate a consultative process:

▶ Would you prefer to shower at night or in the morning?

▶ What would you like me to do first?

▶ Which sheets would you like on the bed?

▶ Do you like your tea weak or strong?

▶ Would you prefer your tea in a cup or mug?

▶ Do you like your hair washed under the shower or at the hand-basin?

Information strategies

People with care needs may tell you they are having trouble with something. They may ask you how they can get help with something. You may be able to assist them through your own service. If not, you need to inform them of where they can obtain further information and support. You may already know of other services that can help or you may need to ask your supervisor.

Here are some strategies for informing people with support needs.

Information strategies	
Print brochures in other languages.	Re-write the information so it is easy to understand.
Print material in large print.	Ask questions to ensure the information is understood.
Record material onto a CD.	Provide information more than once.
Use an interpreter.	Answer questions.
Explain the information in person.	

Flexible care

Another important component of supporting people to become more empowered is to ensure services are flexible and responsive to need. Flexible care can refer to services provided in a range of settings, as well as to provision of support at a time that suits the person. In aged care there are three main types of flexible care: transition care, multi-purpose services and innovative care.

You can read more about flexible care at the following site:

▶ http://aspirelr.link/aged-care-overview

Respond to situations of risk

While on the one hand you need to provide appropriate care to meet the person's needs, treat them with respect and maintain their right to privacy, on the other you have a responsibility to ensure no harm comes to them during the provision of care. You must ensure you identify risks or potential risks. How you do this, needs to be balanced with ensuring the person's independence is not lost. This could lead to the person feeling disempowered. Ensure you use effective communication strategies with the person when responding to situations of risk. You will also need to follow your organisation's policies and procedures.

Example

Promote empowerment

Shirley recently moved into an aged care home after her husband, to whom she was married for 65 years, passed away. She misses her husband for a number of reasons and in particular because he used to handle all the money matters and always paid the bills. Shirley becomes distressed because she has received a phone bill and has never had to pay one before.

Jason is a personal care worker at the aged care home and knows he could just as easily take the bill and money over the road to the local post office and pay the bill for Shirley, but realises this is not a very empowering solution. In fact, this action could set up a dependency in that he or his colleagues pay all future bills for Shirley.

Jason organises with the lifestyle team for a volunteer to escort Shirley across the road and support her through the process of paying her own phone bill. While they are out, Shirley and the volunteer have a coffee at a café. Shirley remarks, with a smile, that this is the first time she has paid a bill and it will certainly not be the last! The volunteer notes Shirley's increased confidence at being able to manage her own bills.

Practice task 1

1. What strategies can you use to develop a trusting relationship with a person with care needs?

2. What strategies can you use to assist a person in receipt of services to become more empowered?

3. What is meant by flexible care in aged care?

4. Why do you need to identify and address risks or potential risks?

Click to complete Practice task 1

1B Respect social, cultural and spiritual differences

Services must provide support to a variety of people with different views and from different backgrounds, races, religions and cultures. The care you give must always be of the same standard. It should not be better or worse for one person compared with another. The support you give must change to allow for different needs but this does not mean giving a different standard of care.

Values, attitudes and beliefs

How you demonstrate respect for others is often based on the values, attitudes and beliefs you hold. How often do you stop to really think about how you formed your values, attitudes and beliefs? Why do you believe what you believe? Are your beliefs still true for you today as they were some years ago? Obviously family, culture, religious groups, peers, colleagues and so forth have helped you to develop your thoughts about things. However, we don't all share the same values and, as a support worker, you are required to ensure your values and beliefs do not impact negatively on the way you provide support.

Individual differences

The people you support will differ in terms of their financial status, social background, sexual preference, religion and ethnicity; for example, Australian, Fijian, Croatian or Pakistani.

You may provide support to people who speak languages other than English. These people are often referred to as culturally and linguistically diverse (CALD). Australia also has Aboriginal or Torres Strait Islander people. These people are indigenous to Australia and may also speak a language other than English. Services should meet the cultural needs of both CALD people and Indigenous Australians.

Here is an example of strategies you can use to support people from CALD and Aboriginal or Torres Strait Islander backgrounds.

Learn about the cultures and languages in the local areas the person has come from. **Knowledge**	**Information** Ensure brochures are available in languages other than English and use interpreting services for people who need them.
Ask people from what they want from the service and then implement strategies to meet their needs. **Consultation**	**Promotion** Promote services through cultural or ethnic groups and show how services can meet their needs.

Spirituality and religion

Some people in receipt of care will state they belong to a religious group while others may say they are more spiritual. Some people may say they are spiritual but not religious – they see the two as being very different. Yet another person may say they see religion and spirituality as the same thing.

It is important to understand the difference so you can target your support appropriately. Here is some more information on the differences.

Spirituality and religion

Religion – based on a particular set of beliefs and teachings as determined through specific religions; for example, the Catholic, Buddhist or Islamic faiths. Generally, religions have a code of ethics that followers adhere to.

Spirituality – more of a set of philosophical beliefs. Spirituality is viewed as a way to connect with the universe and search for meaning in life and doesn't necessary agree with religious teachings. People who claim to be spiritual rather than religious may also practise meditation.

Diverse relationships

People live in different types of relationships. Some people live in heterosexual relationships (between a male and a female), while others live in same-sex (gay or lesbian) or bisexual relationships. As a support worker, you may work with people living in same-sex or bisexual relationships or have lived in such relationships in the past. You need to provide the same quality of service to everyone. You must respect their living situations and choices, and provide support that meets their needs.

Discrimination legislation

Australia has laws that protect the rights of people. Some of these laws are about making sure things are equal. Here are some examples of how laws guide our practice.

Age Discrimination Act 2004 (Cth)

This legislation aims to:
- ▶ stop discrimination based on age
- ▶ protect everyone's legal rights regardless of their age
- ▶ help others understand that everyone has the same rights
- ▶ remove barriers that stop older people from joining in work activities and being part of society
- ▶ remove stereotypes and false beliefs about older people.

Racial Discrimination Act 1975 (Cth)

This legislation aims to:

- promote equality before the law for everyone, regardless of their race, colour or ethnic origin
- make discrimination against people on the basis of their race, colour, descent or national or ethnic origin unlawful.

Sexual Discrimination Act 1984 (Cth)

This legislation aims to:

- prevent discrimination based on gender or marital status
- prevent sexual harassment.

Example

Respect social, cultural and spiritual differences

A lifestyle worker has received some verbal complaints from a number of women living at a supported accommodation service. Mostly their concerns were about the lack of activities that focus just on women and their shared interests, even though there are several men's and combined gender activities already running. They point out that the men have a 'secret men's business' group that meet weekly, where men talk to other men about their life experiences and share stories about the war, the footy and tell a joke or two that they wouldn't usually share with everyone.

After meeting with the women and listening to what they want, the lifestyle worker sets up a weekly Wise Women's Program. The program provides a forum for women to discuss a range of topics. One week they speak about their experiences in working for equality and the next, about how disempowered they felt in their relationships when they were younger and expected to play a specific social and cultural role. At other meetings they discuss the joys of motherhood and being a grandmother.

The lifestyle worker recognises and respects that the women have different needs regarding their social and cultural experiences and is able to successfully meet their needs in this instance.

Practice task 2

1. Why do you need to clarify your own values, attitudes and beliefs?

2. How do you ensure you provide quality services to people who live in same-sex relationships?

3. What are two pieces of legislation that protect the rights of people?

4. How can you ensure you meet people's social, cultural and spiritual needs?

Click to complete Practice task 2

1C Maintain confidentiality and privacy

Workplaces develop their policies and procedures based on government legislation and program guidelines. All support workers need to be aware of the information and rules for helping them work within the guidelines and support people with care needs in the right way. You should know where the written policies and procedures are kept and how you can access them.

Here is an example of what workplace policies and protocols generally include.

Policies and protocols
Work safely and correctly.
Work ethically.
Maintain the rights of the individual with support needs.
Know employee and employer responsibilities.
Work within a culturally diverse environment.
Respond to breaches of laws or guidelines.

Workplace policies

Policies tell you how work is done and why things are done in a certain way. They give you guidance and tell you how your employer and supervisor expect you to do your work.

You must follow the policies of your workplace. Remember, policies have been written to make your job easier. They guide you in how to do your work and help you make decisions about the right thing to do. They are there to protect you in difficult situations.

Here are examples of workplace policies:

- Privacy and confidentiality
- Work health and safety
- Manual handling or no-lift
- Transport
- Use of own vehicle
- Money handling

Workplace procedures

Procedures explain the steps to take to complete tasks. They may be simple lists of instructions that are used every day. They may tell you how to act in a situation. Procedures often link closely with policies. You may notice a policy has a reference to a procedure. This tells you that you should read the policy and the procedure together. For example, the work health and safety (WHS) policy may refer to the procedure for reporting an accident. Procedures will also refer to forms that may need to be completed; for example, care plan, hazard identification, leave form or complaints/feedback form.

Here are some examples of procedures you may find in a workplace.

Procedures	
Disposal of sharps	Aids and equipment
Hazard identification or near misses	Use of work cars
How and when to make file notes	Petty cash procedures

What the law says about privacy

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

To meet privacy laws, aged care workers should understand:

▶ what information may be collected from the person with care needs

▶ how it will be collected

▶ how it will be recorded and stored securely

▶ how it can be reported

▶ when it is necessary to obtain the person's consent to share their information.

Collection, use and storage of information

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

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.

Privacy, confidentiality and disclosure

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

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

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

Example

Confidentiality and privacy

Theo lives in his own home in a small town where he and his former wife settled just three years earlier. His former wife (of six years) left him last year, deciding to return to the city to be close to her children from her first marriage. Theo is 84 and very frail. He receives support from the local home and community services. A worker attends to help Theo out of bed, shower and dress each day. The worker notices that Theo is becoming more and more despondent with each visit. Theo is very sad and tells the worker that his wife left him because he had not been honest with her. He tells the worker that he had been living a double life by seeing a male partner each week and his wife had found out about it. Theo explains that his ex-partner had recently died and he felt that his own life has deteriorated so much, that he is thinking of just ending it all.

The worker realises that Theo is at risk of harming himself, so after he has finished his duties, he phones his supervisor from his car. The worker keeps the other information private and confidential, knowing that once support arrives, Theo may choose whether to retell his full story or not.

Sometimes workers learn private information about those they support. Regardless of whether the person with care needs states that the information is confidential or not, workers should never betray the confidences unless someone is at risk and the information is relevant.

Practice task 3

1. Why do you need to follow workplace policies?

2. What documents support policies?

3. Why should you maintain confidentiality?

Click to complete Practice task 3

1D Identify physical and social enablers and disablers

As people age, or acquire limiting conditions, physical changes can result in the person either reducing or eliminating the activities they once enjoyed. Reduced social activity can result in a loss of confidence. Once people limit their interactive activities, they can become socially isolated and their physical health can decrease. Services have a legal responsibility to develop plans in conjunction with the person with care needs and, where relevant, family members and/or their advocate. These plans focus on the person's holistic needs (social, spiritual, physical, cognitive and emotional) and how the organisation will meet these needs.

Reablement

The term reablement refers to processes put in place to reduce the risk of unnecessary decline. The aim of reablement is to encourage, promote and assist people to continue to be socially, physically and recreationally active, thus reducing or removing the need for long-term ongoing or premature support. Your role is to ensure you do not unnecessarily set up further dependencies by doing tasks the person is still able to do. For example, you may be very busy and trying to get through all the support tasks. Instead of allowing time for the person to complete the tasks they can do for themselves, you do the task for them – to save time. What you are actually doing is setting up a dependency. This is very disempowering and can lead to a higher level of care than would otherwise be needed. Your role is to look at how you (and other parts of the service system) can work to support people to remain as independent as possible.

Advocacy support

Advocates can support a person with care needs to address barriers or disablers to remaining actively involved in the community. Individuals who act on behalf of the person in an advocacy role can be a family member, a friend or a concerned community member such as a neighbour. You, as a support worker, may also advocate on behalf of a person with care needs to address barriers impeding their access to social and recreational networks. Confidential, free advocacy services are available specifically for people in receipt of services.

You can read more about advocacy services at the following sites:

▶ http://aspirelr.link/advocacy-services-aged-care
▶ http://aspirelr.link/vcoss-disability-advocacy-support

Social and recreational preferences

Having good social and recreational networks can help prevent barriers that negatively affect a person's health and wellbeing. Social and recreational networks promote resilience, or the ability to bounce back. It provides people with something to look forward to and opportunities for keeping their mind and body active.

Here are some examples of other benefits that come from social and recreational networks.

Benefits
Maintain quality of life
Participate in meaningful activities
Have a sense of purpose
Feel connected and valued
Have the opportunity for continued contribution
Learn from others
Access support

Importance of social and recreational networks

Social and recreational activities give people a sense of purpose, fulfil their need to interact with others and may give them a sense of joy. People who are isolated miss out on these opportunities and their health and wellbeing may suffer.

Understanding a person's emotional, psychological, physical, spiritual and cultural needs, as well as having knowledge of their community, may help you understand their social and recreational preferences. This knowledge can be used to help the person expand their social and recreational networks. Here is an outline of how social and recreational networks may vary for different living situations.

Social and recreational networks for different living situations

1 **Aged care homes**
Ageing in place has resulted in people not having to move from one level of care to another; for example, hostel to nursing level. The level of support in an aged care home may range from minimal through to full support with all daily living tasks.

Programs can be offered in-house or out in the community.

2 **Independent units**
Includes people living in independent units attached to an aged care home or a support service. Sometimes staff support these people as part of their community program.

Programs can be offered in the person's own home or in the community.

3 **Living in the broader community**
People may live in supported accommodation, share accommodation, with family or on their own in a retirement village or the community. Generic social and recreational programs in the community can be accessed or programs provided by a range of other services.

Types of networks

Networks are groups of people or contacts that provide people with advice, information and support. People in receipt of services may also want to access other networks that include advocates, carers, clergy, counsellors and support organisations.

Examples of networks include:

▶ family groups

▶ work groups

▶ sport and other recreational groups

▶ age-related groups

▶ community centres, community welfare groups and support groups

▶ veterans associations

▶ voluntary organisations

▶ ethnic or religious associations.

Purpose of networks

It is important to understand the purpose of social and recreational networking. People may want to join a network for a number of reasons, such as those listed here.

Reasons for participating in networks
Develop new friendships
Learn new skills
Find out about something
Further develop or maintain their fitness and/or flexibility
Strengthen their family ties
Further improve or maintain their communication skills

People's preferences and requirements

Networks offer opportunities for social interaction and physical activity. A network must be selected carefully to ensure the person gains the maximum benefit from their participation. One of the first things a support worker must do is identify the person's interests. This allows you to look for networks, programs or groups that will be of interest to them.

Here are some other points to consider.

Consultation

You must always consult the person and be directed by them. Don't have your own ideas about what the person may or may not be interested in doing.

Listen actively

Listen to what the person is saying. Listen to their words and tone of voice, and watch their body language. Clarify what the person says to ensure you hear and understand what they mean.

Person-centred approach

Sometimes other staff may pressure you to link the person with care needs into an activity they think would benefit the person. Again, stay focused on person-centred and consumer directed practice when assisting the person to identify their preference.

Clarify the person's interest

All people in receipt of services must have a support plan of some description in place. These are sometimes known by different names but all do the same thing. For example, a care plan, individualised plan or respite plan. However, as people's interests and needs change, if the plan hasn't been updated, you will need to look for other information to help you identify their interests.

Here are some suggestions to help you identify a person's interests.

Working in the community

- ▶ The first step is to always ask the person.
- ▶ Read the initial assessment form to identify the person's medical condition and their identified physical, social, spiritual, cognitive and emotional needs.
- ▶ Read the person's file notes to identify their likes, dislikes and preferences.
- ▶ Read their plan.
- ▶ Where relevant, talk with the person's family members.

Working in an aged care home

- ▶ Ask the resident.
- ▶ Check the lifestyle section of the care plan.
- ▶ Read the initial assessment.
- ▶ Go through the program evaluation notes.
- ▶ Read the resident's file.
- ▶ Where relevant, talk with the person's family members.

Help the person develop social networks

A support worker must ensure the person in receipt of services has every possible chance to develop their social networks. To do this you must firstly help the person identify their interests, abilities and requirements, then plan and implement the various activities. As a support worker, you need to use your knowledge of the options, networks, services and opportunities available in the community and match them to the person.

Here are some ways you can find out what options, networks and services are available.

Accessing social networks

Team meetings

Often other team members will have ideas that can help you.

