



CHCAGE010

Implement
interventions
with older people
to reduce risk



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Release 1

Learner Guide

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CHCAGE010 Implement interventions with older people to reduce risk, Release 1

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Before you begin

This Learner Guide is based on the unit of competency *CHCAGE010 Implement interventions with older people to reduce risk*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

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.

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	These 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.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	



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.

These skills are listed below:

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



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> • Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> • Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

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 outcome	Rate your confidence in each section
Topic 1 Assist with preparation for a risk assessment	1A Confirm risk assessment requirements with designated persons	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Clarify your role, responsibilities and accountability	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Communicate the information with the older person, their family, carer or other person identified by the person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Identifying risks	2A Risk factors and lifestyle	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Risk assessment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Restrictive practices	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

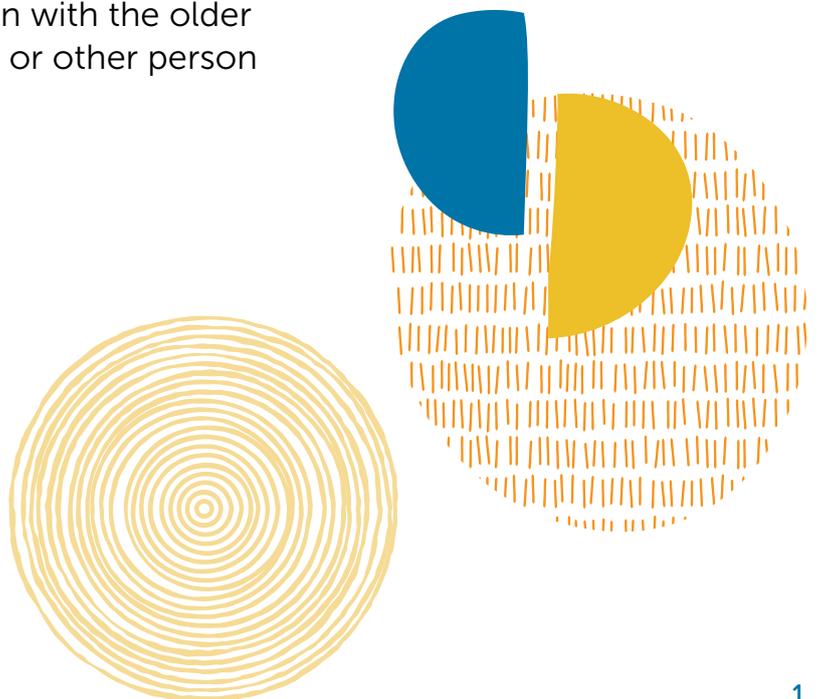


Topic	Key outcome	Rate your confidence in each section
Topic 3 Implement risk-minimisation strategies	3A Work collaboratively to minimise risks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Provide support to identify the outcomes of risk management strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Coordinate feedback on risk-minimisation strategies	4A Monitor and evaluate risk-minimisation strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Report feedback from the older person and others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Follow policies and procedures related to documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1: Assist with preparation for a risk assessment

- 1A Confirm risk assessment requirements with designated persons
- 1B Clarify your role, responsibilities and accountability
- 1C Communicate the information with the older person and their family, carer or other person identified by the person



1A

Confirm risk assessment requirements with designated persons

Assessing the risks faced by older people is part of providing safe, effective and appropriate care.

Older people may display symptoms of an illness or other health conditions differently from younger people. One of the first signs of illness is a change in the older person's behaviour. This may be a subtle or obvious change and can include, for example, changes in memory, what they eat or drink, changes in sleep patterns or increased anxiety.

For this reason, recognised assessment tools are used to record and promote each person's health and wellbeing. Your supervisor and other health professionals will advise you on the best assessment tools to use, so you can gather the right data that will assist the care team to identify their health risks to the older person.

Some examples of assessments provided by health professionals are outlined in the following table.

Professional	What they do	Assessments they may undertake
Gerontologists and general practitioners	Gerontologists are qualified doctors who specialise in the care of older people.	<ul style="list-style-type: none">• Medical condition• Aged care assessment• Mini mental health assessment• Cognitive assessment
Occupational therapists	Occupational therapists know how to modify the environment to make it safer for the older person and to help them maintain their independence.	<ul style="list-style-type: none">• Environmental• Physical functional assessment
Pharmacists	Pharmacists manufacture, dispense and supply medication.	<ul style="list-style-type: none">• Drug interactions and risk associated with taking medication• Over-the-counter/ herbal medication assessment
Physiotherapists	Physiotherapists treat physical injuries. They usually focus on musculoskeletal conditions.	<ul style="list-style-type: none">• Balance and gait• Muscle strength• Coordination



Professional	What they do	Assessments they may undertake
Psychologists	Psychologists help people with mood disorders.	<ul style="list-style-type: none"> • Depression • Mental status • Anxiety • Dementia
Registered and enrolled nurses	Registered and enrolled nurses assess and monitor a person's medical condition. They can monitor blood pressure and administer medication.	<ul style="list-style-type: none"> • Blood pressure • Blood glucose • Continence • Wound • General health and wellbeing
Dietitians	Dietitians understand how nutrition affects the body, and the provide nutrition and dietary advice.	<ul style="list-style-type: none"> • Nutritional needs • Dietary assessment

Confirm assessment requirements

Before conducting any assessment confirm with your supervisor:

- when the assessment will be carried out
- who will carry out the assessment
- why the assessment is required
- where the assessment will be carried out
- how the assessment will be carried out as well as the assessment tools that will be used.

Confirm with your supervisor or the relevant health professional which assessment tools will be used and which ones you will be involved in. Health professionals generally use a combination of methods to gather information about the whole person. These may include:

The five main assessment tools	Other methods of assessment
<ul style="list-style-type: none"> • Medical history • Medication charts • Blood pressure charts • Balance and gait assessment • Mental status evaluation 	<ul style="list-style-type: none"> • Discussion • Observation • Demonstration • Completion of forms, questionnaires and checklists



Issues to consider with older people

Don't make assessment decisions based on stereotypes; everyone is different.

It is very easy to base decisions and ideas about people on stereotypes rather than facts.

Take the time to read care plans and case notes; talk with the older person and their families; and make objective, informed decisions based on real information. By doing so, you are more likely to meet the needs of the older person and set the scene for them to experience success and satisfaction when engaging in healthcare solutions.

An individual's ability to contribute to their own care needs and preferences provides a framework for them to build a meaningful life for themselves. These are fundamental principles written into Aged Care Quality Standards used throughout Australia.

The development of programs and activities that promote good mental health and wellbeing for a person later in life promote key components that are significant to ageing, including:

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

You should have a good working knowledge of the kinds of issues older people are likely to face. Your supervisor can help explain how these issues can impact the assessment process as described in the following table.

Issues affecting health and wellbeing	Description
Physical disabilities	The older person may have mobility difficulties and have need for: <ul style="list-style-type: none">• a wheelchair• a walking frame• elbow crutches. They may have difficulty moving around in the community.



Issues affecting health and wellbeing	Description
Cognitive or mental health issues	<p>Older people vary in their:</p> <ul style="list-style-type: none"> • behaviour • attitudes • memory function • judgment • communication • interactions with others • awareness of their behaviour and actions • ability to self-monitor.
Age	<p>At some point, older people experience deterioration in their:</p> <ul style="list-style-type: none"> • health • physical abilities • memory • mobility • confidence in their skills. <p>They may experience increasing frailty and depend more upon others for support.</p>
Sensory disability	<p>The older person may have difficulty with:</p> <ul style="list-style-type: none"> • communicating with others • moving around safely in an unfamiliar environment. <p>This may mean they depend increasingly on others with specialist communication, orientation and mobility skills.</p>
Cultural background	<p>When it comes to health, illness and health care, older people from diverse cultural backgrounds may have different:</p> <ul style="list-style-type: none"> • attitudes • values • customs and beliefs. <p>When there is a language barrier, it can be difficult to understand what is happening and this may make a person feel disempowered in the assessment process.</p>
Family support	<p>Some older people have little or no family support or people looking out for them and supporting them during old age. They may feel vulnerable and will need to be encouraged and empowered during the assessment process.</p>



Issues affecting health and wellbeing	Description
Other considerations	<ul style="list-style-type: none"> • isolation – including being rural • provision of culturally sensitive care services • environmental – slippery floors, inappropriate furniture, poor lighting, tripping hazards • lifestyle – access to activities and friends • services sensitive to LGBTQ+ people • provision and availability of social housing services • dementia, mental health and palliative care services • the rights of the individual, such as in the case of elder abuse • disadvantaged people with no fixed address or contact details

Health trends among older people

In Australia, significant changes are underway in how aged care services are provided.

This has been largely driven by the introduction of aged care reforms to empower older people to direct their own care while remaining independent at home.

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

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

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

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



The motivating factors reported on were:

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

The data showed that older people's engagement in various activities was linked to their:

- social interactions and engagement
- fitness levels
- recognition of the need to be active
- acceptance of challenges and benefits
- medical constraints
- levels of involvement.

Older people give different reasons as to why they participate in exercise or activities, which are often based on their age, level of education, gender and occupation.

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

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

You can read more about this study into research on the activities of older Australians at: aspirelr.link/wsu-research-physical-activity-older-australians

Health and wellbeing policies

There are several sets of standards used by the aged care sector that outline the measures by which compliance is tested. These standards also describe the expected outcomes for providers who deliver services to older Australians. These standards may be discussed when you talk to your supervisor about the requirements for the risk assessment.



Consider the following information.

Aged Care Quality Standards

The Aged Care Quality Standards (Quality Standards) define what good care should look like for people living in residential aged care centres or receiving care and services in their own homes. The Quality Standards were developed by the Australian Government in consultation with the aged care sector, and came into effect on 1 July 2019. The eight standards are designed to empower older Australians and ensure all aged care providers deliver high quality care and services. The Aged Care Quality and Safety Commission is responsible for assessing and monitoring government-funded aged care services against the Quality Standards.