Ask questions and keep notes.

Discuss team members' experiences with various networks.

Subscriptions

You can subscribe to agency mailing lists.

Industry publications can provide information on coming events.

Websites

State and local government departments often have calendars of events that may be accessed online.

Conferences and seminars

Aged care has industry-specific conferences that are well worth attending annually. These conferences showcase a range of initiatives around social programs for older people.

Industry networks

Some services are involved with like services in a geographic area and meet regularly. These networks can also provide further information on social networks in the area.

Other services

Organisations such as the local neighbourhood centres, community health centres, churches and spiritual centres.

Advocacy groups

Depending on which state you are in, there are advocacy or aged care interest groups that focus on getting better outcomes for older people. Some of these will have information on social networks and research the benefits to older people.

Help the person participate in recreation

Clubs and interest groups, sporting clubs and recreational groups are an important way to connect the whole community. For people with care needs, involvement in these groups helps to break down barriers and may give meaning and purpose to their lives. Some sporting and recreational groups cater specifically for people with care needs, including those with a disability of some kind.

Here are examples of the main types of recreational activities available to people with care needs.

Mostly provided in the community and open to anyone. For example, bowling, croquet, modified sailing, kayaking, swimming or water aerobics.

Community recreational groups

Provided as a home support program. For example, crafts, gardening, sharing meals and morning and afternoon tea, bus drives, picnics and visiting open gardens. People must meet eligibility criteria to access these programs.

Planned activity groups

Delivered in aged care homes and community settings. Provide modified activities to enable participation. For example, knitting, drama, singing, cooking, board games, physical activities such as carpet bowls or dancing.

Lifestyle programs

Mostly accessed in the broader community. For example, men's sheds, historical societies, theatre groups, book clubs, exercise groups, walking groups or fishing groups.

Special interest groups

Other networks

People in receipt of support services may be part of, or wish to be part of, other groups such as a church or service organisations like Probus. They may wish to further their education through an institution such as the University of the Third Age.

Community centres also have learning centres, culturally specific community centres, and cooperatives. These centres are designed to strengthen the community by reducing isolation and allowing people to meet others and establish friendships. This can be of great benefit to people who may otherwise have little contact with the community.

Example

Identify physical and social enablers and disablers

Roger is a renowned artist who taught in the fine arts department at the local university. He and his wife were recently assessed by the aged care assessment service and move into an aged care home. Roger dislikes associating with others in the home and refuses to eat in the dining room, preferring to eat his meals in his room. He also doesn't participate in any of the activities/programs on offer. His wife's room is on a different floor, which he said suits him just fine. Roger is supported by staff to visit his wife whenever he wants to.

Staff are concerned that Roger is socially isolated and not getting any physical exercise at all. Staff also know that one personal care worker, James, studied art under Roger. So, using his established relationship, James has a chat with Roger about him remaining in his room all the time. Roger talks about how he misses his old life and that he just feels like he has been dumped in the home to wait until he dies.

James asks Roger if he would be interested in showing some of his art, and when Roger agrees, with assistance from other team members, James organises an art appreciation afternoon enabling Roger to talk about art to the other residents. After the talk, a couple of residents, who are also keen artists, ask Roger if he would like to join them for their morning chats, which often focus on art.

Identifying the social disabler enabled staff not only to address issues of social isolation, but also to meet Roger's needs.

Practice task 4

1. In what ways do people with care needs benefit from participation in social and recreational activities?

2. What are three examples of social and/or recreational enablers?

Click to complete Practice task 4

1E Share responsibility for better health outcomes and quality of life

Person-directed care relies on both the service provider and the person in receipt of services sharing the responsibility for support needs. This model also relies on services being provided in a way that enables the person the opportunity for self-determination. It encompasses the values of dignity, respect and freedom of choice.

When there is shared responsibility for care, it is important that staff do not disregard the person's choices, although their health and wellbeing still needs to be considered. For example, if a person wishes to stay in bed most days, this needs to be balanced with medical needs such as ensuring they don't remain in the same position, resulting in ulcers or bed sores.

Informed decision-making

Once the person in receipt of services has the relevant information, they are more likely to be able to make an informed decision about their own needs. People and/or their advocates need information about service choices. It can be difficult to understand the range of services offered. People and/or their advocates may ask a support worker for information about other services. They may want to talk about their choices. As a support worker, you need to make sure people find the information they need.

Provide information

In some workplaces, giving information is part of your job. Make sure you know the rules about providing information to people in receipt of your services. The way you give the information is important. It is easy for people to get confused. It is easy to give too much information at once.

Here are some ways to give information to people with care needs.

Giving information
Start by talking to them about their needs.
Tell them about the services you know about.
Write down the names and phone numbers of services for them.
Give them brochures or printed information about services.
If the person is unable to phone people themselves, you may phone the services for them (with permission from your supervisor and the individual and/or their advocate).

Protect people's rights

Support workers are in a good position to notice when a person's rights are not protected because they are in direct contact with them. As a support worker, you can see when things have changed or if the person is sad or upset. These things may be clues that something is not right.

Watch for changes

▶ Listen to the person. Ask questions and be willing to fix problems. By doing this, you may notice when something is wrong. Workers who rush may miss things. All workplaces get busy and you may not always have the time for long talks. However, being busy does not excuse poor-quality care.

Deal with issues

▶ Make the most of your time with each person. If there is an issue that you do not have time to deal with straight away, make a plan to talk about it next time you see the person. If you do not have time to talk about the issue at all, make sure you report it to your supervisor, the person's family or a colleague. Do not ignore the problem.

Uphold rights

Sometimes people's rights are not upheld, which is a very disempowering situation. It is your responsibility, as part of your work role, to uphold people's rights.

Examples of when people's rights are not upheld

▶ They may not have been given all the information they need to make choices about their lives.

▶ They may have had their personal information given out without their permission.

▶ They may have been refused support because of their race, religion or sexual preference.

▶ They may have had support withdrawn because they made a complaint.

▶ They may be dressed in their room without the door being closed.

Report breaches of rights

If a person's rights are not upheld, it is your job to report this. There are a number of people you can call on for assistance. Who you choose to report to may depend on how serious the situation is.

Protecting rights

Team members

- ▶ Can give you some advice about what to do next.
- ▶ May have experienced a similar problem before.
- ▶ Can talk to your supervisor with you.

Your supervisor

- ▶ Can deal with the problem themselves.
- ▶ Can to refer the problem to someone who can help.

Senior management

- ▶ Can help or to refer to someone who can.
- ▶ Have links with other agencies that can help.
- ▶ Can liaise with your supervisor.

Carer and/or family member

- ▶ Can give you more information.
- ▶ Know when something is upsetting the person.

Note: remember to seek permission from your supervisor before you talk to family members.

Health workers

- ▶ Examples are doctors, nurses, counsellors and physiotherapists.
- ▶ Can help the person if the problem is to do with health care or treatments.

Note: remember to seek permission from your supervisor before you talk to a health worker.

Police

Can help if the breach of the person's rights is against the law; for example, physical or sexual abuse or the person is in danger of harm or injury.

State-based elder rights advocacies

▶ Can provide advice about rights and responsibilities.

▶ Can assist with complaints.

▶ Can provide information and education sessions.

▶ Can promote community awareness of the rights of service recipients.

Complaint schemes

Several schemes are available through the federal and various state and territory governments to enable a person and/or their advocate to raise concerns about the quality of care provided by a service.

You can read more about the complaint schemes at the following sites:

▶ http://aspirelr.link/aged-care-complaints

▶ http://aspirelr.link/national-mental-health-commission

▶ http://aspirelr.link/human-rights-complaint-guides

How to report

You need to be aware of how to report issues when a person's rights have been breached. Your workplace will have policies and procedures that you should follow when reporting an issue or if you are unsure, check with your supervisor.

Reports

Report verbally

In your workplace, all issues related to breaches of a person's rights need to be reported verbally to the supervisor. They are usually the best person to talk to first. They can give you advice about what to do. If your supervisor is unavailable, another supervisor or senior manager may be able to help.

Report in person

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

Report in writing

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

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

Verbal reports

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

Examples of the information you may need to record:

▶ Details (facts) of what occurred

▶ Information of where the incident took place

▶ Date and time and who was involved

▶ Action taken by you or someone else

Written reports

Case notes, progress notes, communication books and incident reports are written reports. Each workplace may have its own style and preferred way of communicating information.

Here is an example of what a written report should contain.

Aspects of written reports
Your full name
Your place of work
Date and time the issue presented
Date and time the report was made
Action you took
Action taken by anyone else
Details of what happened or what the issue is
Facts rather than just your ideas, views or thoughts

Example

Shared responsibility for better health

Joyce recently moved into an aged care home. The admissions officer, Carol, knows Joyce from previous church functions and thinks she is difficult to get along with. Jenny is new to working in aged care and notices that Joyce often doesn't attend program activities. Jenny asks Joyce if she can meet with her, to get to know her.

A few weeks' later, the Carol notices Joyce getting involved in the programs, and she asks Jenny how she managed to get Joyce to attend. Jenny explains that during her discussion with Joyce, she realised that Joyce was having difficulty hearing her. She asked Joyce if she had a hearing aid and when Joyce said no, Jenny asked Joyce if she thought she may have a hearing problem. Joyce agreed to make an appointment with her doctor to get her hearing checked.

Once Joyce has a new hearing aid, she can hear and understand what people are saying to her. Joyce can also hear about the programs that are on each day, and starts to attend them.

With both Joyce and Jenny taking responsibility to address the issue, positive outcomes are experienced by all.

Practice task 5

1. How can you ensure a person in receipt of services takes shared responsibility for their health and wellbeing?

2. How can you uphold a person's rights?

Click to complete Practice task 5

Summary

1. How you interact with people with support needs has an impact on their health and wellbeing, as well as their overall quality of life. Developing trusting relationships with the individual is an important part of providing quality care.

2. We all have our own views and values. They affect how we behave, how we get along with others and our work. It's important to be aware of our own views and values and how these may impact on provision of quality services.

3. Everyone is different. You need to have a positive attitude that helps you treat each person as an individual. Help other workers who hold stereotypes about people with care needs to change their attitude.

4. Interests and activities are important for all people. Support workers should encourage and help people in receipt of services to continue with their hobbies and interests.

5. People who use the service can change the way it runs. They do this by making choices. Your role is to ensure the individual has all the necessary information to enable them to make informed decisions.

6. People all age differently. Some will remain physically active. Others need medical care for a long time. It is important to think about the different needs people have when you are supporting them.

7. A support worker must ensure the person with care needs has every possible chance to develop their social and recreational networks. To do this you must firstly assist the person to identify their interests, abilities and requirements, then plan and implement the various activities.

Learning checkpoint 1
Develop relationships

This learning checkpoint allows you to review your skills and knowledge in developing relationships with older people.

Part A

As a support worker, you need to understand the issues facing older people. Explain or demonstrate what you would do in the following situations.

1. An older woman has recently moved into the aged care home where you work. What strategies will you use to develop a relationship with her?

2. How does self-determination assist in empowering older people?

3. What strategies can you use to ensure an older person who speaks a language other than English feels supported?

4. Why is maintaining privacy and confidentiality crucial to providing services to older people?

5. Why is it important to identify social and recreational disablers (barriers) for older people in receipt of care?

6. How can workers encourage older people to take shared responsibility for their health and wellbeing?

7. Why do workers need to have shared responsibility for care

Part B

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

1. What could be the disabler in this situation? Provide at least two examples.

2. What do you need to do about the issue?

Topic 2

In this topic you will learn how to:

2A Identify and discuss services that empower the person

2B Support the person to express their own identity and preferences

2C Adjust services to meet specific needs

2D Provide services according to organisation policies, procedures and duty of care

Provide services

Many Australians receive support services. These services allow people to live as independently as possible. Some services are provided in the community, either in the person's own home or shared residences and supported accommodation, while others are supported in congregate care such as aged care homes. If you are working in the community sector, you must be familiar with services and programs that can support people with care needs. It is important that you understand what these programs are, why they are provided, what they do and who they are for. It helps to know how the program you work in is similar to or different from other programs.

2A Identify and discuss services that empower the person

People have different levels of need depending on frailty, disability, illness and/or degenerative conditions. Services provide support to help people live as independently as possible, by working to empower them to maintain control over their own lives. Services can be provided in the community, in specific accommodation services, through programs or via individualised funding that enables the person to buy in whatever services they require.

Empowerment

The concept of empowerment is widely used in community services work. It describes strategies that encourage people to be active participants in choosing the services they receive and having input about decisions that affect them. Empowerment gives people a sense of control over their own lives so they are not just passively receiving services, but making decisions about what they do and do not want.

In cases where an individual is not able to make decisions for themselves, service providers must consult their advocate, legal guardian or significant others (such as family members or carers) with regard to choices.

Service system

There are many different funded programs and services that operate to empower people with support needs. It is important that you understand what these programs are, why they are provided, what they do and who they are for. It helps to know how the program you work in is similar to or different from other programs. Programs change and funding is sometimes redirected by governments. Keeping up to date with what the service system can provide is something you need to continually work on. You can get further information for your state or territory from the information provided here.

Australian Capital Territory	http://aspirelr.link/community-services-actgov
	http://aspirelr.link/government-directory-act
New South Wales	http://aspirelr.link/community-services-nsw
	http://aspirelr.link/family-and-community-services-nsw
Northern Territory	http://aspirelr.link/health-nt
	http://aspirelr.link/housing-nt
Queensland	http://aspirelr.link/community-services-qld
	http://aspirelr.link/community-groups-qld
South Australia	http://aspirelr.link/community-organisations-sa
	http://aspirelr.link/sa-community

Tasmania	http://aspirelr.link/services-tas
	http://aspirelr.link/government-organisations-tas
Victoria	http://aspirelr.link/community-directories-vic
	http://aspirelr.link/service-seeker
Western Australia	http://aspirelr.link/dlgc-wa
	http://aspirelr.link/dss-vulnerable-people

Home support program

Many Australians receive home support. These services allow people to be independent and continue to live in their own homes. From July 2015, the Australian Government implemented a new service delivery model – the Commonwealth Home Support Programme (CHSP) – which aims to provide services to frail older people as a first step to keeping them living in their own homes for longer. Older people needing more assistance can apply for support through the home care package program or subsidised residential aged care.

The CHSP consolidates a range of previous funded programs:

▶ Commonwealth Home and Community Care Program (HACC)

▶ National Respite for Carers Program (NRCP)

▶ Day Therapy Centres (DTC) Program

▶ Assistance with Care and Housing for the Aged (ACHA) program

Sub-programmes of Home Support

The CHSP has four sub-programmes. Here is more information about them.

Aims to provide entry-level support to frail older people to remain living at home.

Community and home support

Aims to maintain the carer relationship through provision of respite to give the primary carer a break.

Care relationships and carers support

Aims to support and develop the aged care service system to keep people living in the community for as long as possible.

Service system development

Aims to support vulnerable people to remain living in the community through accessing accommodation and support services.

Assistance with care and housing

Community and home support

This CHSP subprogram targets frail older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander peoples) who need help with daily living to remain living independently.

Services offered under this program:

- Meals
- Other food services
- Transport
- Domestic assistance
- Personal care
- Home maintenance

- Home modifications
- Social support – individually focused
- Social support – group based
- Nursing
- Allied health and therapy services
- Goods, equipment and assistive technologies

Care relationships and carer support

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

Types of services offered under this sub-programme include the following.

Care relationships and carer support

Flexible respite

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

Centre-based respite

Day respite, residential day respite and community access group respite
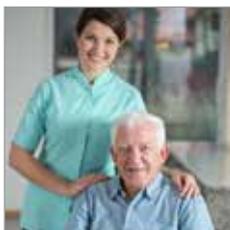
Cottage respite

Overnight community-based respite

Assistance with care and housing

The target group for this CHSP sub-programme is low-income people aged 50 years and over who are either homeless or at risk of homelessness. At the time of publication, this program was not available to people in Western Australia and Victoria.

You can read more about the CHSP and assistance with care and housing at the following site:

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

Service system development

The target group for this sub-programme is grant recipients under the CHSP and their client base. The aim is to support the development of the community aged care service system to help meet the aims of the programme and broader aged care system. The service types funded under this sub-programme include sector support and development activities.

Home care packages

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

Here is more information on what consumer directed care or CDC means.

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

Aged care homes

You may be providing support to people who, because of frailty or illness, reside in an aged care home. This service is also based on a wellness model. That is, you need to ensure you do not create further dependencies by 'doing for' people what they can manage to do themselves or with some assistance. Doing tasks for the person not only creates dependencies, but also disempowers the person, reduces their skills and abilities and increases the cost of care required.

You can read more about aged care homes and the services they offer at the following site:

▶ http://aspirelr.link/my-aged-care

Advocacy services

Another service that supports the empowerment of people is advocacy. Advocacy is when a service or person works on behalf of an individual or group of people, to ensure their rights are not diminished through the decisions and actions of others.

Each state and territory has an advocacy service dedicated to supporting people in receipt of aged care and disability services. My Aged Care provides information about advocacy services for older people. The National Disability Advocacy Program (NDAP) provides a range of advocacy services to support people with disabilities. The program is guided by the National Disability Advocacy Framework.

You can read more about these services at the following sites:

▶ http://aspirelr.link/advocacy-services-aged-care
▶ http://aspirelr.link/ndap

Example

Services that empower

Lesley is an older woman who has always loved cooking. Recently her eyesight has deteriorated to the point where she can no longer see the controls on the hotplates or oven in her kitchen. She can no longer see whether the gas is lit or not. She cannot read her recipe books or the labels on packets.

Lesley needs help with meal preparation. She needs support to cook. It is not safe for her to cook in a kitchen when she cannot see if things are hot or the ingredients are correct. To empower Lesley to live as independently as possible and to have control over her own life, the service provides:

▶ large-print recipe books

▶ recorded recipe books

▶ braille lessons

▶ food labels and stove switches in braille

▶ utensils and equipment to make Lesley's tasks easier to perform.

Practice task 6

1. What is empowerment?

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    .

    .

2. Why is it important to work to empower people with support needs?

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    .

3. What services can support people to become more empowered? List at least three.

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    .

    .

    .

    .

    .

Click to complete Practice task 6

2B Support the person to express their own identity and preferences

People have different ideas about getting older. Some people see it as a bad or negative thing, while others are more positive. As a support worker, you can help people to be positive about ageing. You can encourage older people to enjoy things and help them stay in touch with people who make them happy. You need to recognise older people as individuals and reduce false beliefs about older people.

Myths about older people

Myths are stories or ideas that are not true. There are lots of myths about older people. While some of these myths may be true for some older people, they are not true for all. Older people are all different. Myths about older people are not helpful. Often older people become invisible because of myths. People don't acknowledge them. If you believe the myths, then this will affect your ability to develop trusting relationships with older people. You will also be likely to assume that older people are weak and feeble and be less likely to support them to become empowered.

Here are some myths about older people:

▶ Should not/cannot drive

▶ Forget things – they are confused

▶ Can't learn

▶ Can't use technology

▶ Are asexual

▶ Can't hear very well or understand complex issues

▶ Are constantly tired

▶ Are have similar needs

Stereotyping

A stereotype is a belief or idea about a person or group of people that may or may not be true. Stereotypes are created over time. Sometimes the media (television, magazines and newspapers) create stereotypes by depicting a group of people (such as older people) the same way all the time. If the media depict a particular group of people behaving badly all the time, then some people may believe that all people in this group behave badly. Stereotyping is disempowering.

Stereotyping occurs because people don't check their views and values and the impact they have on their support to people with care needs.

Views and values

We all have different views and values in life. A view is what you think about something. A value is what you think is important. If someone asks you a question, and you say what you think, that is a view. If someone asks you what is important to you, your answer will show your values. Our views and values affect how we behave. They affect how we get along with others and our work. You should understand your own views and values.

Older people also have views and values. Sometimes they will be the same as yours, sometimes they will be different. Not all older people hold the same views or values. However, you should know about some of the values that older people commonly hold.

Your views at work

Sometimes your views may be about little things. These are likely to affect your work or the people around you. Some examples of views that may not affect your work or other people are your favourite colour, what you think about sport, the music you like or your favourite book.

Other views can make a difference to your work. They can affect other people. It is important to recognise when your views and values are stopping you from working according to codes of practice. By constantly reflecting on your work practice, you will soon realise how to change your behaviour so your own values and attitudes do not impact on the person. Here is more information about the impact of your views and thoughts in the workplace.

Views that can affect your work

- ▶ Your opinion on older people smoking cigarettes.
- ▶ Who you think should pay for aged care.
- ▶ What you think family members should do for older people.
- ▶ What you think about older people making choices about their lives.
- ▶ Your opinion on religion.

Your views could affect someone else

- ▶ You can tell if your views upset someone by watching their reaction, listening to what they say, watching what they do and thinking about their views.

Values that may not affect your work

- ▶ Sometimes your values may be about minor things. These may not affect your work or the people around you; for example, your views on the importance of education, what you do on the weekend or the importance of public transport.

Values that could affect someone else

- ▶ Valuing independence; cleanliness; family support and socialising
- ▶ Valuing these things may affect how you think about those who do not hold the same values. People with care needs, other workers or your supervisor may not share your values.
- ▶ You must not let your values affect your work or others. This does not mean changing your values. It means thinking about how they may affect others.

Maintain positive and respectful relationships

Sometimes your views will differ from the person you are supporting. You may not get along with them because your values are very different. You may not think their values are right. You may think they should change their views. If this happens you need to discuss your feelings with your supervisor and discuss strategies for how you can deal with the differences so they do not impact on the quality of care. You need to develop and maintain positive relationships with the people you are supporting. Here are some strategies to help you manage differing values.

Working with people whose views differ from yours
Make a plan that includes some safe topics or things you can talk about that won't upset you or the person with care needs.
Where possible, work in pairs. Another worker can help you talk to the person. They may help you to get along with the person and get your job done.
You could practise what to say and do with the person to prevent conflict.
Learn about the views and values of the people you work with. Find out what they are interested in and try to do things to suit the person with care needs where possible.
Avoid making small unnecessary changes that may potentially upset the person you are supporting.
Discuss any changes you want to make with the individual before making them.

Views and values of older people

Many views and values have to do with where and when someone grew up. Some older people grew up during the war years. They may have strong views on war. They may believe family is very important. They may value being careful with food or money.

Some older people have lived in other countries. Some of their views and values will be influenced by those countries. They may also value a particular religion.

However, not all older people think the same way. Their life experiences will determine what is important to them now. Remember that you are supporting an individual whose views and values may be very different from others you support.

Points to consider about values and views
▶ Understand that religion and family background may influence views.
▶ Don't try to change the views and values of older people.
▶ Accept that older people may have differing views from you.
▶ Try to learn about and understand the older person's views.
▶ Ask what the older person thinks about a topic.

Recognise and deal with ageist attitudes

There is discrimination in many parts of society. This means treating someone unfairly. People discriminate against others for many reasons such as their gender (being male or female), religion, ethnicity, disability, political views and/or age.

Discriminating against older people is called ageism. People who are ageist treat older people a certain way just because they are old. This may mean they are treated unfairly. For example, someone may not allow an older person to participate in a social activity or they may tell them they have to meet special rules.

Many people don't realise that being ageist is wrong. However, we have laws and rules that protect people from discrimination.

Here is information about how ageist attitudes can negatively affect an older person's quality of life.

Family members
▶ Some family members may think the older person can't make their own choices.

Service providers
▶ Personal care workers and/or supervisors who believe they know what is best for the person with care needs and not allow them to participate in making decisions about their care.

Venue operators
▶ Value operators may try to discourage older people from attending their venue by not providing wheelchair access.

Healthcare workers
▶ Healthcare workers may assume they know what is best for the older person.

Spot ageist views

Everyone should be treated fairly even if they are unable to do some things themselves. No-one should assume all older people are the same just because they are old. If we are to encourage people to identify their preferences, we need to ensure issues such as ageism do not impact their self-esteem and ability to make decisions.

You can spot ageist views just by looking at how others deal with older people:

▶ Are they treating the older person fairly?

▶ Are they making unfair assumptions about what an older person can and cannot do?

▶ Would they make the same choice for someone who is not old?

▶ Is the older person being treated differently to others?

What you can do about ageism

You can do a lot to stop ageism. The first step is to see when it happens. The second is to take action. Don't just ignore it. You may be able to talk to the person. Explain that what they are doing is unfair. Explain to them that their behaviour is negatively affecting the person with care needs and stopping them from making their own decisions and choices. Sometimes modelling professional behaviour can work by showing them a different way to behave. You may need some help from others. Here is further information on who may be able to help.

Supervisor

▶ Your supervisor is there to help you with your work. They know the policies of your workplace. They know how to deal with issues. They know the laws and rules about working with older people. Your supervisor is the first person you should ask for help.

Senior managers

▶ Senior managers lead large groups of people. They run large work areas. Your supervisor may report to a senior manager. Senior managers can help with major issues. Your supervisor may ask a senior manager for help.

Other workers or carers

▶ Other workers can help with daily issues. They may have come across similar issues before and know how to fix them. Experienced workers may be able to help you address ageist issues.

▶ An older person's carer may be able to help. Remember, you must make sure you are maintaining the person's privacy at all times. Ask your supervisor what you should do if you are unsure.

Healthcare workers

▶ Healthcare workers may be able to talk to someone who is discriminating against an older person. Healthcare workers can explain the facts about the abilities of the older person (without breaching confidentiality). Having the facts helps to prevent ageism.

Agencies

▶ There are agencies that help prevent discrimination against older people. They may talk to other people for you. They may have brochures, books or videos about ageism.

Police

▶ The police are there to stop people breaking the law and take action if a law is broken. They make sure people are safe. They can give advice. If you think a law has been broken, ask the police for help. You may need to do this through your supervisor. Talk to your supervisor if you think a law has been broken.

Provide encouragement

Some people may think they are a burden to others. They may believe some of the stereotypes and myths about old age. People may become despondent and feel disempowered. At times you will need to encourage people to express their own identity and preferences.

Encourage people to express identity and preferences
Ask them why they feel the way they do. Listen carefully to their response. Don't dismiss their feelings as 'silly'.
Encourage them to look at the different ways they can get assistance.
Explain that getting the support they need means they will remain independent for longer.
Talk to them about the services they may use. Give them time to think about it.
Make sure they know you are not trying to push them into anything. It is a decision they need to make, based on their preferences and when they are ready.

Devaluation and quality of life

Social devaluation is when people feel devalued and feel as though they are being treated less favourably than others. When people feel devalued, it impacts on their quality of life. People need to be treated as a valued member of society. This means recognising that each individual is unique with individual strengths and needs. Here are some strategies you can use to show you value the person.

Valuing others
Use valuing language. Don't refer to the person as their condition or illness. Address them in the way they want to be addressed.
Always recognise the person is the best expert on themselves. If they say they don't 'feel up to it', then don't try and coerce them to be involved.
Acknowledge that people have their own views and values and so long as no harm occurs, it is their right to continue to have those views and values.
Ask them what they want. Ensure the person is making their own choices and decisions and not just doing what they think others want them to do.
Don't refer to a person's 'problems'. This is negative language. Talk about 'issues' rather than 'problems'. Ask them what it is they 'need'.
Ensure your approach is not patronising. Remember, the older person has had more life experience than you and is perhaps far more knowledgeable.
Make sure every interaction is dignified and respectful. You may not agree with the person, but you have a professional obligation to treat them well regardless.

Example

Support people to express their preferences

Mavis resides in her own home in the community. She has always been very independent, so when her arthritis worsens, she becomes a little despondent, believing she will become a burden on others. One of the services she receives is assistance to attend activity programs once a week.

When the worker comes to help her get to the program, Mavis says there was no point in continuing with it. The worker acknowledged Mavis's feelings and ensures her interactions with Mavis are dignified and respectful. The worker askes Mavis why she feels she would be a burden on others. She listens carefully to what Mavis says.

The worker then encourages Mavis to see how important participating in the activity program is to her health and wellbeing. She talks to Mavis about how maintaining social connections can help her continue to live independently. The worker explains that she would never force Mavis to go and that she respects Mavis's decision and will work around her preferences.

After their conversation, Mavis decides that she really does enjoy the group and would prefer to attend the activities for as long as she can.

Practice task 7

1. What is stereotyping?

2. What are myths?

3. How do stereotyping and myths negatively affect services for older people?

4. How can workers be sure that their personal values and attitudes do not negatively affect the person they are supporting?

5. What steps can you take to maintain a positive relationship with people you support?

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6. What is social devaluation?

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7. How does social devaluation affect a person's quality of life?

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8. How can you support a person to express their own identity and preferences?

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Click to complete Practice task 7

2C Adjust services to meet specific needs

Services evolve and adjust to meet people's identified needs. Governments fund services based on legislation, which in turn is based on the philosophies of the day. One philosophy that has moulded service provision and funding is 'ageing in place'.

This assumes that people should be able to remain living in their residence and have the required support to assist them to remain there. Services are required to constantly check on changes to people's needs and if a person's needs increase, services need to look at how they can meet those needs.

Of course there are situations where people's needs may increase beyond the types of support available through their current service and they may then seek other services such as accommodation in congregate care.

Freedom to choose another service or ask for change

Workers in specific services need to listen to the views of people who receive support from them. The workers are required to ask people with care needs about their individual preferences and understand that meeting individual needs is important. When people are unhappy with the support they receive, they can choose to go to another service. Here are some ways to seek feedback so services can make it easy for people to ask for change.

Getting feedback
Informal discussions with the person about how or whether the service is meeting their needs
Questionnaires or surveys to ask people's opinions on services
Meetings with groups of people to ask for feedback
Formal feedback or complaints methods such as forms to complete and follow-up processes by staff

Provide services based on the person's preferences

All people in receipt of services undergo an assessment of needs. The assessment usually identifies and prioritises a person's needs and then transfers them to a plan. This assessment and planning process always includes the person with support needs. Planning around how to meet a person's support needs must be based on the person's preferences.

Some health and community professionals assume they know what is best for the person with care needs. It is important that you always check with the person to ensure the services are actually what they want.

Care or support plans

Care or support plans are updated regularly to ensure they continue to meet the needs of the person. Plans need to be changed when the needs of the person change. For example, a person's mobility may have decreased since the original plan was made, affecting their ability to shop on their own. Generally a meeting is called to discuss the person's needs. This may be requested by the person or their family, or the worker may initiate a meeting.

As a worker you must:

▶ know where to find the person's plan

▶ regularly read the plan

▶ make sure you understand the information in the plan

▶ ask questions if there are details in the plan you do not understand

▶ alert your supervisor if the person's needs change.

Accommodate routines and customs

We all feel more independent and in control of our own lives when we are able to decide what we want to do and how we want to do it. Routines are important because they give us a sense of control in knowing what to expect. Regular social appointments keep connections to friends and family. Customs are important as they help maintain connections with religion or culture. Services must be flexible so they can be changed to fit around the person's routine and their customs.

Best practice service delivery models

Service provision in community services constantly changes as new and innovative service models are developed. New ways of providing services are usually based on changing philosophies. Current best practice is focused on building strengths and capacities so people take a more active role in their own support. Here is some information on current best practice service models.

Best practice

Wellness model

This model focuses on holistic care by meeting people's physical, social, emotional, cognitive, spiritual and cultural needs. The model works on developing a person's capacity by building on their strengths.

Reablement model

This is part of restorative practice and the wellness model. The goal is to build capacity and autonomy through time-limited interventions. It aims to reduce the likelihood of further decline and possible dependence on services.

Strength-based model

This model focuses on what people can do and builds on these skills and strengths. It is a collaborative process between the service provider and person with support needs. Working together results in the person with needs having more control over their support requirements.

Empowerment model

This model focuses on providing people with information, resources and support to build capacity and increase confidence. This in turn enables people to have more control over their own lives and their support needs.

Consumer directed care (CDC)

A person's needs are assessed and a package of care developed. The person is encouraged to direct their own care plan with the service provider; direct how much involvement they want in managing their own package; and make decisions in the types of services they access, how they are delivered and when.

Person-centred practice (PCP)

Places the person at the centre of their own care. PCP builds on person-centred planning. This is where the person or, in instances where the person cannot make sound judgments, their advocate, family and/or primary carer, state what they want their plan to focus on. The plan is driven by the person's goals and aspirations.

Rights model

This model focuses on people being able to access and enjoy the same rights as other people in the community.

How standards support people's preferences

All service providers are legislated to provide services, programs and support according to specific industry standards. This ensures that people with care needs are receiving quality services. Where a service fails to meet the standard, they can lose funding from governments or if the person is a fee-paying care recipient, then the person may decide to take their money to another service provider. Even though each set of standards are specific to industry sectors (aged care, disability, community work), they all have common elements such as the rights of people to have a say in the way services are provided to them. Here is further information on standards and what they cover.