In response to the recommendations made by the Royal Commission into Aged Care Quality and Safety, the Australian Government is reviewing the Aged Care Quality Standards (Quality Standards). This review will be completed by December 2022. Part of the review will include the harmonisation of standards, which will align regulations across the aged care, disability and veterans' care sectors.

This will make it easier for support workers to work across disability, aged care and veterans' care.

- You can read more about the Quality Standards 2019 here: aspirelr.link/aged-care-quality-standards

The National Standards for Mental Health Services 2013

The National Standards for Mental Health Services 2013 are applicable to all mental health services, including government, non-government, and private sectors across Australia.

- You can read more about the National Standards for Mental Health Services 2013 at: aspirelr.link/national-practice-standards

National Standards for Disability Services (NSDS)

The National Standards for Disability Services (NSDS) contain six national standards. They emphasise the importance of facilitating choice as a key part of providing services to people with disabilities.

- You can read more about the National Standards for Disability Services at aspirelr.link/nsds



Example

Confirm risk assessment requirements with designated persons

The following table indicates different aspects of the assessment process and shows how these processes give a comprehensive picture of the older person's care needs and preferences.

Requirements for a health assessment
<ul style="list-style-type: none"> • Collect information, including any medical history or existing arrangements. • Complete an overall assessment of the older person. • Recommend suitable and agreed-upon interventions. • Provide advice, feedback, and information to the individual. • Maintain documentation, for example, written reports and recommendations. • Offer the findings of the assessment to the relevant family member, carer or health professional.
Aged care health assessment components
<ul style="list-style-type: none"> • blood pressure, pulse rate and rhythm • medication the person is taking • continence • immunisation – for example, against COVID-19 and influenza • physical function, including while doing the activities of daily living • psychological function, mood swings and cognitive condition • social engagement
Where is assessment carried out?
<ul style="list-style-type: none"> • The location of the assessment depends on who is carrying out the assessment as well as the type of assessment. • Some assessments, particularly those conducted by health professionals such as physiotherapists and doctors, are carried out in their offices. • Other health professionals, such as district nurses, may carry out the assessment in the person's home. • If the person has high care needs, assessments are often carried out in the person's home or residential setting to prevent them from having to travel. • If the assessment involves an environmental audit, it must be completed where the older person lives.



How is assessment carried out?

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

- A discussion/interview
- Observation
- Demonstration
- Completion of forms, questionnaires, and checklists.

Health professionals generally use a combination of methods.

Practice Task 1

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

Case study

Inessa, a 70-year-old Russian migrant, has noticed she is having increasing difficulty performing some of her personal care activities, such as dressing and showering. She has become increasingly anxious about how she will cope. She lives in a rural area where there is little access to healthcare services. Inessa's daughter, Natasha, has asked for a health assessment from a supported services organisation to help her and her mother identify her current care needs.

Mei Li is a healthcare professional who has been asked to conduct a health assessment with Inessa and her daughter, Natasha. Mei Li has a health report from Inessa's GP and is aware of the details of her current healthcare requirements and the challenges of living in a rural area.

Question 1

Which of the following information will Mei Li need to consider before conducting Inessa's assessment? Tick all that apply

- When the assessment will be carried out
- Who will carry out the assessment
- Which kinds of questions Inessa will feel comfortable with
- Which assessment tools will be used
- When the assessment will end



Question 2

List the three modes of gathering information Mei Li should use to assist with Inessa’s assessment.

Question 3

Which of the following statements are correct? Select yes or no for each one.

a. Family support is likely to be important for Inessa, especially as English is not her first language.	Yes / No
b. Inessa’s cultural background should be considered when providing support.	Yes / No
c. At 70 Inessa shouldn’t have many health problems.	Yes / No
d. Inessa should have an assessment for balance and gait.	Yes / No
e. Mei Li can use discussion and observation to assess Inessa.	Yes / No

Question 4

Number the steps from 1 to 6 in the order Mei Li should follow to carry out a health assessment for Inessa.

	Provide advice, feedback, and information to Inessa
	Offer the findings of the assessment to Natasha, and any relevant health professional
	Collect information including any medical history or existing arrangements
	Recommend suitable and agreed upon interventions
	Complete an overall assessment of Inessa
	Maintain documentation, for example, written reports and recommendations



Question 5

List three major issues that relate to the health and wellbeing of older people.

1B

Clarify your role, responsibilities and accountability

Ensure the older person and their family, carer or other person identified by the person understand your role in relation to their care.

When you have worked in community services, age or disability support for a period of time you will get a sense of the roles and responsibilities of other healthcare professionals. It is also important that you understand the bounds of your role. Older individuals may not be familiar with the role of a supervisor or support worker and may mistakenly believe you are a nurse or a doctor.

Avoid misunderstandings

If you do not clarify your role, responsibilities and level of accountability, a misunderstanding could arise. You may be pressured to undertake a task you are not qualified to do, upset others by not referring an issue to your supervisor, or cause information to be lost or overlooked. You may even disappoint the older person who doesn't understand why you refuse to complete nursing duties.

Policies and procedures

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

Provide information about your role

Use plain language to explain what you can and can't do when implementing risk prevention strategies. Older individuals use aged care services to help them deal with the changes that ageing brings. They may be distressed by the process, which can make it harder for them to understand your role.

Communication

When communicating with older people and their family members, allow plenty of time for discussion and questions. Explain in plain language what you can and can't do when implementing risk prevention strategies. Consider writing notes for the older person about your role and the role of others. This can remind them of your role and what's involved in implementing strategies to prevent health risks. Refer to the information in the next section regarding individual differences that can affect the quality of communication.

Setting boundaries

Professional boundaries

Guidelines, rules or limits between professionals and the people being supported.

By clarifying your job role, you are setting and promoting **professional boundaries**, which is important in creating an honest relationship. By respectfully refusing requests outside your job role, you are being honest when unable to assist and not building unrealistic expectations.

Consider the following information.

How to learn more about role boundaries

- Undertaking orientation when commencing a new role
- Reading their position description
- Reading their workplace policies and procedures
- Reading the person's care plan or other documentation
- Talking to their supervisor.

Work within your work role

You have a duty of care to older people and your employer to work safely and ensure your work does not harm anyone. If you conduct assessments that you do not have the skills, knowledge, qualifications and authorisation to conduct, you are in breach of your duty of care.

This is particularly true if you injure or cause harm someone during the course of the assessment or if you fail to identify issues that need to be addressed during the course of the assessment.

Work role boundaries and responsibilities

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

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

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



Video: Are you working outside your scope of practice?

Watch this video to unpack just what this commonly used term means and give you some tips on how to stay within the parameters of your scope of practice: aspirelr.link/yt-scope-practice



Work role boundaries – limitations

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

Factors that determine the limits of your role

- Your position description
- The organisation's policies and procedures
- Your qualifications and accreditation
- Your duty of care
- Legislation, such as the work health and safety act and regulations
- Your scope of practice

Provide information about responsibilities

Consider the older person's thoughts and feelings when providing support.

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

All aged care workers should be person focused. This means you need to consider things from the person's perspective when providing health care. You can help alleviate their concerns and anxieties by providing information to clarify the assessment process.

There may be a tension between the person's rights to say no and make decisions about their own care, and the organisation's responsibility and duty of care. Clearly explaining any consequences and encouraging participation from everyone, including the family and carer, are important. Tensions can also arise when responsibilities and roles become confused.



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

Relevant information
<ul style="list-style-type: none">• The worker's role, including what they can and cannot do• The purpose of assessment or what you hope to achieve• The approximate duration of the assessment, which helps the older person understand how much time they need to allow• The type of information needed to allow the older person to prepare• Any specific assessment tools that will be used – use plain language and refer to tools as checklists or questionnaires• The role of others in the assessment process, such as other healthcare professionals• What will happen after the assessment, including possible referrals to other services• How records are stored, accessed, and used• The role of the person's GP

Provide information about accountability

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

In addition, your organisation should have information for people receiving services and their families in its privacy policies and procedures. You must make sure you have a copy of this information, and that you understand it, when discussing the assessment with the older person. This will assure them the information they provide will be kept confidential.

This is part of being accountable, as it describes to the older person who is responsible for what, and what happens with information that is collected from the assessment process.

Duty of care, negligence and dignity of risk

A person or organisation must do everything they can to remove or minimise the possible risk and cause of harm.

All health support workers have a duty of care not to harm others.

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions.

While aspects of work health and safety legislation may vary between states and territories, there are common legislative requirements and obligations under duty-of-care principles.



Everyone working in the community, aged care or disability services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other.

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

Duty of care

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

Negligence

When duty of care has been breached and harm to either person or property ensues, it is called 'negligence'. Community workers, supervisors and organisations have a legal and ethical responsibility to ensure that people using services are not exposed to unnecessary or unreasonable risk.

Dignity of risk

Dignity of risk means that people have the right to make their own choices, even those that have an element of risk. The rights of people to dignity and choice are upheld in legislation and service standards. They 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.

Video: Dignity of risk in aged care

Watch this video and think about the concept of dignity of risk in aged care that staff should be aware of and support: aspirelr.link/yt-dignity-of-risk-aged-care



Duty-of-care requirements

Take reasonable care to avoid anything that might cause harm to someone.

A duty of care exists when someone's actions could reasonably be expected to affect another person. In these cases the law has established a duty of care to that person. This principle is based on the worker taking reasonable care to avoid acts or omissions (when you don't act) that may cause foreseeable harm to any person.

You must think ahead about the possible risks or dangers to the person using your service, co-workers or others while also making sure you follow the organisation's policies and procedures.



Tensions may occur if the person refuses or is reluctant to participate in an assessment or accept any recommendations made to reduce risk. Clear communication is so important in this instance. It can help the person understand why assessment is important, and the consequences that can arise if the assessment does not take place.

Video: Duty of care

Watch this video to look at what the concept means to support workers and gives some examples of what it might look like in the workplace: aspirelr.link/yt-duty-of-care-workplace



Video: What is duty of care?

Watch this video to understand the difference between the two definitions in the workplace: aspirelr.link/yt-what-is-duty-of-care



Human rights for everyone

Our society chooses to confer human rights on each and every person, including the right to freedom, equality and dignity.