Aged Care Quality Standards

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

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

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

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

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

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

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

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

Disability Service Standards

Standard 1: Rights which focus on freedom of expression, dignity and respect, self-determination, choice and control, confidentiality and privacy

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

Standard 3: Individual outcomes are about people directing their own supports, service planning, collaboration and consultation

Standard 4: Feedback and complaints provide mechanisms for people to make complaints and to have their concerns addressed

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

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

Example

Example: adjust services to meet need

Simon visits Jack twice a week to help him with his shopping and laundry. He has just returned from two weeks' leave. Jack has always seemed very capable of keeping his house and garden tidy, doing his cooking and caring for his little dog, Buddy.

At the end of his first week back from holidays, Simon notices that the same dirty dishes are in the sink two visits in a row. He sees that some of the meat Jack bought on their shopping trips hasn't been cooked. He notices that Buddy hasn't been washed or brushed for a while.

Simon asks Jack, 'Do you need some help with washing Buddy?' Jack responds that he is finding it hard to turn on the taps due to his arthritis.

Simon asks Jack about the activities he can do well. Simon checks the last entries in the communication book in which the other carer had begun to help more with Jack's activities. He makes notes in Jack's communication book regarding current needs and tells Jack he will discuss some options for amending the care plan with his supervisor.

Practice task 8

1. How can you ensure you are providing support based on the person's preferences?

2. Why is it important to adjust services for people with support needs?

3. What tools can help you know what support is required?

4. What are three current best practice models used in aged care?

Click to complete Practice task 8

2D Provide services according to organisation policies, procedures and duty of care

No matter what part of the sector you work in, you are legally and ethically bound by the policies and procedures of your organisation. Policies and procedures ensure quality service is provided, safety is maintained and respect is demonstrated. All policies and procedures are based on relevant legislation and codes of practice. Some of the legislation is common across a number of sectors (work health and safety), while others are specific to a particular cohort or service type (disability, aged care, community care).

Organisational policies and procedures

Workplaces develop their policies and procedures based on government legislation and program guidelines. All aged care support workers need to be aware of the information and rules that will help them work within the guidelines and care for older people in the right way.

All support workers must follow their workplace's policies and procedures. When you start your job, your workplace's policies and the procedures will be explained to you. You should know where the written policies and procedures are kept and how you can access them. If you need help to find or understand them, ask your supervisor. Here is more information about workplace policies and procedures.

Workplace policies and procedures include information about:

▶ working safely and correctly

▶ working ethically

▶ maintaining the rights of people who use the service

▶ knowing employee and employer responsibilities

▶ responding to breaches of laws or guidelines.

Workplace policies

Policies tell you how work is done and why things are done in a certain way. They give you guidance and tell you how your employer and supervisor expect you to do your work.

You must follow the policies of your workplace. Remember, policies have been written to make your job easier. They guide you in how to do your work and help you make decisions about the right thing to do. They are there to give you protection in difficult situations.

Here are some examples of workplace policies:

▶ Privacy and confidentiality

▶ Work health and safety

▶ Manual handling and lifting

▶ Providing transport

▶ Using your own vehicle

▶ Handling money

Workplace procedures

Workplaces have procedures for doing many tasks. Procedures explain the steps to take to complete tasks. They may be simple lists of instructions that are used every day. They may tell you how to act in a situation.

Procedures link closely with policies. You may notice a policy has a reference to a procedure in it. This tells you that you should read the policy and the procedure together. For example, the work health and safety policy may refer to the procedure for reporting an accident.

Here are some examples of procedures.

Example procedures
Making beds
Disposing of sharps
Reporting hazards
Filing information
Using equipment
Using the correct form; for example, a care plan

Codes of conduct, guidelines and practice manuals

The people you support have the same needs, desires and rights as everyone else. The rights of older people, people with disabilities and children are protected under law. You need to be familiar with and understand how the legislation, charters, industry standards, codes of practice and accreditation standards should be applied in your day-to-day duties. If you violate these rights you are breaking the law. Here is more information you need to consider.

Organisational codes of conduct, guidelines and practice manuals

Codes of ethics

Ethics are principles that guide your decisions and actions in a way that ensures you are safeguarding the rights and interests of the people in receipt of your services. Many organisations also have a code of ethics that provides a framework for professional behaviour that promotes high standards.
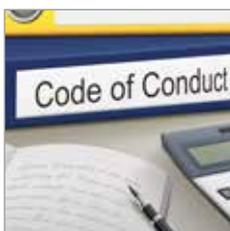
Codes of practice

A code of practice is a set of rules that underpins professional practice and the provision of care. Many organisations have their own code of conduct and some professional bodies have developed guides related to industry sectors. For example, the Australian Community Workers Association (ACWA).

Guidelines

Guidelines are attached to procedures and set the recommendations for best practice when carrying out a particular work task.

Practice manuals

Practice manuals relate to the code of practice and ethical behaviour expected when carrying out your duties.

Duty of care, negligence and dignity of risk

Community services organisations and workers have a responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people. Here is more information about duty of care.

Duty of care

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

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.

Your duty-of-care requirements

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the 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.

If a person wishes to undertake an activity that may be a risk to their health and wellbeing, you must follow the organisation's policies and procedures. Ensure you explain all risks to the person and document that you have done so. If the person's

cognitive processes are intact and they still decide to undertake a risky activity, they have done so by making an informed decision.

Understand policy and programs

Many factors influence how the government makes policies and allocates funding for services that support people with care needs in the community, as well as their families and/or carers. Much depends on the philosophical and policy directions of the government. When governments change, often funding directions will alter.

Here is some information about factors that influence government policies and funding.

Factors that influence policy and funding
Ageing population, which means the government has to plan for future support requirements
Economic factors; for example, funding may be directed to community care rather than residential care because it is less expensive
Greater life expectancy due to advances in medical treatments and research, resulting in people surviving accidents and illnesses and therefore requiring support
Availability of family and carer support for people living in their own homes – where carer support is not available more government funding is needed
Policy directions, such as ageing in place, which means certain programs and supported accommodation options are partially or fully funded by governments
Funding changes, such as individual support packages that empower people with care needs to purchase their preferred service – which then affects direct service funding

Legal considerations and human rights

The Australian Human Rights Commission was established in 1986 to oversee the various pieces of legislation aiming to protect human rights and relating to anti-discrimination, social justice and privacy. Here is more information on protecting human rights.

Protecting human rights

Privacy

The *Privacy Act 1988* (Cth) outlines the legal rights of people to access their own records. Each state and territory has laws and regulations regarding the collection, content, storage and availability of these records. Documentation about a person, such as progress notes or an incident report, are legal documents and must be collected and archived according to your workplace's policies and procedures. These documents should only be shared on a 'need to know' basis for effective service provision.

Confidentiality

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.

Disclosure

Exceptional circumstances that do enable you to disclose private information are only when you become aware that someone may be harmed.

Discrimination

Workplaces must promote equality for everyone. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, or political or religious beliefs. Discrimination legislation includes the following:

▶ *Age Discrimination Act 2004* (Cth)

▶ *Racial Discrimination Act 1975* (Cth)

▶ *Sex Discrimination Act 1984* (Cth)

▶ *Equal Opportunity for Women in the Workplace Act* 1999 (Cth)

▶ *Disability Discrimination Act 1992* (Cth)

Understand your work role

Your job or position description will be given to you when you apply for your job, or when you start work. It outlines the main tasks you are responsible for and who you report to. It should explain how, where and when you need to work. You need a good understanding of your role. You will also undergo an orientation to your work role, which will provide further information about what is expected of you. Here is some more information about your work role for you to consider.

Keep to your work role

Sometimes you may be asked to do things that are not part of your duties. If you do them, you are working outside your job role. If it is not clear what your duties are in your job description, make sure you ask. You may need to check with your supervisor or look up a policy or procedure. You could also ask a more experienced colleague for information. It is always better to ask questions and make sure you are doing the right thing.

Explain your role

If you find out that the task is not something you are meant to do, you need to explain this to the person you are supporting. Be polite but firm. Explain that your job involves certain tasks. Be clear about what you can do to help them. Often there is a very good reason for not doing certain tasks as part of your role.

Work health and safety

Your organisation will have policies and procedures in place to ensure you have safe working conditions. There will also be policies and procedures to guide you in providing services to people safely. Being safe means being free from harm, injury, danger or risk. Here are some ways you can ensure you and the person you support remain safe.

Health and safety

The person you support should be made aware of their environment and how to keep it safe. For example, encourage the person to think about where they keep things in their room so they are accessible, and to ensure walkways are clear.

Make sure you are aware of your workplace's policies and procedures about identifying and dealing with hazards. There will be processes for communicating risks to all staff. Processes also ensure hazards are tracked from the moment they are identified to the time they are addressed.

Perform safety checks

Most workplaces have procedures for doing regular safety checks of a person's home. This means checking things like appliances, equipment, flooring, surfaces and furniture to make sure they are safe. When you start your job, you will receive information about how you should do this. Essentially, you need to look around the person's home or the aged care home and become aware of things that may cause injury or harm. For example, when walking around a person's home and garden, check for uneven or slippery surfaces. For electrical items, you may need to arrange for a qualified electrician to check equipment. You need to report the hazard to your supervisor straight away if there is a risk the hazard will cause immediate injury or harm.

Report and address hazards

After you have identified a hazard, you must do something about it. You need to make the hazard as safe as possible; for example, unplug and put away a dangerous appliance, dry a slippery floor or move a piece of furniture or equipment if you can do so safely.

When reporting a hazard, you may need to complete an incident or hazard form that describes the situation and lists the actions that need to be taken to fix it. There are many different types of hazard report forms. Become familiar with those used in your organisation.

Example

Follow policies and procedures

Carrie works for a home care service, providing support to a range of people with various conditions. Carrie is very friendly and has developed great relationships with all the people she supports. One day Mrs Tycoon asks Carrie if she could do a little favour for her and clean the venetian blinds. She has specifically bought a strong cleaner that she thinks will move the grime.

Carrie thinks she could never say 'no' to the people she supports, so she begins cleaning the blinds. Unfortunately, the chair Carrie is standing on breaks, and Carrie falls. She dislocates her knee and the bucket with the cleaning fluid spills on her. The cleaner causes a red mark on her leg, which the doctor later tells her is caused by a form of acid.

Although she feels she had been doing the right thing, Carrie is given a written warning for:

▶ not following workplace policies and procedures

▶ working outside her job role

▶ putting herself at risk

▶ putting the person she was supporting at risk.

Practice task 9

1. What are policies and why should you know them?

2. What are procedures and how do they help you do your job?

3. What is a code of practice?

4. What is discrimination?

5. What is duty of care?

6. What is negligence?

7. Why is dignity of risk an important component of supporting a person?

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8. Who oversees the provision of services to uphold human rights?

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9. How can you ensure you maintain a person's privacy and confidentiality?

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10. When is it legally permissible to disclose a person's private information?

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11. Why is it important to work within your job role?

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12. What does work health and safety mean when providing services?

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Click to complete Practice task 9

Summary

1. People in receipt of support should always be encouraged and supported to exercise their right to make choices about decisions that affect them.

2. It is important to consult with significant people in the person's life if they are unable to make decisions for themselves or need support to do so.

3. In any job or role in a home care environment, there is a basic level of care you are expected to provide. This is known as your duty of care and means you must do your work in a safe way that maintains the dignity, privacy, confidentiality and independence of the person.

4. Your duty of care is outlined in your job description, organisational guidelines and legislation.

5. The Australian Government is committed to a philosophy of ageing in place, which gives people the help they need to stay at home.

6. Older people want to receive enough assistance to stay in their own homes for as long as possible and want services according to their preferences.

Learning checkpoint 2
Provide services

This learning checkpoint allows you to review your skills and knowledge in providing services.

Part A

1. The concept of empowerment is widely used in community services work. It describes strategies that encourage people to be active participants in choosing the services they receive and having input about decisions that affect them. Why is empowerment an important aspect of service provision?

2. What should you do in situations where people are unable to make their own decisions?

3. There are many different funded programs and services that operate in the sector that work to empower people. What are two types of services or programs that can be provided to older people and how do they assist them to remain in control of their own lives?

4. How can support workers help older people view ageing more positively?

5. Many views and values held by older people have to do with where and when someone grew up and their life experiences. What do you need to consider when supporting people whose views and values differ from your own?

6. How does social devaluation affect the health and wellbeing of an older person?

7. How can you encourage older people to express their own identity and preferences for services or support?

8. Current best practice models are focused on building people's capacities. Using the table provided give an explanation of the aims of each of the models.

Best practice model	Aims
Wellness model	
Reablement model	
Strength-based model	
Empowerment model	

Consumer directed care (CDC)	
Person-centred practice (PCP)	
Rights model	

9. How must organisations adjust their services to meet people's needs?

Part B

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

Case study

Robbie is a home support worker at a day-activity program. The program provides activities and cares for 15 people with dementia each day. Sometimes, participants try to leave the program building and make their way home during the day. If they did leave, it is very likely they would be lost or injured. Dementia causes memory loss and confusion, which means the person can no longer make judgments about whether an action is safe or not. In order to make sure people with dementia are unable to leave the building without staff knowing, the doors can only be opened by pressing a four-number code into a keypad at the door.

One day, when Robbie arrives at work, he notices the door is not locking properly and can be pushed open from the inside. This means anyone could push it open and walk out. He thinks about reporting it but decides the other staff already in the building would have also noticed and reported the faulty lock. He starts his work and soon forgets the door.

When it is time to sit down for lunch, the program coordinator realises that Mrs Reid is missing. A search reveals that she is not in the building. Her family and the police are called.

1. In what way did Robbie breach his duty of care?

2. What was the result of this breach of duty of care?

3. What should Robbie have done?

Part C

1. Workplaces must promote equality for everyone. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs. What are two Acts that promote equality?

2. Many organisations have their own code of practice and some professional bodies have developed guides related to industry sectors. How do codes of practice guide our work?

3. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk. What does 'dignity of risk' mean in terms of supporting a person?

4. Organisations will have policies and procedures in place to ensure safe working conditions and to guide the provision of care and support. How can you ensure the person you support remains safe?

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5. Organisations are required to provide services in ways that protect people's human rights. Give two examples of how organisations can do this.

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6. How can you find out what your work role responsibilities are?

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Topic 3

In this topic you will learn how to:

3A Assist the person to understand their rights and the complaints mechanisms

3B Deliver services ensuring the rights of the person are upheld

3C Identify breaches of human rights and respond appropriately

3D Recognise signs of abuse or neglect

3E Assist the person to access other support services and the complaints mechanisms

Support the rights of older people

There are many kinds of rights. Some are covered in laws. Some are in guidelines. Some are in workplace policies and procedures. You should know the main areas where people and their advocates have rights so you can support them to uphold their rights.

New approaches to service provision are based on building people's capacities and strengths so they have control over their own lives.

3A Assist the person to understand their rights and the complaints mechanisms

Everyone has rights that are part of living in our society. Infringing someone's rights means stopping them doing things that are their right to do, such as stopping them from leaving their home or from seeing their friends and joining in activities.

In community services, people in receipt of services have a set of rights and responsibilities. Here is further information about rights.

Residential aged care

▶ People who receive support through aged care homes have rights and responsibilities outlined in the Charter of Care Recipient's Rights and Responsibilities. These rights are mandated under the *Aged Care Act 1997* (Cth).

Home care

▶ People who receive support in the community have rights and responsibilities outlined in the Charter of Care Recipient's Rights and Responsibilities – Home Care.

▶ These rights are mandated under the *Aged Care Act 1997* (Cth).

Disability services

▶ People who receive support through disability and community services have rights and responsibilities outlined in the Convention on the Rights of Persons with Disabilities.

▶ These rights are set out under the core international human rights treaties. People protected by these rights meet the eligibility criteria of 'disability' as per the *Disability Discrimination Act 1992* (Cth).

United Nations principles

Australia is a member of the United Nations (UN) and as such, accepts the obligations outlined in its charter. The Australian Human Rights Commission promotes the protection of human rights based on the UN principles. Regardless of whether a person receives support through aged care or disability services, they are entitled to the following.

United Nations principles

Independence

Access to:

▶ food, water, shelter, clothing and health care

▶ education

▶ a safe environment.

The opportunity to:

▶ earn an income and to decide the age they will stop working

▶ remain living at home as long as possible.

Participation

▶ Participate in society and policies that affect them directly.

▶ Serve the community as volunteers.

▶ Form movements and associations.

Care

Access to:

▶ family and community care and protection

▶ health care to build physical, mental and emotional capacity

▶ social and legal services

▶ appropriate levels of institutional care

▶ the opportunity to enjoy human rights and fundamental freedoms.

Self-fulfilment

▶ The right to pursue opportunities for the full development of their potential.

▶ Access to the educational, cultural, spiritual and recreational resources of society.

Dignity

The right to:

▶ live in dignity and security

▶ be free of exploitation and physical/mental abuse

▶ be treated fairly regardless of age, gender, race, ethnicity, disability and financial status.

Rights and responsibilities

Legal obligations are attached to many rights such as access rights and the right to services, health care and education. Along with the rights outlined in the UN principles, the Australian Government has also legislated for people's rights and these are expressed in service standards. Each organisation also has a legal responsibility to ensure people using their services receive a copy of their rights and responsibilities. Here is an overview of rights for people in receipt of services.

Rights of people with disabilities

▶ Respect for the individual that includes right to privacy and confidentiality, safety, equality and to be part of a family

▶ Community inclusion, which includes the right to live independently, to work and obtain an education, and to good health care

▶ Right to access public spaces and services, to vote, to be treated as any other person and to take equal part in the arts, sport and leisure.

Rights of older people

▶ Privacy and confidentiality – the right to have personal information kept private and secure

▶ Dignity – the right to be treated with dignity and respect

▶ Freedom of association – the right to meet with and talk to anyone they choose

▶ Informed choice – the right to be provided with information to make informed decisions

▶ Complaints – the right to be able to make a complaint and have the complaint addressed

▶ Freedom of speech – the right to express their ideas and views

▶ Standard of care – the right to expect to receive a standard of care

Help people with their rights

As a support worker, you need to understand the rights of people you support and work in a way that supports their rights and keeps them or their advocate informed. Needs and rights can fall into four broad categories: freedom of choice; access to services; personal safety and security; and access to rights protection and legal remedies.

People have the right to speak for themselves and determine their own needs. However, you may need to assist them to express their needs to you. For example, if they have communication or speech difficulties you should provide communication aids or use alternative communication strategies. When working with people from culturally and linguistically diverse (CALD) backgrounds, you may need to provide information in a language other than English or organise for an interpreter.

Your workplace may have brochures or information you can give to the person and/or their advocates. Refer people to your supervisor for further assistance if you need to.

Statements of rights and responsibilities

Statements of rights and responsibilities detail what people can expect from the services they are accessing in terms of their rights being upheld. The statement also outlines what their responsibilities are.

Residential care

The Charter of Care Recipients' Rights and Responsibilities – Residential Care outline the rights and responsibilities for people residing in aged care homes.

Home care

The Charter of Care Recipients' Rights and Responsibilities for Home Care outline the rights and responsibilities for people receiving support at home.

Charters

All people in receipt of aged care services have a right to be treated well and given high-quality care. All aged care service providers must uphold people's rights and provide services according to the Charter of Care Recipients' Rights and Responsibilities – Residential Care and the Charter of Care Recipients' Rights and Responsibilities for Home Care.

You can read more about the charters of rights for people in receipt of aged care support at the following sites:

▶ http://aspirelr.link/rights-responsibilities-residential-care

▶ http://aspirelr.link/rights-responsibilities-home-care

Complaints mechanisms

Using effective communication, feedback and observation allows you to help people express their concerns about their care or daily lives. All organisations must have a feedback process where people can freely voice their comments, complaints or concerns.

If people in receipt of aged care services feel they haven't had their complaint dealt with, they can access the aged care complaints scheme.

You can read more about the aged care complaints scheme at the following site:

▶ http://aspirelr.link/aged-care-complaints-commissioner

Example	**Rights and the complaints mechanisms**
	A person residing in an aged care home has made a complaint that staff often enter his room without knocking. The support worker follows up the details with the person and discusses the issue with the supervisor. To ensure the correct procedure is followed, the supervisor directs the support worker to assist the resident to fill out a complaints form. This ensures a process for addressing the resident's concerns is managed according to the quality improvement system within the organisation. The facility manager reminds all staff that this is the person's home and that they must always knock before entering a resident's room. A diversional therapist helps the person make a friendly reminder sign for the door of his room.

Practice task 10

1. People in receipt of services have rights and responsibilities. What are three rights for people in receipt of aged care services?

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2. What sources of information can help you assist a person to determine if their rights are being upheld? List at least three.

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3. How can people make a complaint if they are unhappy with the services being provided?

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Click to complete Practice task 10

3B Deliver services ensuring the rights of the person are upheld

Following the policies and procedures of your organisation, and working in a dignified and respectful manner, make up only part of your responsibilities. You must always ensure that the support you provide upholds people's rights.

In aged care, both facility and community-based services use service models aimed at protecting and enhancing people's rights.

Rights-based approach

As services evolve to provide support to people with care needs, their models of service delivery continue to strengthen support for people's rights and quality of life. The rights-based approach was initiated in the disability sector in the late 1970s and is based on social role valorisation (SRV) or normalisation.

The rights-based approach focuses on people being able to access and enjoy the same rights as other people in the community.

Here are some examples of how a rights-based approach applies in practice.

Rights in practice
Opportunities to participate in elections; that is, assistance to get to the voting booth
Not being woken early to accommodate staff working schedules; that is, sleeping in to a time that suits the person
Having meals routines that suit the person and not according to staff work schedules
Opportunities to celebrate milestones such as birthdays
The right to develop relationships and express sexuality

Person-centred practice

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

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

Consumer directed care (CDC)

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

In aged care, CDC is used in conjunction with programs such as home care packages. Here is information on how it works:

How consumer directed care works

More say in the type of services, how they are delivered and by whom

Direct own care plan with the service provider – based on own goals

Direct how much involvement you want in managing the package

Involved in monitoring and reviewing their own package of care

Empowerment

As a professional in the community services sector, you should use an empowerment approach to support people. Empowerment refers to a state that people arrive at, which sees them take control of their own lives. A large number of people in receipt of support services are often vulnerable because of their care needs and the myths and stereotyping that occurs.

Your approach to your work should always be based on trying to 'do yourself out of a job'. Don't worry – this will never actually happen. If your focus is to provide information, resources and support to help people 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.

Disempowerment

Disempowerment in community services relates to acting in ways that demoralise the person being supported and the ultimate decline of their human rights. Working in such a way says more about the worker: they may feel a personal lack of power and so to feel good about themselves, they take power from others. On the other hand, disempowerment can be caused through ignorance. A worker may believe they are doing the best they can for a person by doing everything for them. In fact this approach is just as disempowering because it leads to further dependencies, a lack of control for the person being supported and their rights not being upheld. Here are some tips to help workers develop an empowerment approach to their work practice.

Reflect on your practice

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

Empathise

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

Find a mentor

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

Reablement

Reablement is part of restorative practice and the wellness approach to providing services in aged care. The focus is on providing time-limited interventions to re-establish the person's abilities such as daily living activities and connections within their community. It aims to reduce the likelihood of further decline and possible dependence on services. Here is more information about reablement.

Old approaches to care

Goal was to support the person to maintain skills

Usually ongoing support

Expected the person to continue to decline

Results in dependency on the service system

Reablement

Goal is to build capacity and autonomy

Time-limited interventions

Expects the person to get 'back on their feet'

Results in remaining independent longer

Reablement strategies

Reablement approaches won't necessary suit every older person requiring support; for example, people with degenerative diseases such as Parkinson's disease. However it can support those people who may have been discharged from hospital after an illness, to help them regain the abilities they had prior to being ill. It also suits those people who are committed to improving their situation by building skills and capacity to get back to doing what they could before, and to remain independent. Reablement strategies rely on five core elements to the approach.

Reablement

Goal-orientated care planning

This strategy includes the person taking a more active role in deciding what goals they want to aim for to enable them to gain their skills and reconnect with their community.

Multi-dimensional assessment

This strategy takes a holistic view of the person's needs (cognitive, physical, emotional, cultural and social). It measures the outcomes of skills development programs.

Multi-disciplinary approach

This strategy ensures that people relevant to successful outcomes are part of the support team. For example, support staff, nurses, physiotherapists, occupational therapists, brokered services and service partnerships.

Evidence-based generic interventions

This strategy's interventions are based on common issues where evidence has shown the interventions work for everyone. For example, goals around managing medication, mobility, falls prevention etc.

Time-limited programs

Research suggests that the most successful reablement programs are time limited from 6 to 12 months.

Determine if rights are being upheld

When assisting people to determine if their rights are being upheld, you must first understand their personal, civil, legal and consumer rights. If you are unsure about a care recipient's rights relating to a specific work area, talk to your supervisor or consult a specialist in that area.

Here is where you can obtain further information when supporting people to determine if their rights have been upheld.

Information can be sourced from:

▶ your organisation's policy and procedure documents

▶ your organisation's charter of residents' rights and responsibilities

▶ legislation, regulations, standards and guidelines that govern specific issues

▶ the Australian Human Rights Commission

▶ the Office of the Public Advocate

▶ the National Aged Care Advocacy Program (NACAP)

▶ legal advice services

▶ consumer rights services.

Example

Deliver services to uphold rights

Sean is 65, non-ambulant and has a mild acquired brain injury as a result of a bad car accident some years ago. Sean receives daily support at home to get in and out of bed, shower and dress. The service also supports Sean to get to a couple of activities in the community each week. At one activity, Sean starts flirting with a woman who is also attending, and the woman responds by flirting back. Later, as Sean is leaving, he and his worker are told by one of the activity organisers that Sean will not be allowed to return to the activity because of his behaviour. The organiser states that it is obvious that Sean is in no position to have a relationship with the woman, and he doesn't want those 'shenanigans' upsetting other group members.

Sean's support worker discusses the situation with Sean and reminds him of his rights. Sean has every right to develop a relationship with someone who wants to have a relationship with him. Sean's support worker gathers information for Sean so that the following week, when they go to the activity, Sean can let the activity organiser know that it is his right to participate in the activity; to develop meaningful relationships; and to be treated fairly and respectfully.

Practice task 11

1. What is a rights-based approach?

2. What is person-centred practice (PCP) and how does it enhance the person's rights?

3. What is consumer directed care?

4. How does an empowerment approach support people's rights?

5. How does a disempowering approach affect a person's human rights?

6. How does reablement support people to remain living independently?

7. What reablement strategies support people to remain living independently?

8. Where can you get further information when supporting people to determine if their rights have been upheld?

Click to complete Practice task 11

3C Identify breaches of human rights and respond appropriately

Our society is based on the acknowledgment that everyone has basic human rights. These rights are afforded to everyone regardless of age, cultural background, gender, sexual preference, income or religion. Everyone has the right to be treated equally, fairly and with respect.

People in receipt of services must know and understand their rights so they can determine when their rights are not being met or are being infringed. Older people and people with disabilities may be subject to abuse and discrimination if they are not aware of their rights.

Initially, people in receipt of services should be assisted to represent themselves, their rights and their needs. This is called self-advocacy and empowers the individual to take control of their own life, needs and decisions. Some people may need assistance to self-advocate and establish their preferred options. Rights are determined and upheld by a variety of sources that include laws, regulations, standards, policies and charters.

Report breaches

If you believe a person in receipt of support has had their rights breached, you must report this. Your organisation will have processes you can follow to ensure you meet your legal obligations in reporting a breach. Most organisations will have an incident form you can complete. Once the incident has been reported, the organisation has a legal responsibility to address it.

The Australian Human Rights Commission (AHRC) provides a process for making complaints about a breach of human rights in the aged care and disability sectors. While you need to follow your organisation's processes, the AHRC is a useful resource for more information.

You can read more about reporting breaches of human rights at the following site:

▶ http://aspirelr.link/ahrc-human-rights-breach

> **Example**
>
> **Example: identify breaches of human rights**
>
> Each time Jason visits his father Doug in the aged care home, he finds him asleep. A new worker explains to Jason that management has organised for his father's doctor to write a prescription for medication to relax Doug, as a mechanism to curb his behaviours of concern. Doug has dementia and has become quite abusive as the dementia worsens. Jason had not been contacted about changes to his father's medication and is very concerned that his father spends most of his time asleep. He believes this is a breach of his father's human rights.
>
> When Jason speaks with management, he is told they don't have the staffing ratio to use other strategies to address his father's behaviours of concern. Jason makes a complaint to the AHRC, who investigate the case, as the aged care home has clearly breached his father's human rights by using a chemical restraint.

Practice task 12

1. What processes are in place to support people's rights?

2. What is self-advocacy?

3. Why is self-advocacy important when supporting people to address breaches of their rights?

4. Failing attempts to have a person's rights upheld in the organisation, to whom could you refer the person to make a complaint about a breach of their rights?

Click to complete Practice task 12

3D Recognise signs of abuse or neglect

Support workers must ensure the person they support is safe. Unfortunately, abuse of older people sometimes occurs. You must know how to recognise and report any signs of elder abuse. Abuse is when someone is deliberately hurt or harmed. It can be caused by strangers or by someone the older person knows and trusts.

Neglect

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

Neglect

▶ Neglect includes:
   – not providing enough food or drink
   – not providing an adequate level of care
   – 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 them so they sleep for longer periods of the day
   – leaving the person in the same continence aid for the whole day.

Indicators of neglect
▶ Weight loss, dehydration, poor skin quality   ▶ Person appears unkempt – same clothing worn many days in a row, 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 too long

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 appropriate care as a result. They may not realise the impact their behaviour is having. This is still abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse
The primary carer may be stressed at home or at work.
A person may be in debt and may steal from the older person.
There is conflict, arguments and fights within the family.
The older person is isolated and alone and the abuser thinks no-one will find out if they treat them badly.
A carer may be using drugs or drinking too much alcohol and cannot care for the person properly.

Indicators of abuse

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

Here are some indicators of abuse.

Behaviour changes in a person with care needs

▶ A person may become withdrawn, depressed, anxious or display signs of being scared. They may become quite ambivalent or non-responsive.
▶ You may find the person is becoming disorientated or making contradictory statements. (This of course can be a sign of a range of illnesses, so a thorough assessment should be undertaken before making an assumption that the 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 person with care needs.
▶ The carer may be overly affectionate and flirtatious with the person, which may indicate an inappropriate sexual relationship.
▶ You may find the carer is giving conflicting accounts of incidents or is hostile towards the person with care needs.

General indicators

▶ Changes in the person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks
▶ Unexplained injuries or continual injuries
▶ Person's personal care needs are 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 person so they sleep for longer periods of the day and night

Physical abuse

Physical abuse is when a 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 person, pinching, biting, twisting an arm or wrist, physical restraint such as tying a person to a bed or chair, confining a person to a room or using objects to hurt a person (throwing rocks, using a strap). This abuse needs to be reported.

Indicators of physical abuse can include:

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

Sexual abuse

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

Here are examples of indicators of sexual abuse.

Sexual abuse indicators
Withdrawal, disturbed sleep patterns, nightmares, agitation, fear
Unexplained difficulty sitting or walking
Bruising of genital areas or thighs
Unexplained sexually transmitted diseases
Unexplained bleeding from the genital areas

Financial abuse

Financial abuse is a form of abuse is not always easy to spot. It can include a person's money, property or assets being mishandled or taken and used without their consent. It can also include situations when a 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 person or not paying accounts or debts
- forcing a person to change their will
- the enduring power of attorney refusing to provide enough money for the person to be able to live

▶ the enduring power of attorney refusing to provide money for the person to buy clothing or other required items

▶ forcing a person to hand over their money or assets.

Psychological/emotional abuse

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

Indicators of psychological/emotional abuse

▶ 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 consumption

Social abuse

Social abuse occurs when another person behaves in ways to reduce or restrict a person's social contact with others. It can include stopping a person from being involved in activities with others and/or preventing contact with friends and family, resulting in social isolation. This abuse needs to be reported. Here is more information about social abuse.

Indicators of social abuse
▶ Being withdrawn and sad
▶ Grieving for loss of family and friends
▶ Displaying low self-esteem and passive behaviour

Report abuse and neglect

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

Abuse in aged care services is referred to 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 sexual abuse of residents. Remember also that abuse is illegal and therefore the person can be encouraged to report issues of sexual and physical abuse directly to the police. Here is further information about legal reporting requirements.

The *Aged Care Act 1997* (Cth) states that:

> '... if the approved provider receives an allegation of, or starts to suspect on reasonable grounds; a reportable assault, the approved provider is responsible for reporting the allegation or suspicion as soon as reasonably practicable, and in any case within 24 hours to ...' (Section 63–1AA).