Each person also has the right to safety, security and privacy.

When supporting people, workers have an obligation to recognise and maintain basic **human rights**. For example, when supporting older people in their homes, support workers should respect and maintain the person's dignity and privacy.

Human rights

Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

Basic needs

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

Human rights in the workplace

Your daily tasks should ensure that a person's rights and needs are met.

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



Practices	The workplace should inherently support individuals' human rights and needs. Workplace practices uphold the right to dignity, privacy, security, and safety.
Procedures	Workplace procedures are step-by-step instructions that underpin practices. Procedures such as WHS procedures ensure people maintain the safety of themselves and others.
Policies	Policies inform procedures and practices. Policies such as the anti-discrimination policy ensure all individuals are treated equally and fairly.

Video: Client rights – Are you infringing on them?

Watch this video and note the 14 legislated client rights in aged care: aspirelr.link/yt-client-rights

Infringement of these rights can often happen unconsciously, so it's important to have a solid understanding of what each right entails so you can avoid the pitfalls.



Privacy, confidentiality, and disclosure

When discussing a person's situation, always be aware of maintaining their privacy, and keeping their details confidential, unless you are permitted to disclose them. There are state and federal privacy laws that must be followed; for example, *the Privacy Act 1988* (Cth) and its amendment in February 2021. The Act covers:

What information is collected	Providers are only permitted to collect information that is necessary to provide a service to the person requiring support.
How information is stored	Information may be stored electronically and in hard-copy form. When used properly, locked drawers and password-protected files can help prevent unauthorised access.
Who can access the information	Access to the information should be limited to the care providers, the client, and their family – if they have authorisation. In some instances, information can be disclosed if the organisation believes it is necessary to lessen or prevent a serious threat to an individual's life.
The rights of the person	The person has the right to access, view and, if necessary, correct personal information.

Privacy
A fundamental human right designed to protect people from intrusion and to selectively express themselves

Confidentiality
Private or restricted information.

Disclosure
The act of sharing or releasing private or personal information.

Video: Privacy law in Australia

Watch this video, which offers a simple overview of privacy law in Australia: aspirelr.link/yt-privacy-laws-aus





Respect

Maintaining confidentiality is part of respecting a person’s privacy and rights. In practice, confidentiality means not disclosing an individual’s personal information unless they have given their consent for you to do so. There are exceptional circumstances that do enable you to disclose private information, but this is generally only when you believe that withholding the information could lead to someone being harmed.

You can read more about privacy, confidentiality and disclosure here: aspirelr.link/alrc-privacy-confidentiality

The following table summarises the 13 Australian Privacy Principles.

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
Outlines under what circumstances an organisation may use or disclose personal information for direct marketing purposes, i.e., what conditions must be 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

Stipulates that 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

States that an organisation must take reasonable steps to protect the 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.

There are 13 Australian Privacy Principles that apply to the collection, use and storage of people's information. Detailed information can be found at: aspirelr.link/oaic-aus-privacy-principles

Example

Clarify your role, responsibilities and accountability.

Spiros is an in-home respite worker and one of his clients is Sonia, a 74-year-old widow. Spiros has provided care for Sonia for five years and she really likes and trusts him.

Sonia has recently had a few near misses. She is not so steady on her feet as she sometimes feels dizzy or misjudges where she puts her feet.

Sonia's son, Geoff, talks to Spiros about his concerns and asks Spiros for some advice about how to prevent a fall and what equipment he could buy to help his mother.



Spiros says that he can give some suggestions about making the house a bit safer, but it is really better for an occupational therapist to assess the house. He also explains to Geoff that his mother should undergo an assessment to determine her level of risk of falling.

Geoff would prefer Spiros to do the assessment as Sonia knows and trusts him. Spiros explains the boundaries of his role as a respite worker and that it could be dangerous to carry out an assessment that he is not trained to do.

Spiros explains that once the appropriate health professional/s have completed their assessment, including discussing Sonia's history with Spiros, he will be involved in implementing solutions.

Geoff discusses the assessment with his mother, and she agrees that it is important. Spiros makes all the arrangements, including introducing Sonia and Geoff to the health professionals who will assess Sonia.

Practice Task 2

Question 1

Which of the following statements are correct? Select yes or no for each one.

a. Older people receiving care have the right to make their own choices about treatments or procedures.	Yes / No
b. Organisations providing care for older people have a responsibility to ensure that any personal information is not accessed by unauthorised people.	Yes / No
c. It is permissible to let the older person think you are a registered nurse when you are a residential support worker, if necessary to complete an important assessment.	Yes / No
d. All healthcare workers should take care to avoid acts or omissions that may cause harm to others.	Yes / No
a. Basic human rights should be maintained when providing care to an older person.	Yes / No



Question 2

Which of the following statements relate to privacy, confidentiality, and disclosure?
Tick all that apply

- Support workers should not discuss an individual's personal information with others without the consent of the individual.
- Individuals have a right to access, view and correct information that has been collected about them.
- Care providers are only permitted to collect information that is necessary to provide the required support service.
- The Road Safety Act of 1986 stipulates that organisations must maintain an individual's privacy.
- In some situations, for example where a person may be harmed, it is acceptable to disclose a person's private information.

Question 3

Match each of the following terms to its definition/description.

Dignity of risk		The obligation a support worker has to act in a way that would not cause harm to others.
Duty of care		When duty of care has been breached and harm to either person or property ensues.
Negligence		The right to pursue actions and activities, even when they entail some risk.
Human rights		Guidelines, rules or limits between professionals and the people being supported.
Work role boundaries		A person's rights and freedoms and norms for standards of human behaviour.

Question 4

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

1C

Communicate the information with the older person and their family, carer or other person identified by the person

Good communication enhances trust and rapport, prevents misunderstandings and encourages collaboration.

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

Two-way communication

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

Communication methods

Be mindful of what you say and how you say it.

Explaining a risk assessment to an older person and their family, carer or other person identified by the person is not just about using words. Make sure you demonstrate respect through all aspects of your communication.

It is important to be aware of messages you may be communicating through your tone of voice or facial expressions.

Communication method	Description
Use of language	This is about the words you use in your communication.
Paralanguage	This includes: <ul style="list-style-type: none">• the volume of your voice• the speed of your speech• your tone of voice• the pitch of your voice• any hesitation noises.



Communication method	Description
Body language	This includes: <ul style="list-style-type: none"> • your facial expressions • eye contact or lack of eye contact • hand gestures • nodding your head • your body posture.
Listening techniques	Actively listening shows respect to the other person. Stay focused on them. Give them time to answer and show that you have heard them by asking questions that relate to what they have said.

Ensure the message communicated by your language, paralanguage and listening techniques, is understood by the older person and their family or carer. Ask for feedback from the person to check that they have understood what you have said.

Observe the older person's body language when you are talking with them. Do their facial expressions indicate that they have understood what you're saying, or do they look confused or worried?

Individual differences

Adjust your communication style to meet the needs of the people you care for.

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

Age, culture and education

The way we communicate is often determined by our cultural background, level of education and our age and experience. It is important to remember that the older person and their family and carer/s may communicate differently from you and the other health professionals involved in their care. Some older people may be from an era where they wouldn't question a health professional's instructions. Others may come from cultures where communication with health professionals is very formal and where they would keep their gaze averted when talking to the doctor. What is respectful in one culture may be seen as impolite, even offensive, in other cultures. Limited education, poor literacy skills and mental health problems can also interfere with communication.



Consider the following examples of cultural differences in the area of communication:

Eye contact	Eye contact is seen as a sign of respect in some cultures, while in other cultures, it is seen as a sign of aggression and dominance.
Nodding	Nodding may mean 'yes' in some cultures and 'no' in another.
Pointing	It is rude to use the index finger to point in the Middle and Far East. Older people may also consider it rude to point directly at another person. Use the whole hand to gesture if you are unsure.
Personal space	In some cultures, people allow for a certain distance between themselves and another, whereas in other cultures people may feel comfortable standing quite close to one another. Observing the older person with their carer and/or family members may give you a clue.
Gender relations	In some cultures, a male is always the head of the household and must be consulted; in other cultures, decisions are made by everyone.
Language	Respect the person's needs and provide an interpreter when required. For example, a person and their family member may speak English poorly, and older people with dementia may revert to their native language.
Greetings	Address the person in the way they prefer. For example, start by using a more formal title, such as 'Mr' or 'Mrs'. Ask them what they would like you to call them. Make sure you learn how to pronounce their name correctly.

Attitudes, values, customs and beliefs

Understanding a person and their cultural background helps you to establish respect, which is the bedrock of the profession and helps to create an excellent working relationship.

It is important to remember that people from diverse cultural backgrounds have different attitudes, values, customs and beliefs, which can affect the success of any communication.

Consider the following:

Attitudes
A person's attitude is influenced by their conscious or unconscious evaluation of an object, situation or person. We all evaluate things and develop a positive or negative attitude towards them. Attitudes can be shaped by our cultural background.



Values

Values are the relative importance a person gives to an object, person, idea or event. It is common to have:

- ethical values
- customary values
- moral values
- personal values.

Similar to attitudes, values are often influenced by culture.

Customs

Customs refer to the habits, practices, conventions and rituals of a person, which are influenced by culture. Customs may include:

- what a person wears
- how a person eats
- how many children a person has
- whether the children look after their parents in old age
- a person's religion and beliefs.

Respect and seek to understand what the significance of a custom is to the person. If a person practises a particular custom, you must respect their practice.

Beliefs

Beliefs are a person's opinions and what they relate to as true. They may be connected to:

- religious beliefs
- general world views
- political views
- views about identity.

Like customs, attitudes and values, beliefs should be respected. Beliefs are important to all of us and part of our self-identity.

Identify when the older person is uncomfortable

There are many reasons why a person may not speak up and tell you what they are feeling.

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

Emotional support

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

It is important to be aware and look for clues that the person might be feeling nervous, in pain, afraid or embarrassed.