Follow policies and procedures when reporting

When you suspect abuse has occurred or you have witnessed abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from happening or escalating. When reporting, be guided by your organisation's policies and procedures. Besides verbally reporting to your supervisor, you 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 report
What you saw (for example, the size, location and type of bruising)
When you saw it (date, time, day)
What you did (for example, removed the person from the situation)
What you said (for example, explained to the person that you had to report the incident)
The person's response (what they said or did)
Follow-up action to be taken

Example

Neglect

Yolanda is frail and in the early stages of dementia. Her two daughters live with and care for her. They receive some limited respite once a fortnight so they can go out and have a break. During the respite, the worker usually sits and reminisces with Yolanda as part of the memory support goal in her care plan. The worker notices that Yolanda's hair is very greasy and smelly and Yolanda spends most of the time during the respite scratching her head. The worker observes that the state of Yolanda's hair worsens each time she attends.

When Yolanda's daughters return from their outing, the worker raises the issue with them. Both sisters reply that not washing her hair makes it appear darker and that they didn't like it when their mother's hair was so white. The worker explains that by not washing her hair they are neglecting to provide Yolanda with an appropriate level of care. The worker explains that she must report the neglect to her supervisor.

Practice task 13

1. What are four indicators of physical abuse?

2. What are four indicators of sexual abuse?

3. What are three indicators of financial abuse?

4. What are two indicators of psychological/emotional abuse?

5. What are two indicators of social abuse?

6. What steps should you take if you suspect or witness abuse?

Click to complete Practice task 13

3E Assist the person to access other support services and the complaints mechanisms

If the person you provide support to is unhappy with the type of services being provided, or believes a service is not able to support their range of needs, you can support them to obtain information about other services.

Working from a reablement approach, support the person to build their skills and capacities. For example, if the person has access to the internet, support them through the process of searching local services that may be of use to them. Where the person has lost confidence in their own ability or if their condition limits their ability to find services themselves, give them information about other services that better meet their needs.

Referral networks

Referral networks provide information about services that may be able to support the older person and their primary carer. Some also provide resources that may benefit the person with care needs. Your role is to ensure people can access the information about these networks and what they can provide.

Here are examples of referral networks and what they do.

Aged Care Assessment Team/Services (ACAT/ACAS)

▶ Provide assessment of needs and refer people to services to support them to maintain a level of independence

National and state carer associations

▶ Provide resources and information to support primary carers
▶ Provide a range of information about various conditions and how to link into local services for additional support for those conditions

Service options

Older people and/or their advocates need information about service choices. It can be difficult to understand the range of aged care services offered. They may ask a support worker for information about other services. They may want to talk about their choices. As a support worker, you need to make sure older people find the information they need.

Examples of other services that may be of benefit

▶ Services and supports through the Department of Veterans' Affairs

▶ Counselling services

▶ Allied health services

▶ Physiotherapists – support older people to maintain movement especially if they are injured

▶ Occupational therapists – support older people to remain involved and active

▶ Counsellors – can provide support and guidance for people trying to deal with specific emotional issues such as grief and loss

▶ Aged care home chaplains – for people who may want religious or spiritual guidance

Support people to make complaints

Sometimes people may not be happy with the services they receive. They may want to make a complaint. You need to know how a complaint can be made and what happens after it is made.

The right to complain about a service is protected by Australian law. All community services must have complaints policies and procedures that outline how to make a complaint and what will happen when a complaint is made.

How complaints can be made:

▶ There may be a form that needs to be completed regarding the complaint.

▶ The person may complete the form on their own.

▶ You may have to help the person complete the form.

▶ A person may tell you what they want to complain about and then you complete the form on their behalf.

▶ There may be a main contact person at the service who needs to be involved, such as a human resource person.

▶ A complaint may be made through a resident meeting and then you may have to record it.

▶ If the complaint is not addressed, the person can lodge a complaint with the Aged Care Complaints Scheme.

The complaints process

Services are legally obliged to tell people how they can make a complaint. When services start, the person and/or their advocate must receive information from the service on how to make a complaint. They must be told what action the service will take about the complaint. They must be told what to do if they are not happy with the outcome of their complaint.

Some people are scared of complaining for fear of retribution. People and/or their advocates need to be sure that services will not be stopped because they have made a complaint. People need to be sure the standard of care will only improve after making a complaint.

Complaints and continuous improvement

When people make complaints about an aspect of service provision, it enables services to look at how they can improve what they do. If a complaint is made about a worker's inability to do their job, this will also be a positive. It means that the process for addressing the issue will result in an improvement for the person receiving support, for the worker themself as it will highlight a training or professional development need, and for the organisation as a whole in terms of its continuous improvement process.

Example

Assist people to access other services

A worker, Renee, finds Helen in a distressed state. When Renee asks Helen what is wrong, Helen explains that her eldest son has just died. Renee feels she is unable to support Helen and thinks Helen may benefit from accessing other services more specific to her immediate need. Renee asks Helen if she would like some information to support her through this time. When Helen agrees, Renee contacts services and asks them to post out brochures to Helen. Renee also requests that the information be in large print to accommodate Helen's visual impairment. Renee then writes down the name and phone numbers of the services she contacted on Helen's behalf. Renee had contacted:

▶ the Australian Centre for Grief and Bereavement, which can provide Helen with specialist counselling support

▶ a local support group that can help Helen through the process of grieving by providing a forum for her to talk about her son and her experience of losing him

▶ the local community health service that has health specialists and programs to support Helen through the impact of grief.

Practice task 14

1. What methods can you use to support a person to get information about other services?

2. Describe two ways you can support a person to lodge a complaint.

.   ...

.   ...

.   ...

3. Do all services need to have a complaints process in place?

.   ...

.   ...

.   ...

Click to complete Practice task 14

Summary

1. All older people have rights. It is the job of a support worker to help older people know about their rights and responsibilities and to see that their rights are upheld. These include the right to privacy, dignity, freedom of association, informed choice, complaints, freedom of speech and standard of care.

2. Services and care must be made available equally to all older people, with no discrimination. It is against the law to discriminate against an older person because of their race, religion, culture or sexual preference. The care you give must be of the same standard for each person.

3. A person-centred approach puts the person at the centre of their care planning. It ensures the person has their care planned around them and their needs.

4. Aged care services need to identify what an older person's needs are. They need to know what they can and can't do, and understand what the older person would like from a service.

5. It is important to provide appropriate information to older people so they can make choices. This may mean talking to them about services, giving them brochures and contact details or phoning services for them.

6. Older people have the right to complain. Support workers need to know how complaints can be made and what happens after a complaint is made.

7. Support workers have a duty of care to protect the older people they support. Elder abuse occurs when an older person is deliberately harmed and is not receiving appropriate care. You must report signs of suspected incidences of abuse immediately.

Learning checkpoint 3
Support the rights of older people

This learning checkpoint allows you to review your skills and knowledge in supporting the rights of people.

Part A

1. As a support worker, you need to understand the rights of people you support and work in a way that supports their rights and keeps them or their advocate informed. Needs and rights can fall into four broad categories. What are the categories?

2. People have the right to speak for themselves and determine their own needs. Give an example of when a person may need assistance to express their needs/rights.

3. What information is legally required to be given to people in receipt of aged care services about their rights?

4. How does the 'rights based approach' support people's rights?

5. How does 'person-centred practice' support people's rights?

6. How does 'consumer-directed care' ensure people's rights are upheld?

7. Empowerment refers to a state that people arrive at, which sees them take control of their own lives. What does empowerment mean in practice?

8. What are some steps a worker can take to check they are not working to disempower a person in receipt of services?

9. How does 'reablement' lead to better outcomes for people using aged care services?

10. How can you ensure a person's rights are being upheld?

Part B

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

> ## Case study
>
> Colleen is a 60-year-old woman who has an acquired brain injury (ABI) brought on by excessive alcohol consumption after her husband left her. Colleen's ability to understand personal space and appropriate touching is affected by her ABI. She has been residing in an aged care home for six months. Colleen has started entering the rooms of men and climbing into bed with them. Management decide to move her to the memory support wing (secure facility for people in the latter stages of dementia); however, Colleen continues with her behaviour of concern. Management then requests that her doctor prescribes medication that will help staff manage her behaviour. Once Colleen starts on the medication, she becomes very sleepy and stays in her room all day. She also starts to lose weight because she often sleeps through meal times.

1. Have Colleen's human rights been breached?

2. Are there any risks or indicators of abuse or neglect of Colleen?

3. Are there any indicators that Colleen has been sexually abused and why or why not?

4. Are there any indicators that Colleen is being financially abused?

5. Does a support worker have a duty of care to report the abuse?

6. What information would the worker report to their supervisor if they suspect abuse or neglect?

7. If Colleen was lucid and decided she wanted to access other services, how could you assist her?

8. If Colleen was lucid, how could you support her to make a complaint?

Topic 4

In this topic you will learn how to:

4A Encourage the older person to engage as actively as possible in all living activities

4B Assist the older person to recognise the impact of ageing

4C Identify strategies and opportunities that maximise engagement

4D Identify and utilise aids and modifications to assist with independent living

4E Discuss situations of risk or potential risk associated with ageing

Promote health and reablement of older people

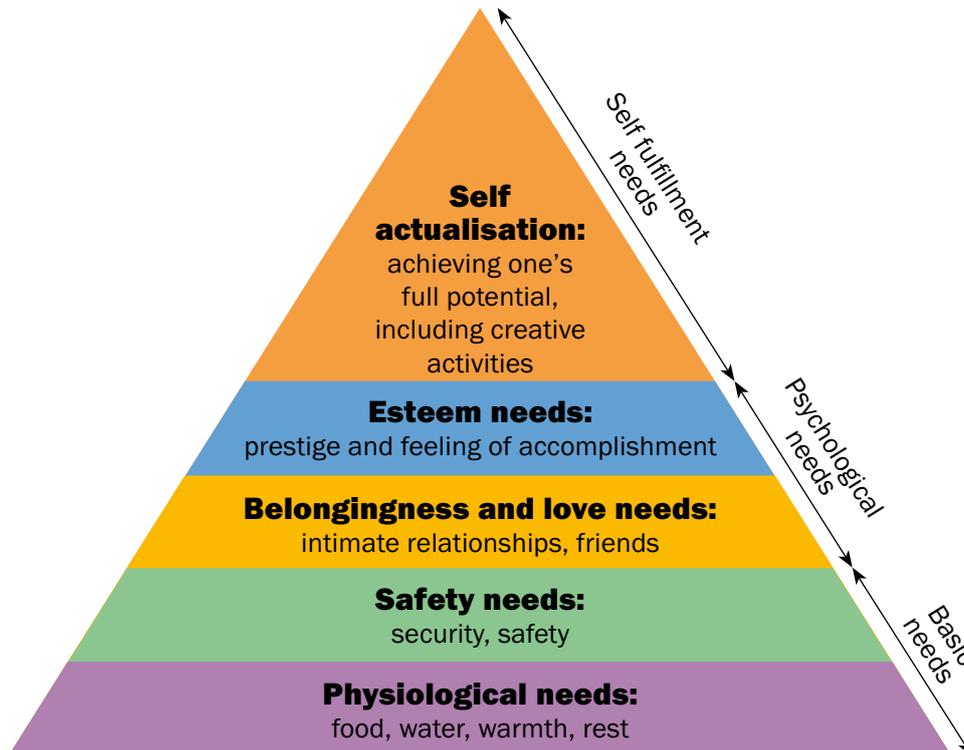Reablement is about supporting the person to engage as actively as possible in all living activities. Strategies to do this include providing the person with all the information necessary for them to make informed decisions about their needs. It is also vital to look at the resources required to ensure people have the strengths and capacities to continue living as independently as possible.

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4A Encourage the older person to engage as actively as possible in all living activities

To work effectively with people, we need to have an understanding of needs. American psychologist Abraham Maslow's hierarchy of need outlines the basic needs that all people have. Maslow suggested that if the most basic of needs (food, water, safety etc.) were not met, then higher needs (self-esteem and self-actualisation) were not attainable.

Self actualisation: achieving one's full potential, including creative activities

Esteem needs: prestige and feeling of accomplishment

Belongingness and love needs: intimate relationships, friends

Safety needs: security, safety

Physiological needs: food, water, warmth, rest

Self fulfillment needs

Psychological needs

Basic needs

Holistic approach

Taking a holistic approach, that is, viewing the person as a whole and taking into account all aspects of their health and wellbeing, will help you tailor supports and daily activities around their needs. Here is further information on the main areas of health.

Physical health

Physical health includes mobility, and whether mobility aids are required; vision, and whether visual aids are required; hearing, and whether hearing aids are required; illness or disease, and whether medication is required; and allergies or digestive system issues such as appetite, special dietary requirements and bowel movements. Maintaining physical activities helps the person to remain living independently for as long as possible.

Emotional/mental health

A person's emotional health is very important to planning support. The activities you support the person with should be appropriate for them and fit with their emotional state. Emotional health issues may include depression, melancholy, anxiety, stress, grief, loneliness and fear.

Spiritual health

Spiritual health refers to the spiritual ideas or groups a person identifies with and how engaged the person is in spiritual life. A person's spiritual life or beliefs may be related to an organised religion, a philosophy, praying, meditating or engaging with a spiritual community such as a church.

Cultural health

Culture is the basis of a person's way of doing and believing. It can be based on ethnicity, language and/or social connections. A person's cultural needs must be considered in all activities.

Social health

Social health refers to a person's ability to be around and get along with others. Issues include isolation, cultural and communication barriers, and mental health issues. Socially engaged people have been found to live healthier, happier lives. For example, people with dementia greatly benefit from social interaction as it engages cognitive functions and can minimise emotional side effects.

Cognitive health

A person's cognitive health relates to their brain's ability to function. Cognitive health issues include memory loss, confusion, illiteracy and communication issues. Cognitive skills can decline due to disease or illness. Activities that engage the person's mind can improve their overall health and wellbeing.

Engage people in activities

Engaging people in their own care needs and other activities in their day will help them to remain active, feel motivated and maintain a healthy lifestyle. Here are some ways you can support people to remain actively involved.

Physical activities

- ▶ Use aids and equipment to assist with everyday tasks.
- ▶ Give praise where appropriate.
- ▶ Encourage the person to do tasks for themselves.
- ▶ Allow the person enough time to do the task/s themselves.
- ▶ Build on skills and strengths by ensuring the person is not set up to fail.

Emotional activities

▶ Encourage them to seek specialist assistance if their emotional and mental health is impacting on their overall health and wellbeing.

▶ Listen to them, maintain their confidence and don't judge.

▶ Use humour where appropriate throughout different activities.

▶ Use praise appropriately and respectfully.

Spiritual activities

▶ When providing support, take into account that some people may need access to a place to pray at certain times of the day, and that different religions celebrate different holidays – affecting a person's availability.

▶ Encourage people to participate in activities that support their spiritual needs. For example, church groups or meditation.

Cultural activities

▶ Encourage people to maintain links with their cultural backgrounds.

▶ Provide programs that embrace and celebrate their cultural beliefs such as Anzac Day or multicultural celebrations.

Social activities

▶ Encourage people to visit friends and family.

▶ Link them into activities and programs that are of interest to them.

▶ Assist them to write letters or send cards.

▶ Support people to remain active in following their interests.

Cognitive activities

▶ Explain who you are and why you are there.

▶ Break down tasks into steps for the person to follow.

▶ Help them to find items.

▶ Reassure them if they are distressed.

▶ Remind them to take their medication, to eat and/or drink.

▶ Provide information more than once if the person has issues with memory recall.

▶ Encourage their participation in activities that involve their thought processes.

Provide information

Part of your role requires you to give people the information they need to make informed decisions about the care they receive. To ensure you do not omit any vital information, it is good practice to break information into chunks. For example, think about some of the activities you would want to inform the person about. It may be doing a task such as dressing themselves using an aid for the first time. Go through the steps of getting dressed using the aid and write each step down. This is sometimes referred to as a task analysis. Then when you provide information to support the person to dress themselves using the aid, you will not miss out any information (or steps). This doubles as a check to ensure you do not set the person up to fail doing the task.

You may also need to provide information about other services that may be of assistance to them. In this case, always check the organisation's policies and procedures regarding what you can and can't do.

Provide support

How much support should you provide when encouraging a person to engage in living activities? This is sometimes a hard question to answer. If you decide that it is easier and quicker to do the tasks yourself, then not only will you create dependencies, you will almost always reduce the person's capacity to do tasks for themselves in the future. On the other hand, if you assume the person can do all the steps in a task by themselves, you may actually put the person at risk of injury. Here are some hints on providing support.

Provide support

1 **Assess strengths**
Watch the person doing the task. If they demonstrate they can do the task themselves, then don't assist them. Allow them to complete the task in their own time.

2 **Identify needs**
If you see the person is struggling to complete an entire task, look at the possibility of using aids, modifications and/or equipment to enable the person to still be able to do the task for themselves.

3 **Develop strategies**
If the task can't be completed using aids, modifications and/or equipment, develop strategies to help the person complete the task. Allow the person to do all parts of the task they can and then as part of your support, you can complete those parts of the task they cannot do.

Example

Encourage the person to engage in activities

Siobhan has spent a few weeks in hospital after having an operation. She needs some support to dress herself. The worker, Andrea, watches Siobhan and sees that she can do most tasks herself. The only difficulty she has is putting on her socks and shoes.

To retain as much of Siobhan's independence as possible, Andrea organises with Siobhan's family (who live interstate) to buy a sock aid and long-handled shoehorn to assist her with putting on her own socks and shoes.

Andrea goes through the process of using the aids and lists all the steps. She then gives Siobhan instructions on how to use the sock aid and shoehorn. By breaking down the information, Andrea ensures that she doesn't omit any vital information about the steps needed to complete the task.

By Siobhan completing the task herself, she can maintain independence and control over her own life.

Practice task 15

1. Why is it important to engage as actively as possible in living activities?

2. What are six main areas of a person's lifestyle where you can encourage them to engage in activities that can support them to live as independently as possible?

3. What are some strategies you can use to support people to be active in meeting their social needs?

4. Why is it important to provide factual information to people in receipt of services?

5. Why should you not do the tasks for the person when they are capable of doing it themselves?

Click to complete Practice task 15

4B Assist the older person to recognise the impact of ageing

Support workers need to understand the various changes that occur as people get older. These changes affect the way people carry out their day-to-day tasks such as dressing, eating and getting around. Sometimes older people find it challenging to keep doing their daily activities. They may need assistance to plan how to complete their daily activities safely so they don't fall or injure themselves.

The ageing process

Having a healthy lifestyle is important at every stage of life, but especially as people age. A healthy lifestyle means life is often more fun, activities are easier to do and there is less chance of contracting some diseases and illnesses. Healthy lifestyles are important for all older people. As a support worker, you need to understand the ageing process to know the sorts of limitations that may occur for people as they age. You can also help older people make healthy lifestyle choices.

You can read more about the ageing process and healthy lifestyle choices at the following site:

▶ http://aspirelr.link/mentally-active-healthy-ageing

Usual physical ageing

Changes we can expect as we age include changes in skin integrity and our hair becoming thinner and losing pigmentation. Other changes that come with age include the following.

The ageing body

Eyesight

Peripheral sight diminishes and depth perception decreases.

Hearing

Decreased ability to distinguish the origin of sounds when there is background noise.

Taste

Decreased saliva to begin digestion of foods and diminished ability to taste foods.

Smell and touch

Decreased smell and may have some loss in sensitivity to touch.

Metabolism

Changes in how well food and medicines are metabolised by the body.

Muscles

Can decline if they are not used.

Skin

Becomes thinner, loses elasticity and tends not to heal as well as when the body was younger.

Body fat

Body fat moves closer to internal organs as we age.

Women's sexual health

While some men and women can continue to enjoy healthy sexual relationships into old age, some women will experience a thinning of sexual tissue and/or atrophy of tissue.

Men's sexual health

Men can experience an enlarged prostate resulting in higher frequency of urination.

Changes to health

As the body ages it is more prone to disease and some illnesses become chronic. Here is an outline of some of the more common health issues that some older people may face.

Arthritis

- There are two main types of arthritis:
  - Osteoarthritis (OA) mainly affects hips and knee joints. The lining in these areas wears out, causing pain on movement.
  - Rheumatoid arthritis (RA) causes swelling or sometimes severe deformity in affected joints.
- Both these forms of arthritis lead to issues with mobility and an increased risk of falls.

Continence

- Continence issues result from an inability to control the passing of urine or faeces, and may often be caused by illnesses. Continence nurses can support the person with information on how to maintain a healthy bladder and refer them for suitable treatments if necessary.

Neurological disorders

- There are many neurological disorders but the most common in older people are dementia and stroke. Dementia is the result of damage to the brain. Stroke is a disease of the heart and circulation but it also affects the brain. Stroke is caused by a clot in an artery going to the brain. It causes damage to the surrounding brain and affects brain functioning.

Skin disorders

- As people age, the skin becomes thinner and more prone to cuts and bruises. A simple knock to the leg can cause a large sore that takes a long time to heal. Lying in the one spot in bed can cause ulceration of the skin, which can lead to more serious conditions if not treated.
- Skin cancer is also common in older people. Non-malignant melanoma-type skin cancer is the most common cancer in Australia.

Dementia

One of the most common changes to health experienced by many people as they age is dementia. Dementia is an umbrella term used to cover a range of conditions affecting the brain. The most common type of dementia is Alzheimer's disease and it is not known what causes it. Older people have a greater chance of developing dementia.

Dementia first affects short-term memory, then long-term memory. It also affects the ability to reason. The condition gets progressively worse and eventually people with dementia are often unable to care for themselves. A number of aged care homes have memory support units specifically to cater for people with varying degrees of dementia. People with memory support needs (dementia) should always be consulted about their needs and supported to make their own decisions.

You can read more about dementia at:

▶   http://aspirelr.link/what-is-dementia

Physiological ageing

You may come across a person in their forties who appears to be much older than a person in their mid-sixties. We all age differently. Some of us will age quicker because of our genes, lifestyle or because of the impact of disease. However, for the purposes of understanding what happens as we age, we can generalise about the usual ageing processes. Here is an explanation of what happens to our organs as we age.

Internal ageing
Arteries can become stiff and blockages can reduce blood flow, resulting in reduced nourishment of vital organs.
The bladder may become weakened requiring more frequency of urination.
Bones begin to lose minerals faster and begin to shrink. This may lead to a person being more susceptible to falls and breakages.
The brain can be affected by losses of connective tissue, resulting in cells diminishing.
The heart becomes thicker, reducing the pumping rate and affecting the body's ability to extract oxygen as efficiently as it used to.
Kidneys can become smaller and less efficient.
Lungs lose elasticity, which can affect the person's breathing capacity.

Physical changes that affect personal care services

People experiencing different physical changes need different levels of support. It does not matter whether they are living in their own home, in an aged care home or attending a community program. Here are some examples of common physical changes that may affect personal care services.

Frailty

▶ Frailty means a risk of falls, which lead to further complications. Falls are a major cause of hospitalisation for older people in Australia. Complications can result in death. All organisations should have a falls prevention program in place for staff to follow. You will also be guided by strength programs directed by physiotherapists.

Degenerative diseases

▶ Degenerative cardiovascular diseases include hypertension, cardiopathies and myocardial infarction.

▶ Neoplastic diseases include tumours and cancers.

▶ Degenerative diseases of the nervous system include Alzheimer's disease, Parkinson's disease and Motor Neurone Disease (MND).

▶ Aids, equipment and augmentative communication tools are needed to ensure people have quality support with their daily activities.

Sensory impairments

▶ Sensory impairments include visual and hearing impairments. The level of support will depend on the degree of impairment and the person's environment. Staff should be guided by the services that specialise in sensory impairments. Referral for assessment will be required to ensure aids and equipment are tailored to the person's specific needs.

Swallowing difficulties

▶ Swallowing difficulties or dysphagia can be caused by a range of conditions such as multiple sclerosis, dementia and Parkinson's disease. Staff need to follow the person's care plan to ensure they know how to support people with dysphasia.

Personal care and physical changes

People have different support needs. In your workplace there will be notes about each person's physical health and the level of support or care required. Make sure you read the care plan. Take note of any physical changes recorded and make sure the care you provide is in accordance with the care plan.

What the personal care plan may involve:

▶ washing

▶ dressing and undressing

▶ grooming (hair and nail care)

▶ maintaining oral hygiene (looking after the mouth, gums and teeth)

▶ helping with mobilisation (moving parts of the body)

▶ transferring (assisting the person to move from one place to another)

▶ toileting

▶ helping with eating and drinking

▶ helping with respiration (breathing)

▶ assisting with skin maintenance (looking after the skin).

Psychological aspects of ageing

A number of psychologists have studied and written about the psychological changes that may occur for some people as they age. They mostly agree that during old age, people tend to reflect on their life and either look at it as being a positive achievement or one of missed opportunities. If a person starts to regret choices they made during their life, they could become despondent and even depressed. Here are some other issues some people may experience as they grow older.

Loss of employment, social and recreational networks can result in a person becoming isolated. Lowered physical ability to move around the community may also inhibit contact with others. Moving residences can result in the person being surrounded by strangers with little opportunity to establish relationships.
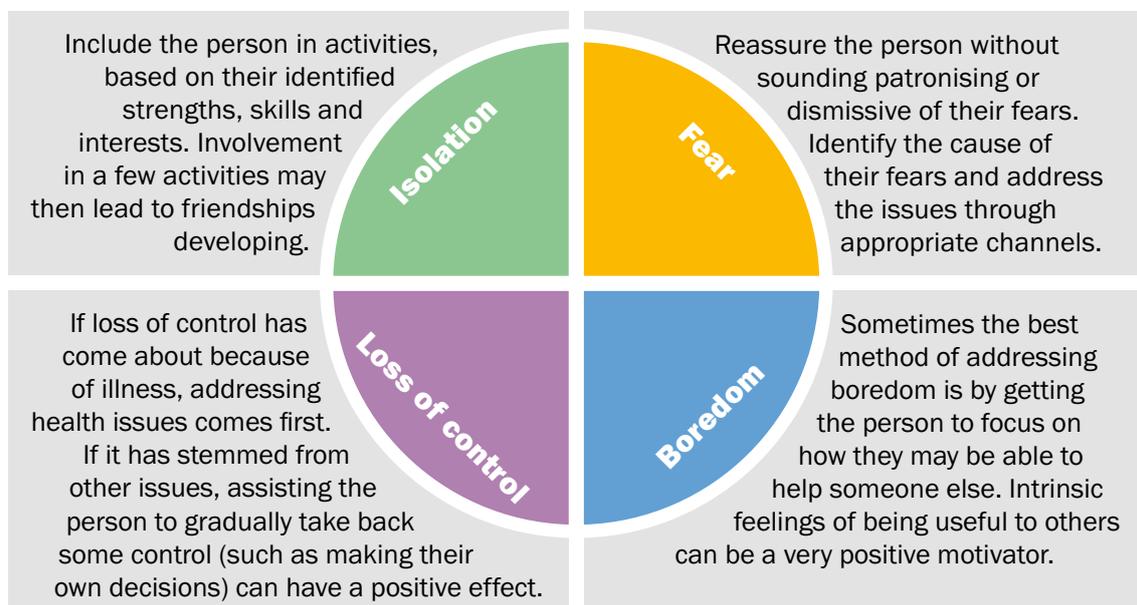
Isolation

Fear can be a result of a number of issues being experienced by the older person such as abuse and neglect issues, loss of autonomy, economic insecurity, changes in physical strength, moving residences, failing health and a fear of dying.

Fear

Some people can experience a loss of control when they find their physical strength has dissipated, they have lost their income or lost control of their finances. They may also perceive that their social status in the community has reduced along with their power to make their own decisions.

Loss of control

Some older people may give away previous interests and find they are no longer motivated to try new things. Again this could stem from a range of issues being experienced by the person such as the loss of a partner and/or friends.

Boredom

Address psychosocial issues

While some older people will have a very positive attitude and want to be involved with activities they enjoy, others will need support to address barriers or 'disenablers' to their health and wellbeing. Here are some strategies to consider.

Include the person in activities, based on their identified strengths, skills and interests. Involvement in a few activities may then lead to friendships developing.

Isolation

Reassure the person without sounding patronising or dismissive of their fears. Identify the cause of their fears and address the issues through appropriate channels.

Fear

If loss of control has come about because of illness, addressing health issues comes first. If it has stemmed from other issues, assisting the person to gradually take back some control (such as making their own decisions) can have a positive effect.

Loss of control

Sometimes the best method of addressing boredom is by getting the person to focus on how they may be able to help someone else. Intrinsic feelings of being useful to others can be a very positive motivator.

Boredom

Sexuality and gender

Sexuality is part of a person's identity; that is, their sense of self. People's sexual identity and preference is a personal choice and should never impact on how you work with them. You may find you support a person who is attracted to the opposite sex, or to the same sex. In some cases a person may have both sexual preferences. Gender identity is being male, female or transgender (people whose gender identity does not correspond to their biological sex assigned at birth). Some people may see themselves as transsexual (their body is trapped inside the wrong gender) and others may be transvestites (people who like to dress in clothes of the opposite sex).

Expressions of sexuality

There are many ways to express ourselves sexually. Here is more information on expressions of sexuality.

Love and affection

The need for belonging and acceptance, loving and being loved are fairly universal. We show our love and affection through our actions and our words. Sex can also be a way to express love and affection. People can have sex without any feelings of love or affection. In some cases, people may have sex because they see it as the only way to be loved. Likewise people with care needs may feel that someone loves them because they have had sex with them. In these respects, people with cognitive impairments can be particularly vulnerable. They can be emotionally and physically hurt or subjected to abuse.

This creates an ethical dilemma for workers. People in receipt of services, like all people, have a right to sexual autonomy. In other words, they have a right to make decisions about who they will and will not have sex with. Yet they may not have the capacity to make informed decisions. You can help by ensuring the person has access to information and understands sexual health.

Touch

Touch can be a way of bonding. Touch can be pleasurable and can be another way of expressing love and affection. In some cases the person's only experience of touch may be through interactions during personal care routines such as showering, dressing and grooming. People with cognitive impairments may interpret this touch as being sexual. You must discourage and report behaviours of concern. Being straightforward and explaining the behaviour is not acceptable may work. In other cases distraction should be used to redirect the person. Workers must always focus on the behaviour, not the person.

Physical appearance

Society places a great deal of value on physical appearance. This marginalises people who have visible disabilities or who are ageing. Workers can help by assisting with showering and grooming tasks. Visits to the hairdresser and purchasing new clothing can help the person's confidence. Positive reinforcement in the form of appropriate compliments can also help build the person's self-esteem.

Privacy and discretion

If a person is behaving appropriately, has the capacity to consent and is engaging in consensual sex with another person, you need to exercise discretion. Discretion can include knocking before entering rooms, not entering rooms with 'do not disturb' signs, and looking the other way and excusing yourself from the room.

Example

The impact of ageing

June is 76 and has recently been diagnosed with Parkinson's disease. June worked as a social worker in the aged care sector and so is very aware that some of her health challenges are due to her degenerative disease, while other challenges are a result of the ageing process.

June's excessive shaking is mostly controlled by her doctor varying her Parkinson's medication, and a speech therapist is working with her to address issues with speech. Her physical strength has decreased and she has had a few falls. June's family convince her to sell her large family home and move into a retirement village that has an on-call 24-hours-a-day service.

June isn't prepared for the feelings of loneliness and boredom after leaving her neighbours, and soon finds herself becoming isolated. The support worker meets with June and asks her about her interests and the things she feels she can still do. The worker then gives her information about a few activities that she thinks June may be interested in. The other step the worker takes is to ask June if she would like to meet a neighbour who was not as physically fit as June.

June starts to do a few little jobs for the neighbour, which is something she thoroughly enjoys. June's feelings of boredom and loneliness soon disappear.