Methods

A person may be distressed if you see one or more of these signs:

- crying
- shaking
- sad/worried facial expression
- perspiring
- no eye contact
- reluctance to cooperate.

Strategies

If the older person is displaying signs of stress or discomfort you can help them to feel better about a health assessment by adopting these strategies:

- Reassure them.
- Encourage them to talk about their concerns.
- If the stressful situation is in a particular place, take them to another room.
- Ask what you could do to help them feel better.
- Give more details about the procedure, show pictures and diagrams.
- Perform the assessment on a colleague and allow the older person to watch.
- Smile, and be positive and reassuring.

With confidence in your communication skills, you can help the older person and their family, carer or other person identified by the person better understand what the risk assessment involves and your role in the process.



Practice Task 3

Question 1

List three aspects of communication you have control over, that you could use to demonstrate appropriate and respectful communication.

Question 2

List three communication practices to consider when assessing an individual from a different culture.

Question 3

How could you assist an individual who may be experiencing strong emotions about ageing and increasing health challenges?

Explain the risk assessment process

Information sharing between services and health professionals can enhance the quality of an older person's care.

It is important that the information is accurate and clear and is provided to the appropriate person within a set time frame.

Privacy, dignity and confidentiality

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

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

There are two key points to remember when providing assessment information:

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

Video: Disability rights – right to privacy, dignity & confidentiality

Watch this video to consider the aspects of privacy, dignity and confidentiality in residential care: aspirelr.link/yt-disability-and-privacy-rights



Provide information to the older person

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



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

Whom to share assessment results with

- General practitioners
- Allied health professionals involved in the care of the older person
- Legal guardians
- Paid carers directly involved in the care of the older person
- Unpaid carers and family members

Explain the assessment and results

Use language and strategies familiar to the older person, their family or carer.

You have a duty of care to clarify details about the assessment and act on the results of all assessments. When providing information to the older person (and their family members or carer) always treat them with dignity and respect. This will ensure that they continue to be open about their care needs and preferences.

Use the following strategies when communicating results to older person.

Checklist for communicating information to the older person

- Prepare a sheet for yourself with notes about all aspects of the assessment process so you can refer to this if you need to.
- Clarify the roles of all people involved prior to the meeting.
- Allow sufficient time.
- Arrange a quiet, comfortable meeting point.
- Arrange the furniture so you can sit at a 90-degree angle to the older person and their family member/s. This is less confronting than sitting directly opposite them.
- Remove any barriers such as desks or tables.
- Make sure you are sitting at the same height as the older person and their family members.
- Check that the furniture is safe and comfortable.
- Greet the older person and their family member/s in a genuine and friendly manner.
- Offer the older person and their family members a cup of tea or coffee.

Checklist for communicating information to the older person

- Explain the information in plain English.
- Use brochures and fact sheets to back up the information you provide verbally.
- Ask open questions to clarify that they have understood.
- Make notes so the older person has something to refer to later.

Video: Communicating with older adults

Watch this video to review common ways we can as health care workers increase effective communication with older adults: [aspirelr.link/yt-communicating-with-older-adults](https://www.youtube.com/watch?v=aspirelr.link/yt-communicating-with-older-adults)

This video shows examples of major communication challenges and specific recommendations to overcome them.



Example

Explain the risk assessment process and results to the older person, their family member or carer

Gowrie, an aged care coordinator at the local council, is working in her office when the admin staff tell her that Mr and Mrs Rafferty have arrived for their appointment. Gowrie is surprised, because she had forgotten about the meeting, even though it was marked in her calendar. Gowrie invites Mr and Mrs Rafferty into her office when they knock on her closed door. She indicates to them to sit down. The position of Gowrie's desk means that she has to look over her shoulder to greet the visitors.

There are some papers and documents on the visitors' chairs and Mr Rafferty picks them up and hands them to Gowrie. When they are seated, Mrs Rafferty stands straight back up again because her seat is wobbly and unsafe.

Gowrie tells Mrs Rafferty not to worry that the chair is safe to use and that she has been meaning to get the chair replaced.

Gowrie mentions an environmental audit that will be carried out on their home. Then Gowrie talks about how the OT will be in charge. She indicates that the Raffertys need to sign a consent-to-release-information form. The Raffertys look a bit confused.



Gowrie hands Mr Rafferty a pen to sign the form as she continues talking. She explains to the Raffertys that she is new to this role, and she is not sure what will happen when the OT has made an assessment. She reassures the Raffertys not to worry as they 'can cross that bridge when they get to it'. Gowrie thanks the Raffertys for coming and tells them to let themselves out as she turns back to her computer. Here is a list of actions Gowrie did that were unprofessional and should have been done differently:

Gowrie's mistakes

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

Seek the older person's permission to undertake assessment processes

Always talk through what you are going to do and seek the person's consent before you start.

If a health professional begins the assessment process without first talking it through with the older person, they may become distressed and even uncooperative. A fear of the unknown, concerns about modesty or a previous bad experience could cause the person to react badly if there has been no consultation.

Consent

Always explain what you are going to do and check with the older person if it is okay to proceed. A doctor or other health professional will ask the person to complete and sign a consent form.

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

- to privacy
- to choose the activities they wish to participate in and not participate in
- to refuse or withdraw consent.

Follow these steps to gain the person's consent before undertaking an assessment.

- Make sure the person understands your role and the role of others in the assessment process.
- Make sure the person understands the assessment process and what they're consenting to. You can confirm consent by using open questions to check understanding. The person needs to understand and consent to:
 - the type of assessment
 - the duration of the assessment
 - tools to be used
 - how it will be conducted
 - where it will be conducted
 - who will perform the assessment
 - side effects and possible complications (if relevant)
 - referral requirements
 - the role of the GP and other medical professionals.
- Make sure the person does not feel pressured into providing consent*. Provide people with sufficient time to make their choice. If appropriate, provide written information for the person to take home and read and discuss with carers and family.
- Use the correct forms to document and record consent. Store completed consent forms in the person's file.

Note:

* Psychological and physical threats should never be used to persuade someone to agree to any form of intervention, including assessment processes.



Example

Seek the older person's permission to undertake the assessment process

The following information is typically included on a health procedure consent form.

Consent form details

- Surname, given names, date of birth, sex and referring doctor
- Whether or not an interpreter is required
- An explanation of the person's condition, in plain language
- An explanation of the procedure, in plain language
- General risks of anaesthesia, which may be on a separate form
- General risks of surgery
- Specific risks of this particular procedure, listed by the doctor
- Whether or not the doctor has explained the risks and possible complications
- Whether or not the doctor has explained the risks of not having the proposed treatment
- Agreement that information has been provided
- Agreement that you understand that the procedure may not work or may worsen the condition
- Signature and date that the person understands all of the above and wants to proceed with the procedure

For more information about informed consent, visit: aspirelr.link/bh-informed-consent

Consent to disclose information

Permission to share information about the older person with other health professionals should also be obtained using a consent-to-disclose-information form. It is important that the reasons for sharing the information are explained clearly to the person, their family, carer or other person identified by the person.



Example

Consent-to-disclose-information form

This organisation and its employees take their responsibilities under federal and state privacy and freedom of information legislation very seriously. Your permission is sought to share information relating to the following conditions:

-
-
-

With the following health professionals:

Name:	Profession:
•	•
•	•
•	•

Details:

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

Name:	
Signature:	
Date:	

Collaborate with the person, their family or carer to prepare for risk assessment

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

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



Allow time for questions and contributions

The older person knows about their body, their life and their experience. Foster collaboration and demonstrate respect for the person by allowing them to contribute their own ideas about reducing risk. The person, their family or carer can provide many insights into the issues they are facing and possible solutions to consider.

Plain language

Many older people want to participate in the assessment process and would do so cooperatively if they understood what was required of them. Healthcare and community services employees often use jargon or specialist language and terms that members of the public do not understand. Make sure you explain the assessment process in plain language and encourage the person, their family or carer to ask questions and to volunteer information.

Motivate the older person to participate

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

Promote the benefits of assessment

One of the best ways to motivate older people to participate in the assessment process is to help them understand why the assessment is important and the consequences that may arise if it does not take place.

Lecturing an older person on the benefits of participation is rarely effective, as few people like being told what to do. Instead, discuss the benefits with the person; ask them what they know about their health issues and the consequences; and talk with them in general about some of the long-term consequences, including disability, pain and loss of independence.

Provide brochures and fact sheets that help explain why older people are at greater risk of health issues. Explain to them that our body's ability to repair reduces as we age. Speak in general terms so the person does not feel that you are just telling them they are getting old.

Explain that health challenges can be caused by many different things, and that you want to help identify possible risks they may face. Let them know it is their choice to participate in the assessment process.

Encourage participation

Older people, their family or carers are much more likely to be involved in assessment if they understand their role, and are motivated to be involved. Clear, friendly communication can help you develop rapport with the older person, which makes it easier to explain their role and responsibilities in the process.



Consider the following information.

Tips for encouraging participation in the assessment process
<p>Make sure you understand the process.</p> <ul style="list-style-type: none">• You will not be able to communicate the process unless you have a clear understanding of the assessment purpose and process yourself.
<p>Pay attention to your dress and presentation.</p> <ul style="list-style-type: none">• If you are untidy or out of uniform you will appear unprofessional, which may make it hard to gain a person's trust.
<p>Organise a suitable meeting place.</p> <ul style="list-style-type: none">• Choose somewhere that is quiet, comfortable, private and free from distractions.
<p>Make sure you have all required documents, including:</p> <ul style="list-style-type: none">• the privacy policy• code of conduct• consent to release information• assessment tools• information from other service providers.
<p>Explain the purpose of the assessment, including:</p> <ul style="list-style-type: none">• what will happen• the time frame for the assessment• which health professionals will be involved.
<p>Clearly communicate the person's rights.</p> <ul style="list-style-type: none">• Use written information, and images, to help the older person, their family member or carer understand what you are saying.
<p>During the meeting:</p> <ul style="list-style-type: none">• focus on the older person, their family member or carer by maintaining eye contact and using forms of verbal and nonverbal communication to demonstrate interest, care and engagement.
<p>Be alert for signs of confusion or distress.</p> <ul style="list-style-type: none">• Pay attention to the person's verbal and nonverbal cues and, if they appear distressed, take time to reassure them. If they appear confused, ask questions to determine what they are unsure of.
<p>Practise mindful listening.</p> <ul style="list-style-type: none">• Allow the older person to speak and wait for them to finish.• Listen to what they are saying.• Do not cut them off mid-sentence or try to predict what they will say.
<p>Encourage questions.</p> <ul style="list-style-type: none">• Demonstrate that you respect the person by showing genuine interest in their questions.



Example

Collaborate with the older person, their family member and carer to prepare for the risk assessment.

Lee, an aged care coordinator has arranged a meeting to discuss risk assessments with Jacqui, an older person who has had some concerns about falls.

Before the meeting, Jacqui felt anxious, because she didn't think she would be given the opportunity to discuss the assessments. Jacqui wanted to know everything about the assessments. She also wanted to talk about her life, her hobbies and the places she liked to visit, and how important it was for her to stay independent. Her biggest fear was that she would not be able to do all the things she loved.

Jacqui spoke to her carer, Sharmaine, about her concerns. Sharmaine suggested that they write down all the things Jacqui liked to do and whether those activities posed a risk of falling. She also suggested they think of how to reduce the risks, that they could share with Lee in the meeting.

Lee welcomed Jacqui and Sharmaine into the meeting and started the discussion by asking Jacqui what kinds of activities she liked to do and whether any of them posed any risk to her of falling. Jacqui was pleased to take out the list that she and Sharmaine had made earlier, and she talked enthusiastically about all her favourite activities.

Lee listened carefully, nodding and commenting now and then as she also took notes. Sharmaine also contributed, offering suggestions of how Jacqui could reduce the risk of falling by making some small changes to how she did things. She also explained to Lee how Jacqui currently made adjustments to make some tasks easier.

After Jacqui had finished talking about what she wanted to continue to do independently, Lee explained exactly what assessment was being proposed, why, and, how it would benefit Jacqui.

Both Jacqui and Sharmaine asked lots of questions and made some suggestions. Jacqui felt very positive about the assessment, and felt that she was in control of her health and future.



Practice Task 4

Question 1

Which of the following are aspects of the assessment process must be clear to the older person? Tick all that apply.

- The purpose of the assessment.
- What will be assessed and where the assessment will occur.
- Their rights and responsibilities.
- The age and ethnicity of the assessor.
- The purpose of the consent-to-release-information form.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Allow sufficient time when communicating information to the older person.	Yes / No
b. Clarify the role of other health professionals prior to the meeting with the older person, their family member or carer.	Yes / No
c. Make notes about the information you have shared with the older person during the meeting.	Yes / No
d. Use brochures and fact sheets when providing information to the older person, their family member or carer.	Yes / No
e. Explain the information about the assessment using technical medical terminology.	Yes / No

Question 3

List four signs that indicate an older person is not comfortable with a process and may be anxious.



Question 4

Explain why collaborating with the older person, their family and carer improves the preparation for and success of a risk assessment.

Question 5

Briefly outline why it is inappropriate to instruct an older person to fill in and sign a consent form when preparing for a risk assessment.



Summary

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



Learning Checkpoint 1

Assist with the preparation for a risk assessment

Part A

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

2. Provide at least five examples of things to consider when identifying the rights of the older person in order to ensure they are engaged in the assessment process.



3. Which of the following relate to preparing and providing information about the assessment process to the person, their family, carer or others identified by the person. Tick all that apply.

- An assessment should be a joint effort where the assessor and the person being assessed work together to identify possible risk factors.
- It is considered best practice to involve people in all aspects of their care.
- If you get permission, you can conduct the assessment process yourself.
- You are more likely to reduce risks if the older person has been actively involved in identifying them.
- An assessment is an ideal time to trial your new ideas.

4. Which of the following reflect an organisation's responsibilities for ensuring workers work within the boundaries of their role? Tick all that apply.

- Provide orientation for new staff.
- Outline roles and responsibilities in a position description.
- Indicate responsibilities in workplace policies and procedures.
- Refer to the person's care plan for a list of tasks that need to be completed.
- Observe colleagues while they work.

5. List the five main assessment tools used to assess risk with older people.

6. Which of the following pose major risks to older people? Tick all that apply.

- Depression, anxiety and cognitive issues
- Quality time with friends and family
- Access to good nutrition, sleep and age and ability appropriate exercise
- Cultural and isolation issues
- Environmental and lifestyle issues



7. List four current trends related to older Australians requiring assisted care in day-to-day activities.

8. Which of the following statements are correct? Select yes or no for each one.

a. The older person you are providing support to keeps referring to you as 'nurse'. It is okay to let an older person believe you are a nurse or doctor when you are a support worker if that makes them feel better.	Yes / No
b. Dignity of risk means allowing an older person to choose not to proceed with an assessment or treatment even if they understand it will benefit them.	Yes / No
c. Ignoring a tripping hazard on the floor of an older person with poor eyesight is an example of a breach of duty of care.	Yes / No
d. Ignoring an older person's request to maintain their privacy and dignity is a breach of their human rights.	Yes / No
e. If you are having a very busy day, it is okay to leave confidential information about older people who are in your care, on the bedside table. You can file them all at the end of your shift.	Yes / No

9. Which of the following statements promote respect and empowerment when communicating about the risk assessment process? Tick all that apply

- Two-way communication where the support worker and older person/carer listen to each other and contribute to the discussion.
- Check for understanding by asking the older person for feedback and by observing their body language for signs of confusion or worry.
- If the older person is confused, they are likely to have dementia. In this instance, communicate all information to their carer or family members.
- Consider the age, culture and level of education of the older person and adjust your language and gestures accordingly.
- Make notes about the information you share with the older person to allow them to read them in their own time and raise any questions they may have.



10. List two signs you would look for to indicate an older person is not comfortable with the assessment process.

11. Provide three strategies you would use to help the older person to feel better about assessment process.

Part B

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

Case study

Jaime is an aged care support worker, and she visits her clients in their homes. Jamie recently began providing care to Levi, a 73-year-old Orthodox Jewish migrant who recently arrived from Israel to live with his Australian son and his family. Levi speaks some English, but has some difficulty with his hearing. He is a proud man who held a position of authority in his hometown.

During Jaime's last visit, Asher, Levi's son, told her about his concerns for his father. He told Jaime that Levi had a few near misses, stumbling over things in the house and that his father no longer joined the family when they were watching their favourite TV shows from Israel. Levi said he would prefer to read his books rather than watch TV.



Asher mentioned that Levi used to be an avid reader, but he now became irritated when his daughter-in-law offered to take him to the library. When Asher checked his father's room, he noticed that Levi had put all his books in a box and shoved it under the bed.

Jamie told Asher that she would organise a risk assessment for Levi to be conducted by an ophthalmologist, because his eyesight is failing and he will probably go blind. Asher explained this to his father who became angry and stormed off to his room, slamming the door, saying, 'Not my eyes, not my eyes'. Asher asked if there might be another problem, like his balance or an infection. Jaime assured him that it was Levi's eyes that were problem.

Jaime reassured Asher that she would organise everything. She would contact him with the date, time and address of the assessment. All Asher had to do was to make sure his father was up, dressed and arrived on time; the ophthalmologist would direct the next steps that needed to be taken. His father just had to follow their instructions.

1. Jaime has assumed that Levi's problems are due to his failing eyesight. This could be true, but identify other risks that could be causing his near misses and changes in behaviour.



2. Briefly outline how Jaime has overstepped the boundaries of her role.

3. Explain why it was wrong for Jaimie to say that Levi just had to follow the directions of the health professionals.

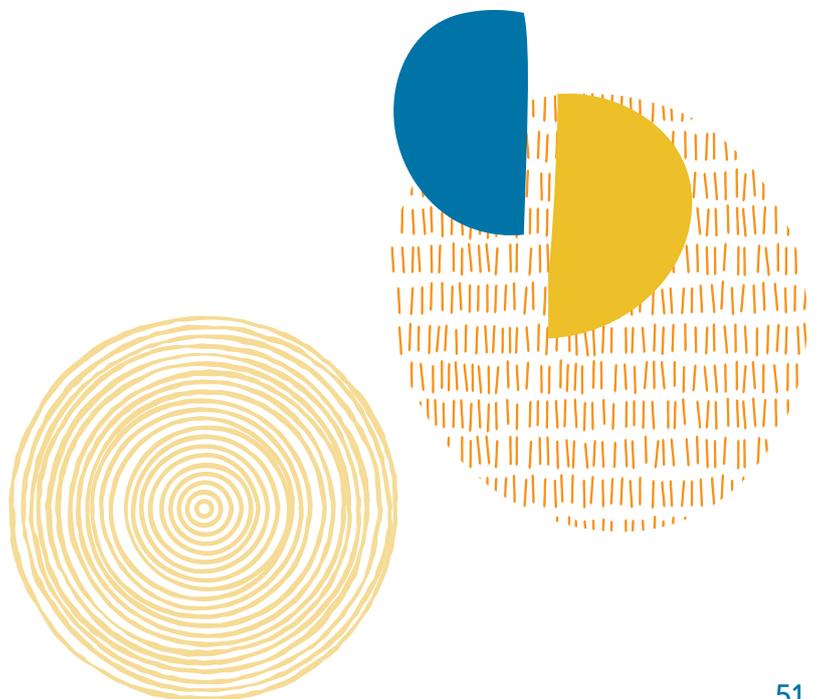


4. Briefly describe what Jaime should do before sharing any information about Levi with other health professionals.



Topic 2: Identifying risks

- 2A Risk factors and lifestyle
- 2B Risk assessment
- 2C Restrictive practices



2A

Risk factors and lifestyle

A risk is anything that may result in harm or injury.