Practice task 16

1. Why is it important for a support worker to have an understanding of the usual ageing process?

2. What are four physiological changes that can occur during the usual ageing processes?

3. What kind of support might you provide to a person with physical support needs?

4. How can you help a person address psychological issues brought on by fear?

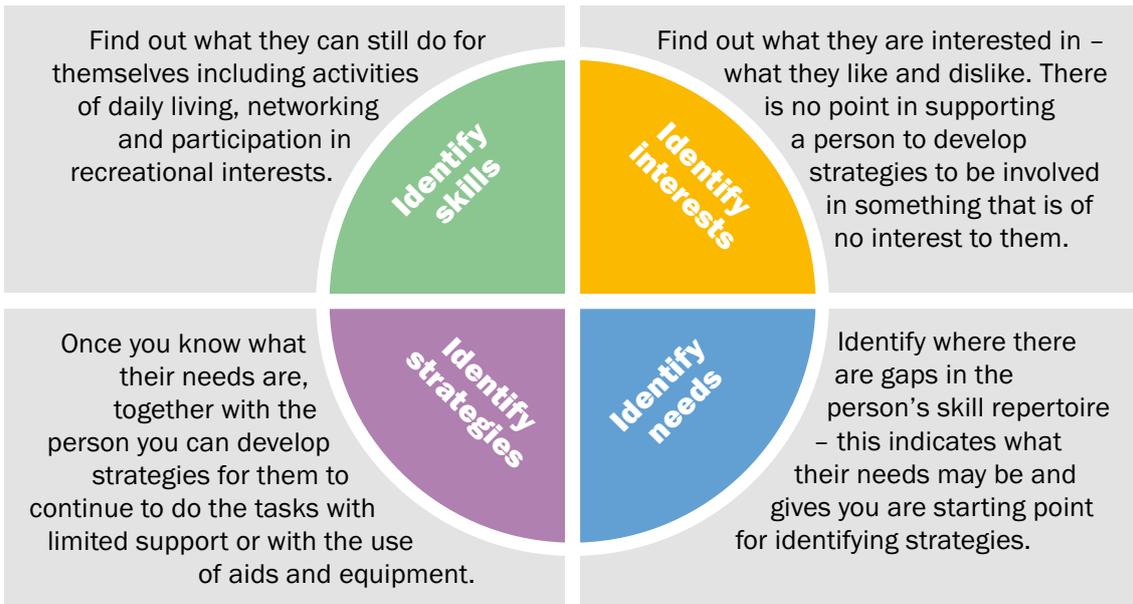5. What is the difference between sexuality and gender?

Click to complete Practice task 16

4C Identify strategies and opportunities that maximise engagement

People feel more independent and in control of their own lives when they are able to decide what to do and how to do it. When a person's skills and abilities reduce through ageing, disability or illness, it is vital that you support them to identify strategies for remaining as active as possible. Here are some ways to identify strategies to maximise engagement.

Find out what they can still do for themselves including activities of daily living, networking and participation in recreational interests.

Identify skills

Find out what they are interested in – what they like and dislike. There is no point in supporting a person to develop strategies to be involved in something that is of no interest to them.

Identify interests

Once you know what their needs are, together with the person you can develop strategies for them to continue to do the tasks with limited support or with the use of aids and equipment.

Identify strategies

Identify needs

Identify where there are gaps in the person's skill repertoire – this indicates what their needs may be and gives you are starting point for identifying strategies.

Strategies to maximise opportunities

To support people to assess and manage their own ability to carry out their daily living requirements, you should discuss the impacts that ageing and its associated health issues may have on them. This includes providing information about ways to continue to do specific tasks themselves with the use of aids and equipment or with support from others.

For example, identifying needs may indicate that the person has fewer social contacts than they once did because most of their family members and friends have died. Preventing social isolation is important, so developing strategies to outline ways the person can participate in social activities will be beneficial to their health and wellbeing. Depending on the person's preferences and needs (likes, dislikes, strengths and skills) this may include joining interest groups or attending day centres and other programs. Here is an example of how to select strategies.

Selecting strategies
Discuss with the person, define the issue.
Generate ideas by brainstorming together.
Evaluate ideas by looking at what can work.
Ask the person to select the most appropriate idea.
Develop a plan with them to achieve it.

Positive, active and healthy ageing

Positive ageing is a term used in aged care services that relates to all aspects of a person's health and wellbeing. It encourages people to embrace a positive outlook to ageing.

Here are some ways people can age positively:

▶ Keep the body healthy by having a nutritious diet.

▶ Do regular exercise such as walking, water aerobics, bowls or yoga.

▶ Undertake activities, such as crosswords, bingo or meditation, to engage thinking processes.

▶ Have regular medical check-ups.

▶ Participate in activities for social purposes such as lifestyle programs.

▶ Stay actively connected to family and friends.

▶ Undertake activities that help people feel valued.

Promote healthy lifestyle practices

As a support worker, you can help people make healthy lifestyle choices. This is particularly true if you are supporting a person living in the community on their own. Some people who live on their own will tend not to cook proper meals and eat 'empty calorie' snack foods. Not having a healthy lifestyle will result in people's skills and abilities diminishing more quickly.

Here are some example strategies to use:

▶ Give them information about developing and maintaining healthy lifestyle choices

▶ Talk to them about healthy eating plans such as eating fresh foods and staying hydrated

▶ Encourage safe and enjoyable exercise

▶ Support them to be involved in activities that make them think

▶ Facilitate continuation of relationships and networks

▶ Suggest visits to a health worker such as a doctor, physiotherapist or dietitian

Report concerns

You should report your concerns if you believe a person is not looking after their health. Here are some appropriate people to report to.

Your supervisor

In the first instance, always report your concerns to your supervisor or team leader. Your supervisor will give you some direction as to what to do next. Ensure you make a continuation note in the person's file to show you reported your concern, as well as followed up your responsibilities to the person.

The person's family

Your supervisor may tell you to inform the family of your concerns. If you are supporting a person living in the community on their own, then you may need to make contact with the person's family to raise your concerns. You should always check with the person to get their consent to do so.

Health worker

You may be in a position where you support the person to attend medical appointments. If you believe the person is at risk of malnutrition, you should report your concerns to their health worker. You may also check with a health worker about strategies you could put in place.

Example

Strategies to maximise engagement

Jake provides support to people living in their own homes. One day he visits Jethro, who asks him for a cup of tea. Jake decides he should first check to see whether Jethro can do the task himself; that is, pour the tea and add milk and sugar. He notes that Jethro can't lift the teapot and is at risk of spilling the hot tea, so he pours the tea into the cup for Jethro. He asks Jethro to add the milk, but the large carton proves to be too heavy as well. Jake is, however, able to add the sugar and stir his tea without any assistance. It takes a little longer than usual, but Jake realises the importance of fostering the skill so Jethro can maintain some control over making a cup of tea.

Jake then sits down with Jethro and they chat about the tasks Jethro can't do. They start to think of ways to try giving Jethro more control over making his own tea. Jethro says he has a smaller teapot and maybe he should just use that as it is easier to lift. The next decision Jethro makes, is to buy his milk in smaller cartons, again because he can lift the smaller carton.

So, with a few minor adjustments, Jethro goes from only being able to put sugar in and stir his tea, to being able to pour his own and add milk. Developing strategies in conjunction with Jethro means that Jethro feels more in control and is more likely to apply the new strategies.
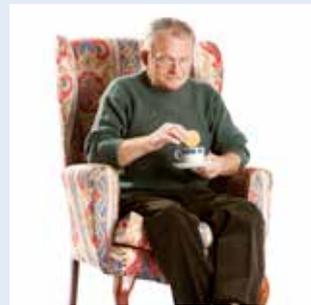
Practice task 17

1. What process could you use to identify strategies to assist a person to remain engaged?

2. What process could you use for selecting strategies?

3. What are three strategies you could use to promote healthy lifestyle choices?

Click to complete Practice task 17

4D Identify and utilise aids and modifications to assist with independent living

There are many types of aids, equipment and modifications that can help people remain independent. Many are simple, inexpensive items that can make a big difference to tasks; for example, a pick-up stick can be used to pick up items from the floor.

Here are examples of other special tools and aids, places to source equipment from and circumstances when you should consult your supervisor about the older person's use of aids or equipment.

Example aids and equipment

- ▶ Stove guards to prevent pots being pulled off the stove accidentally
- ▶ Page turners to help turn the pages of a book or magazine
- ▶ Remote controls to turn lights on and off
- ▶ Armchairs that tilt or lift to help a person stand up from the chair
- ▶ Wrist supports to help promote a stronger grip
- ▶ Lids for cups to prevent liquid being spilled
- ▶ Laundry trolleys to carry washing baskets
- ▶ Rubber mats to prevent bowls or plates slipping
- ▶ Grips to help with opening jars or bottles

Where to source aids and equipment

- ▶ Specialist aids and equipment retailers such as Yooralla's Independent Living Centre
- ▶ Chemists
- ▶ Therapists such as an occupational therapist or physiotherapist
- ▶ Some hospitals have a loan service
- ▶ The internet
- ▶ The Yellow Pages under 'medical equipment'

Supervision

There are times when you should talk to your supervisor about a person and their activities of daily living, such as if you:

- ▶ think an person's skills have changed
- ▶ are worried about the person
- ▶ think they may be at risk of hurting themselves
- ▶ think an activity could be done more easily in another way
- ▶ are asked by the older person for more help.

Aids and modifications

Some aids and modifications can be more costly and/or may require assessment by a doctor, physiotherapist or occupational therapist to ensure they are suitable for the person. Each state and territory has programs to support people needing specific aids and modifications.

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

Example

Modifications and aids for engagement

Chang is non-ambulant and has a visual impairment as a result of macular degeneration. He resides in an aged care home. When the support worker asks Chang why he no longer plays bowls, Chang replies that he finds it too difficult. For one thing he can't stand to bowl and for another, he can't see very well. The worker chats with Chang and informs him about various aids he can use, and modifications that can be made if he is interested in getting back into the game. The worker then meets briefly with the physiotherapist to ensure the aids and modifications are suitable for Chang's requirements.

Chang also purchases a bowling arm, which is an aid for people who have difficulty standing and bending. Chang is able to bowl from a seated position in his chair. The worker then organises for his dark-coloured bowls to be painted bright yellow on each side, which makes it easier for Chang to see if his bowl has made it close to the jack, which is also painted bright white to stand out from the dark green carpet mat. With the modifications and aids, Chang can engage in this activity of his choosing.

Practice task 18

1. What is an aid and how can it be used to assist a person to live independently?

2. How can a modification support a person to remain engaged?

3. Where can you source aids and equipment?

Click to complete Practice task 18

4E Discuss situations of risk or potential risk associated with ageing

If an older person continues doing a task they are no longer able to manage, they are at risk of hurting themselves or someone else. Make sure you tell the older person if you believe they are at risk and explain why.

Some people may not like to hear about risks. They may think they are safe and you are wrong. They may be worried that they will lose their independence. Help the person to realise you are there to make their life easier.

Types of risks

There are a number of risks associated with ageing. Here are some examples.

Self-neglect

Self-neglect means someone is not looking after themselves. There may be signs the person is not eating or drinking adequately, neglecting their personal hygiene, not taking prescribed medication or not using walking frames or sticks when recommended.

Dysphagia

Dysphagia means trouble swallowing. It is when a person has difficulties with swallowing food and drink. They may cough, choke or food may enter the trachea and end up in the lungs rather than passing through the oesophagus. This can cause an abscess or pneumonia. They may also be at risk of malnutrition or dehydration if food and drink do not reach their stomach. Malnutrition is when the body is damaged because it is not receiving enough nutrients to work properly. Dehydration results if someone does not take in enough fluids. It can cause dizziness, headaches, cramps and a loss of consciousness.

Behaviours of concern

If you notice an older person behaving in an uncharacteristic or inappropriate way, it can be a sign that something is wrong. They may have an infection or be dehydrated. The behaviour could be the result of a mental illness or brain injury. The older person may not understand the risks associated with this behaviour.

Impaired judgment

If a person is having trouble making decisions or is making poor decisions, it could be a sign of conditions such as stroke, brain injury, dementia, dehydration or infection. It could be due to depression or anxiety or the side-effects of medication. Impaired judgment is when the person does not assess or judge situations correctly. They may think a situation is safe when it is not.

Environmental hazards

Environmental hazards include:

▶ slippery or uneven floors, steps or stairs

▶ poor house or room layout such as toilet doors that open inwards

▶ physical obstructions; for example, furniture and equipment

▶ poor lighting, doors that are hard to open

▶ poor security

▶ heating and cooling devices that do not work well enough for the area and old electrical items or bar heaters

▶ the toilet being a long way from the living area and/or bedroom.

Minimise environmental risks

Risks and hazards should be pointed out to the older person, their advocate or family member. You should suggest ways these hazards could be made safe. All hazards or risks must be reported to your supervisor, detailed in a hazard identification form and recorded in the person's care plan and notes. Here are examples of some hazards and how to manage them.

Minimise risks

Uneven surfaces

Move any small items causing a hazard.

Report the issue to a supervisor who may need to arrange for maintenance services.

Suggest other safer pathways to take where possible.

Frayed electrical cords

Report the concern to the older person and/or the supervisor.

Request a replacement item.

Do not use the item.

Deal with hazards and risks

If you notice any hazards or risks when working with an older person, you must tell them and discuss with them how the hazard can be addressed.

Points to consider:

▶ Talk to the person about the hazard.

▶ Suggest how the person can change the behaviour or hazard that is causing the risk.

▶ Assist the person to make simple changes such as helping put away a rug that is a trip hazard.

▶ Where appropriate, inform the person's advocate or family (with the person's consent).

▶ Make sure you report all observed risks to your supervisor.

▶ Add notes to the person's care plan about the identified risks and hazards and how they were addressed.

▶ Complete a hazard report.

The right to take risks

People have the right to take risks if they choose to. As a support worker, you should be aware of risks and ensure the care recipient is aware also. If they choose to continue taking the risk, at least they have been informed of what may result.

You should make sure the person's choice about whether to take the risk is based on the right information. If they understand the risk and still choose to take it, they are making an informed choice. People's right to take risks is also known as 'dignity of risk' and acknowledges that people have the right to make choices and take risks.

Remember to inform your supervisor of the person's choice. You may also need to tell their advocate or a family member. Make sure all your discussions are recorded in the care notes and note that the person understands the risks and is making an informed choice.

Example

Ageing and risks

Roland is a man in his eighties. His muscles are not as strong as they once were. He finds standing up and sitting down physically challenging. Roland has always taken a bath in the evening. He prefers this to a shower. He tells the support worker he has done this since he was a small boy. He says he doesn't like showers.

The support worker attends to Roland in the evenings. The worker supports him to wash and get ready for bed. The worker notices he is having trouble getting in and out of the bath. Roland tells the worker he has slipped and fallen a few times while bathing.

The worker discusses with Roland the risks involved in taking a bath. The worker also explains that he is at risk of not receiving support if he continues to choose having a bath. This is because the worker is also put at risk. The workplace has policies and procedures related to the safety and wellbeing of staff. The worker uses reflective communication skills to ensure Roland understands the risks. The worker then suggests other ways of washing that are safer for Roland and the worker, such as a shower or sponge bath. The worker also suggests a visit by an occupational therapist, to do an assessment to have handrails and a shower chair added to the shower recess. This will assist Roland to remain living safely in his own home.

Practice task 19

1. What are three types of risk associated with ageing?

2. What steps could you take to minimise environmental hazards?

3. What would you do to support the person to deal with risks?

4. What is 'dignity of risk'?

5. What must you do to protect the person and yourself when it comes to the person choosing to take risks?

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Click to complete Practice task 19

Summary

1. When providing support to a person, you must always think about their physical changes as they age. People will change over time and their needs will change too. How you work with them will change. Use your observation and listening skills to notice when changes happen.

2. Be familiar with the physical signs of ageing. Read care/continuation notes, use appropriate aids, record any physical changes and always notify your supervisor or a registered nurse if you observe a change in a person's physical condition.

3. You need to know about other common ageing concerns and how these concerns affect the way you deliver services. Common concerns include cognitive (thinking) and medical issues, social isolation and loneliness, side-effects from medication, decreased mobility and changes to lifestyle and activities.

4. Changes affect the way people manage their activities of daily living. You need to give people choices about how they would like assistance to be given. Involve them in the planning of their own support.

5. People are at risk if they cannot manage daily tasks yet continue to try. It is your job to tell the person if you believe they are at risk. Risks can include self-neglect, dysphagia, behaviours of concern, cognitive impairments or environmental hazards.

6. You need to communicate risks by talking to the older person or their family. Show them the risk you have noticed. Demonstrate how the situation could be risky. Write notes to remind them about things that put them at risk. Share information with other workers and the person's family or advocate.

Learning checkpoint 4
Promote health and reablement of older people

This learning checkpoint allows you to review your skills and knowledge in promoting the health and reablement of older people.

Part A

1. Engaging people in their own care needs and other activities in their day will assist people to remain active, feel motivated and maintain a healthy lifestyle. What are some ways you can support people to remain actively involved?

2. A worker needs to know some of the usual physical changes of ageing. List at least three usual changes to a person's body as they age?

3. People feel more independent and in control of their own lives when they are able to decide what to do and how to do it. What are some ways to identify strategies to maximise engagement?

4. There are many types of aids, equipment and modifications that can help people remain independent. What are some aids and equipment that can support people to maintain a level of independence?

5. Part of your role is to provide information to the person you are supporting about what resources, such as aids and equipment, can be sourced. Where are two places that aids can be sourced?

Part B

Read the case study, then answer the question that follows.

What steps should the worker take next?