It is essential to identify, report and address anything that may be a risk to the person's health and wellbeing. The following risk areas are considered a major risk area for older people:

- Lifestyle, such as if a person has interests, hobbies and sport or recreation activities they like to participate in and the social interactions that can provide
- Level of isolation, such as the frequency of interactions with family and friends as well as opportunities for participation in the community
- Depression, anxiety and the limits these may place on the person's social and personal wellbeing.
- Cognitive abilities, such as dementia, which can affect a person's understanding of their choices and interactions with other people and their environment
- Cultural background, which influences a person's personal preferences, likes and dislikes
- Environmental factors, such as a person's physical location, their access to services and community activities, as well as the suitability of their home to meet their changing needs for support.

These factors are all interrelated and can affect a person's emotions, physical capabilities and mental health.

Assessing risk can be more difficult if the person:

- is reluctant to reveal the true extent of their circumstances
- lives in poverty
- has a mental illness
- has a disability (whether visible or invisible)
- requires culturally sensitive care.

It is important not to make assumptions based on these factors alone, but to have a holistic perspective. Look for signs, including those that are more subtle, such as statements made by the person, their reactions, expressed thoughts and feelings, and behaviour, when assessing risk.



Identify current risks

Assessing risk can be difficult because human behaviour is complex, and older people may be reluctant to make full disclosure of their situation and the circumstances leading to harm. For instance, older people often fail to disclose family members as abusers as these issues were once never discussed in 'polite company' and were managed privately.

The older person may be at risk of self-harm or harm from a family member, neighbour or someone else who may have physical contact. It's also important to remember that nonphysical contact such as cyber-attacks needs to be kept in mind. Coercion via the internet, email or social media in the aged population is growing every year. Remember to look inside and outside the family and extended family unit. The family may be unaware of external violence and abuse.

Video: Elder abuse – know the signs

Watch this video that describes some elements that are considered abuse: aspirelr.link/yt-elder-abuse-signs



There are several **indicators**, or signs, that support workers can use to help identify when a person is at crisis point and requiring care services.

Use effective communication skills to gather information from several sources, including by attending to the verbal and nonverbal messages being communicated by the older person at risk. When determining risk, consider what connects a person to life and living. This includes their strengths and protective factors, their coping skills, resilience, the support they receive from family and friends; their religious beliefs, and access to community services. Listed below are some factors that can assist in identifying indicators of risk.

Indicator

Something that indicates the state or level of something; a gauge or measure.

Factors that assist you to correctly read indicators of risk

- Familiarity with the person's personality
- Knowledge of their circumstances
- Understanding of their life issues
- Background knowledge and understanding of their context

Video: Ongoing assessment & care planning

Watch this video on how to include the person you are caring for in assessment and planning: <https://aspirelr.link/yt-ongoing-assessment>



Signs of risk

Identifying potential risks involves being mindful of the behaviour of the older person.

As a support worker, you are in a good position to notice the older person’s behaviour and know what it looks like when they are well and not stressed, and how they look, act and behave when they are unwell or stressed.

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

Sudden changes in behaviour	<ul style="list-style-type: none"> withdrawing from family/friends not wanting to be left alone not wanting to be touched loss of interest in usual social activities developing violent, argumentative, or disruptive behaviour
Significant personal changes	Changes may include apathy regarding dress, appearance, and personal hygiene.
Depression or other mental health problems	<ul style="list-style-type: none"> loss of interest in previously pleasurable activities marked weight increase or decrease due to a change in eating habits lack of concentration changes in sleeping patterns (too much or too little) delusions or hallucinations lack of energy or motivation
Lack of interest in talking about the future	<ul style="list-style-type: none"> talk of being worthless, useless, or hopeless sudden happiness after a lengthy period of depression unusually disruptive or rebellious behaviour a noticeable increase in compulsive behaviour
Impulsive and/or risk-taking behaviour	<ul style="list-style-type: none"> careless, accident-prone behaviour and taking personal risks increased or heavy use of alcohol or other drugs.
Making final arrangements	<ul style="list-style-type: none"> making a will giving away valued possessions organising their funeral saying goodbye to loved ones
Self-harm and suicide attempts	Having made previous suicide attempt/s is one of the most important and reliable indicators of risk.
Verbal expressions, both direct and indirect	<ul style="list-style-type: none"> Statements the person says can be warning signs, such as: <ul style="list-style-type: none"> ‘I wish I were dead.’ ‘You won’t have to bother with me anymore.’



Factors that affect risk

Where an assessment conducted with an older person does not identify the cause, the support worker or medical professional needs to recognise signs and symptoms that require further investigation.

Older people may be at risk of harm in their own home from family members, which is known as family or domestic violence.

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

As strange as it sounds, abuse can be intentional or unintentional. Intentional abuse is when a person deliberately seeks to cause harm to the other person by depriving them of something, and/or actively hurting them. Unintentional abuse can occur when someone doesn't realise, through ignorance or other reasons, that their behaviour towards the older person is abusive. An example is when a primary carer hasn't had a break for a long time and is caring for someone with very high needs. If there is no one else the carer can call on, they can become tired and resentful, and fail to provide adequate care as a result. This is still classified as abuse and needs to be reported.

Here are some indicators of stress and depression, which can indicate abuse:

Indicators/Types	What can be identified
Triggers for depression/ anxiety	<ul style="list-style-type: none"> • Increased health challenges and/or chronic pain • Medication and its side effects • Social isolation and loneliness • Loss of independence, meaningful work, self-value, physical limitations and relationships • Long stays in hospital • Changes in living arrangements • Grief and loss • Physical limitations • Loss of relationships



Indicators/Types	What can be identified
Family violence	<ul style="list-style-type: none">• Physical abuse, such as actual or threatened punching, hitting, choking, throwing, or smashing objects, damaging property or injuring pets• Sexual abuse• Verbal abuse, including continued verbal harassment, put downs, insults, name-calling and swearing• Social abuse by isolating a person from family and friends, denying access to the car or telephone, making it difficult to have friends by intimidating behaviour or emotional manipulation• Financial abuse that occurs when one person controls the family income so the other is either allowed no money or only money for household expenses and nothing for personal use• Psychological and emotional abuse, including verbal abuse, humiliation, threats, insults, harassment, or constant criticism

Causes of abuse

An older person may be at risk of abuse for a variety of reasons. These include:

- their primary carer being stressed at home or at work
- a family member being in debt, and who may steal from the older person
- conflict, arguments and fights within the family
- isolation, causing the abuser to think no one will find out if they treat them badly
- a family member or carer using drugs or alcohol excessively and not being able to care for the older person properly.

By developing a relationship with the person, their family members and/or carers, you will be better placed to identify the risk of abuse for the older person. These indicators are outlined below.

Indicators of abuse	
Behaviour changes in an older person with care needs	<ul style="list-style-type: none">• The person may become withdrawn, depressed and anxious, or display signs of being scared. They may become ambivalent or non-responsive.• You may find the older person is becoming disorientated or making contradictory statements. (This of course can be a sign of a range of illnesses, so should be thoroughly assessed before assuming that the older person is being abused.)



Behavioural signs from the family member or carer	<ul style="list-style-type: none"> You may encounter situations where the family member or carer makes lots of excuses so you cannot gain access to the older person with care needs. The carer may be overly affectionate and flirtatious with the older person, which may indicate an inappropriate sexual relationship. You may find the family member or carer is giving conflicting accounts of incidents or is hostile towards the older person with care needs.
General indicators	<ul style="list-style-type: none"> There may be changes in the older person's health such as unexplained weight loss, bedsores, poor colouration, and sunken eyes and cheeks. The person may have unexplained or continual injuries. An older person's personal care needs not being met, as indicated by dirty hair, dirty clothing, soiled bedding, and unclean living conditions. Inappropriate use of medication, such as drugging the older person so that they sleep for longer periods of the day and night.

Types of abuse

There are different types of abuse that older people may be subjected to.

Type of abuse	Signs of abuse
Physical abuse	<ul style="list-style-type: none"> Physical abuse is when an older person is being physically assaulted. Physical acts of violence include, hitting, slapping, punching, pulling hair, spitting at the older person, pinching, biting, twisting their arm or wrist, physical restraint, such as being tied to a bed or chair, confinement to a room, or using objects to hurt the older person. <p>Indicators include:</p> <ul style="list-style-type: none"> bruises, cuts, scabs and scars abrasions, welts, rashes swelling, burn blisters agitation, cowering, unexplained hair loss tenderness, pain, restricted movement broken or healing bones drowsiness, unexplained weight loss.



Type of abuse	Signs of abuse
Sexual abuse	<p>Sexual abuse is any unwanted or uninvited sexual contact, language or sexually exploitative behaviour by another person. It includes sexual harassment, indecent assault and rape.</p> <p>Indicators include:</p> <ul style="list-style-type: none">• 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 area.
Financial abuse	<p>This can include the taking or mishandling of an older person’s money, property or assets without their consent. It can also include situations where an older person with impaired cognitive abilities has given consent without truly understanding what their consent means.</p> <p>Indicators include:</p> <ul style="list-style-type: none">• embezzlement, fraud, forgery and stealing• withholding money from the older person or not paying accounts or debts• forcing an older person to change their will• the enduring power of attorney refusing to provide enough money for the older person to live on• the enduring power of attorney refusing to provide money for the older person to buy clothing or other required items• forcing an older person to hand over their money or assets.
Emotional abuse	<p>Emotional abuse is ongoing intimidating behaviour towards an older person that disempowers them. Emotional abuse can be both verbal and nonverbal. It can include belittling, threats and withdrawal of affection.</p> <p>Indicators include:</p> <ul style="list-style-type: none">• a sense of hopelessness – fearfulness, helplessness, withdrawal, reluctance to make decisions• behaviour swings – anxiety, anger, moodiness, agitation, depression, passivity, low self-esteem• tiredness – sleep deprivation, insomnia, confusion• unexplained weight loss or gain – change in appetite, increased alcohol intake.



Type of abuse	Signs of abuse
Social abuse	<p>Social abuse occurs when another person behaves in ways to reduce or restrict an older person's social contact with others. It can include stopping an older person from being involved in activities with others and/or preventing contact with friends and family, resulting in social isolation. This causes isolation for the older person and can result in depression and anxiety and other related health issues.</p> <p>Indicators include:</p> <ul style="list-style-type: none"> • withdrawal and sadness • grieving for loss of family and friends • low self-esteem and passive behaviour.
Systems abuse	<p>This includes:</p> <ul style="list-style-type: none"> • medical neglect – failure to provide proper medical geriatric care • inadequate care – insufficient assessment and treatment being provided • lack of advocacy services – this is exacerbated by the current demand putting a strain on agencies • a lack of comprehensive geriatric evaluation and treatment in hospitals and nursing facilities • neglect or abuse in the home by a carer, family member or friend • self-neglect – conscious decision-making with regards to lifestyle choices that causes risk of harm or impairment • isolation • failure to report elder abuse or follow up reports or abuse.
Neglect	<p>Neglect is when the person with care needs is not being provided with basic necessities such as enough food or drink. This can be intentional or unintentional. It includes:</p> <ul style="list-style-type: none"> • 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, e.g., overuse of sleep meds so they sleep for longer periods of the day • leaving the person in the same continence aid for the whole day. • Indicators include: <ul style="list-style-type: none"> • weight loss, dehydration, poor skin quality • an unkempt appearance – same clothing worn day after day, loose or baggy clothing, clothing in poor state, hair unwashed, untrimmed nails, poor hygiene • no dentures, hearing aids, mobility aids or glasses • skin burns from urine being in contact with the skin for prolonged periods of time.

Neglect

To fail to care for properly, or to be uncared for.



Video: What is undue influence? Part 1

Watch this video to explore what undue influence can look like: aspirelr.link/yt-undue-influence-1



Video: What is undue influence? Part 2

Watch the second part of this video to deepen your understanding of what undue influence can look like: aspirelr.link/yt-undue-influence-2



The Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) was designed by the government to prevent and reduce incidents of abuse and neglect in aged care.

The SIRS sets out guidelines for the reporting of incidents of abuse of older people. There are eight types of reportable incident.

Type of incident	Definition
Unreasonable use of force	<ul style="list-style-type: none"> • Hitting • Pushing or shoving • Rough handling
Unlawful sexual contact or inappropriate sexual conduct	<ul style="list-style-type: none"> • Sexual threats • Stalking • Sexual activities without consent
Neglect	<ul style="list-style-type: none"> • Withholding personal care • Leaving wounds untreated • Not assisting with meals
Psychological or emotional abuse	<ul style="list-style-type: none"> • Yelling • Name calling • Ignoring a person • Threatening gestures • Refusing access to care or services as a punishment
Unexpected death	<ul style="list-style-type: none"> • Not taking reasonable steps to prevent death • Death resulting from care or services provided • Failure to provide care or services, leading to death
Stealing or financial coercion	<ul style="list-style-type: none"> • Making a person change their will • Stealing valuables



Type of incident	Definition
Restrictive practices	<ul style="list-style-type: none"> Inappropriate use of restrictive practices Restraints used: <ul style="list-style-type: none"> Without consent or notification of next of kin In a non-emergency situation Including chemical restraints: medication given to influence behaviour.
Unexplained absence from care	<ul style="list-style-type: none"> The person leaves the premises without explanation This should be reported to the police.

The SIRS aims to:

- build providers' skills so they know how to respond to serious incidents
- assist in the formulation of quality and safety plans
- stop incidents from occurring
- ensure people in aged care receive the support needed.

For more information about the SIRS, visit: aspirelr.link/sirs

Identifying medical risk factors

There are several factors that increase an older person's risk of falling. Some factors are associated with the usual changes associated with ageing such as muscle weakness, low blood pressure, poor posture, irregular gait, poor balance, and use of certain medications. Low bone density can also mean that injuries sustained in a fall can be more severe or take longer to heal.

The ageing process increases the risk factors for falling.

Video: Preventing slips, trips and falls

Watch this video to learn how to reduce tripping hazards in the workplace: aspirelr.link/yt-slips-trips-falls



Video: Falls risk assessment

Watch this video to identify falls risks: aspirelr.link/yt-falls-risk-assessment





Lifestyle and the way an older person interacts with their environment can increase or decrease their risk of falling.

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

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

Medication effects	Older people are likely to take a number of medications over a period of time. Some medications have side effects, for example, sedatives and medications to lower blood pressure can increase a person's risk of falling. In fact, some medications have both a sedating and blood pressure lowering effect. Another example includes some prescription anti-depressants that can cause: <ul style="list-style-type: none">• postural hypotension, which can lead to dizziness and blackouts• confusion, which can prevent an older person from being aware of hazards in their surroundings• falls, due to the sedative effects.
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<p>Dehydration</p>	<p>Dehydration can cause several health risks, such as infections, cognition issues and difficulties with mobility.</p> <p>Dehydration can be fatal and is caused by insufficient water intake or excessive water loss. An older person is at risk of dehydration if they:</p> <ul style="list-style-type: none"> • are unaware of being dehydrated • have limited or inadequate water intake • experience certain side effects of prescribed medications, such as frequent urination • sweat excessively • experience blood loss. <p>Health factors that can lead to dehydration include:</p> <ul style="list-style-type: none"> • illness • diminished sense of taste and smell, making eating less appealing • heart failure • lung and kidney problems • cognitive disturbances • sleeplessness • swallowing disorders (dysphagia) • oral and dental problems • mouth sores and pain. <p>Some environmental factors contributing to dehydration may include:</p> <ul style="list-style-type: none"> • loss of appetite due to lack of activity or exercise • lack of care from family or friends • special dietary requirements • cultural differences around food and eating • dementia, memory loss and confusion • poverty.
<p>Malnutrition</p>	<p>Malnutrition can include either overnutrition, such as obesity or being overweight, or undernutrition, such as vitamin deficiency or being underweight.</p> <p>Health risks associated with obesity can include heart failure, impaired physical functionality, arthritis, cancers and hypertension.</p> <p>Health risks associated with being underweight include increased risk of bone fractures, weakened immune system, anaemia and lack of energy.</p> <p>Some environmental factors contributing to malnutrition include:</p> <ul style="list-style-type: none"> • loss of appetite due to lack of activity or exercise • lack of care from family or friends • special dietary requirements • poor dental health and discomfort • cultural differences around food and eating • dementia, memory loss and confusion • poverty.

Malnutrition
Deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.



Dysphagia	Dysphagia means difficulty in swallowing and is a greater risk for older people. It can occur through the natural aging process. <ul style="list-style-type: none">• Dysphagia can severely affect the older person’s quality of life, leading to depression due to the disruption to their normal way of living.• It decreases a person’s independence and causes significant weight loss and loss of muscle strength.• Dysphagia can be fatal through choking.
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Example

Identify and review lifestyle factors that affect risk

Ray is 82 years old and lives alone following the death of his wife. He has experienced a decline in his wellbeing and received a diagnosis of depression seven months ago following an overdose of medication a few months after his wife died.

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

The support worker is concerned that Ray may self-harm, so he raises this directly with Ray, in a respectful way, and listens as Ray talks about feelings of hopelessness, despair, loneliness and grief. The support worker asks directly whether Ray has made a plan to end his life. Ray responds that he has thought about it, but decided that medication can’t be relied upon, saying he ‘will have to think of some other way’.

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



Practice Task 5

Question 1

Suggest two signs that indicate a person may be at risk of emotional abuse.

Question 2

Which of the following are ways to report suspected abuse? Tick all that apply.

- Write a letter to the family or carer.
- Email the police.
- Report what you saw, for example the size, location, and type of bruising.
- Follow-up with action such as report to a supervisor.
- Record the incident the following week if there are any new bruises.

Question 3

Provide at least four examples of major risk areas for older people.



Question 4

Match each term about elder abuse to its description.

Financial abuse		Acts such as hitting and slapping
Sexual abuse		When a carer fails to identify those at risk of self-neglect, fails to act on reports of elder abuse or lacks the resources to provide adequate care
Emotional abuse		Unwanted or uninvited sexual contact, language or exploitative behaviour by another person
Social abuse		When an older person's money, property or assets are mishandled or taken and used without their consent
Physical abuse		Ongoing intimidating behaviour towards an older person that disempowers them
Systems abuse		When another person behaves in ways to reduce or restrict an older person's social contact with others

Question 5

Match each risk indicator to its description.

Neglect		Inability to control the passing of urine or faeces
Falls		Deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.
Medication		The state of being uncared for
Dehydration		Inability to maintain erect posture and going to ground rapidly and without control
Malnutrition		Difficulty swallowing
Dysphagia		Drugs used to treat symptoms or disorders
Continence		A state caused by lack of water intake or excessive water loss

2B

Risk assessment

A risk assessment is the first step in identifying factors that may cause harm to a person. The assessment process is an ongoing process.

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

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

Best practice is to actively involve the client in all aspects of their care, including assessment. The aged care coordinator has a duty of care to clarify, add to the assessment and act on the results of all assessments.

Standardised tools for risk assessment

Using standardised assessment tools gives comparable benchmarks and gives data on a range of specific areas. This helps in identifying and determining health risks.

Different methods of assessment can be used depending on the context and the older person's specific needs. Some assessment tools use self-reporting, and some must be conducted by a health professional, such as a gerontologist, nurse, dietitian or physiotherapist.

The different methods can include:

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



A combination of these methods may be used, depending on the person’s needs. Discuss with your supervisor the types of assessment used in the organisation, and ensure you following organisational policies, procedures, protocols and guidelines in fulfilling your duties.

For more information about assessing fall risk, visit: aspirelr.link/health-vic-falls-prevention-tools

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

Medical condition	When an older person’s medical condition has been diagnosed by a qualified health professional, it should be referred to in the assessment. If there are signs of instability in their health, the assessment should not proceed until the immediate health issues have been addressed.
Physical capability	Assess the older person’s mobility capacity to perform activities of daily living to maintain independence – specifically, mobility, personal hygiene and nutrition, as well as independent activities such as shopping, driving, and cleaning.
Cognitive capacity and behavioural factors	Assess for verbal and physical behaviours that may be aggressive, self-destructive, relate to confusion or impaired judgement, or the ability to reason and make decisions. This should reference the older person’s GP or other health professionals for more information on their cognitive status.
Social factors	Consider the older person’s current supports, including social needs and support from families, carers or friends. This will include assessment of the older person’s social, spiritual, cultural and financial circumstances and background.
Physical environmental factors	Assess benefits, limitations and risks associate with the person’s living environment, including safety risks in the home environment.
Personal choice	Provide information to the older person regarding the choice of care services available to meet their needs. Account for the older person’s preference in any care services or living arrangements they require.

Cognitive
Describing the brain’s functions of thinking, reasoning and learning.

Indicators of increased risk

Some health conditions and behaviours increase the person’s risk of injury or ill health.

You may not always be aware of the subtle changes in a person’s health and should consult with the family, carer or others identified by the person who may be involved in the care program. You should also be aware of which assessment tools are beyond your experience and qualifications.



You must be aware of any changes and identify why and how these changes occur. Measurements and standardised tools can provide relevant data based on assessment of the same variances in the general population of older people. The following table describes a number of indicators (that could put an older person at risk) to assist your understanding and knowledge of which indicators to look for.

Risks	Indicators of increased risk
Adverse reactions	<p>An adverse reaction is a consequence of an intervention that is undesirable. Adverse reactions can be physical, cognitive or psychological.</p> <ul style="list-style-type: none"> • Physical reactions that place a person at increased risk of falling are muscle weakness and poor muscle control. • Cognitive changes that place a person at increased risk of falling are altered judgment and impaired spatial awareness. An older person may not be aware of where they are, the dangers associated with different activities or be able to judge distance and depth. • One common side effect of a health challenge such as falling is depression, which can affect a person's cognition and willingness and ability to comply with fall minimisation strategies
Contraindicators	<p>A contraindicator is a condition that makes a particular strategy inadvisable. For example, a falls diary would be inappropriate for someone who can't write. Another example is that a doctor would not prescribe a medication if the older person is allergic to the medication or is taking another medication known to have an adverse interaction with it.</p>
Withdrawal of consent	<p>A person withdrawing their consent signals that they no longer wish to participate in something.</p> <ul style="list-style-type: none"> • You can't force a person who has the capacity to make informed decisions to participate in a strategy. • You should encourage them to consider alternative ways of reducing their risk of falling, or find out if there are other reasons, such as a relationship difficulty with a support worker
Noncompliance	<ul style="list-style-type: none"> • Older people rarely openly resist risk-minimisation strategies. Most do their best to follow the instructions, change their environment and do what they can to improve their physical condition. • Sometimes people may simply neglect to fulfil their responsibilities as listed in the strategy, especially if they are not encouraged to do so by their family or carer or are not monitored sufficiently by health professionals. • In some cases, the cost of the strategy may be too much, or the venue and timing of the strategy may be unsuitable, making it difficult to comply.



Manage risks in aged care

The Australian Aged Care Quality Agency has developed assessments and standards for managing key health challenges experienced by older people.

There are eight standards in the Aged Care Quality Standards that detail expected healthy outcomes for the older person as they receive care in a residential setting or in their home.

For more information on quality standards, visit: aspirelr.link/aged-care-quality-standards

Expected outcomes based on common health issues

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

Dexterity

The ability to skilfully perform tasks, especially with the hands.

Monitor risks in aged care

Standardised assessment tools will be used to monitor the health risks faced by an older person receiving care.

Depending on the strategy to be implemented, the older person will be monitored to indicate its level of success and progress being made. The following table identifies key assessments from a care plan.



Key assessment tools for monitoring risks

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

Use risk assessment tools and methods

Support workers need to assess risks so they can develop and implement appropriate strategies to reduce these risks.

There are several tools that can be used to assess and document whether a person is at risk of deteriorating health. Not all of them will be used. Confirm with your supervisor or the relevant health professional which ones are to be used and which ones you will be involved in. The older person should always be involved in this process of identifying risks.

Supervisors and support workers must balance the older person's right to safety with their right to independence and **autonomy**. The support worker or supervisor conducting the physical assessment will have a good understanding of the assessment tools and techniques available, how to use them effectively and the type of information they are intended to gather. It is likely that the organisation will have a comprehensive set of assessments within their policies and procedures.

Autonomy

A person's ability to make their own decisions.

Initial health assessments are used to identify physical, psychological, emotional, cultural, and spiritual needs and preferences. You may be required to engage an interpreting service if the person is from a culturally and linguistically diverse (CALD) background or is hearing impaired.

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

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

Support workers must only provide services that are within the scope of their role and in consultation with their supervisor as well as relevant health professionals.

Supervisors and support workers have a legal and ethical responsibility to do no harm. You are responsible for ensuring you do not cause unnecessary discomfort to the older person during the assessment process. Physical or psychological discomfort that is poorly managed may result in the older person refusing any future assessments.

Common assessment tools

- Contenance aids assessment, including a thorough history and contributing factors such as medication and infections.
- Pain management assessment such as a self-reporting tool
- Falls risk assessment such as Falls Risk Assessment Tool (FRAT)
- Behavioural assessment
- Depression and anxiety assessment such as GAI (Geriatric Anxiety Inventory)
- Mobility and rehabilitation assessment
- Oral and dental care assessment such as Oral Health Assessment Tool
- Sensory loss assessment
- Malnutrition screening tools such as Malnutrition Screening tool (MST) and Mini nutritional Assessment (MNA)
- Sleep assessment such as ISI- self-report measure for symptoms of insomnia
- Medication management assessment
- Activities of Daily living (ADL's) such as Comprehensive Geriatric Assessment (CGA) for identifying factors contributing to functional decline. Also provides on cognition, continence, vision and hearing, psychological wellbeing and social supports.

Example

Screening tools for malnutrition

Assessment tools help assess and monitor a person's nutritional intake and weight. The Malnutrition Screening tool (MST) can be used by staff and carers. It provides a score out of five to indicate the level of risk a person has for malnutrition.

Another screening tool is the Mini Nutritional Assessment (MNA). This assessment was developed for people older people and includes 18 questions that the person completes regarding aspects of their diet, appetite, mood and lifestyle factors. At the end of the screening tool, a score indicates the person's risk of or if they have malnutrition.



Occasionally, a full assessment and intervention by a dietitian may be required; a support worker would report any concerns to their supervisor. There are many situations where a dietitian may be necessary. These include:

- a new diagnosis, such as diabetes, food allergy, abnormal blood lipids
- an older person who has had diabetes for years but has poor blood glucose control
- significant unintentional weight change (either weight loss or gain)
- evidence of recent poor food intake, poor appetite or difficulty preparing or eating food (e.g. poor dentition or social isolation)
- deterioration of symptoms or change in care needs
- any nutritional deficiencies (e.g. anaemia or iodine deficiency)
- changes in medication prescribed that may affect dietary intake
- alternative methods of feeding, such as texture modified food for a person with dysphagia
- periodic review for chronic conditions.

You can read more about identifying nutrition and hydration issues in older people here: aspirelr.link/nutrition-hydration-issues

Here is an example of an MST: aspirelr.link/health-qld-mst

Promote sharing of information

Always make the person feel welcome and establish rapport by using open questions to promote sharing.

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

- they have a hearing impairment
- they have a cognitive impairment



Jargon

Certain words or expressions used exclusively by a profession or group that are typically difficult for others to understand.

- you are using **jargon** or technical language
- they don't fully understand what is happening to them
- English is not their first language
- they are overwhelmed.

Overcoming these barriers is important. Avoid misunderstandings by using plain language to impart information and always be kind and show respect. Do not talk down to the person and always assist them to maintain their dignity.

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

Assist with the risk assessment

The support worker should take steps to ensure the older person does not suffer discomfort in the assessment process.

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

Establish rapport	<ul style="list-style-type: none"> • Encourage the older person to invite a support person. • Make sure the older person understands the purpose of assessment and what will happen during the assessment. This can minimise stress and fear. • Take steps to develop a positive relationship with the older person. Make sure you are aware of all relevant information in the care plan prior to the assessment. • Introduce yourself to the older person. Make sure your manner is warm and welcoming.
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<p>Choose an appropriate venue</p>	<ul style="list-style-type: none"> • Choose a venue that is in a location the older person can reach with minimal inconvenience. • Make sure the assessment location is large enough for the older person, any specialist equipment (e.g. a walking frame), and the person's family member or carer. • Make sure there is sufficient room to carry out the assessment in private. • Provide a robe, if necessary, so the older person can maintain their modesty. • Prepare the environment. It should not be too hot or cold. The temperature should be appropriate to the person's comfort.
<p>Follow best practice in the assessment</p>	<ul style="list-style-type: none"> • Encourage the older person to ask questions. • Do not take longer than necessary, but do not rush. • Ask the older person about their comfort levels. • Stop the assessment if the older person appears distressed or uncomfortable. • Allow sufficient time to discuss the results and what will happen next.

Collaborate with carers to identify risks

Carers and other unpaid volunteers play an invaluable role in promoting the health and wellbeing of older people in their care.

They can provide valuable information on the person's current health issues and the services that are effective to maintain their independence. They often provide unpaid, 24-hour care to their loved ones, making significant sacrifices. Carers often undervalue their role.

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

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

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

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

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

Caring for the carer

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

Example

Assist with risk assessment

Marnie is an aged care support worker in a residential facility. A physiotherapist is about to assess Mrs Harman's gait. Marnie asks the physiotherapist what this involves. She tells her that she will get Mrs Harman to walk in a straight line and to sit on and rise from a chair.

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

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

The physiotherapist begins by asking Mrs Harman if she has any questions. During the assessment she also checks on her physical and emotional comfort.

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

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



Recognise the older person's risk factors

You will conduct assessments to determine what the older person's needs are or whether their needs have changed over time.

When deciding on an assessment tool you must be clear on which assessment procedures lie outside your scope of practice and consult your supervisor, colleagues, organisational policies and/or professional body to discuss the options.

Scope of practice describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. Scope of practice is limited to that which the law allows for people of specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that define scope of practice and outline requirements for education and training.

As a result of this consultation, you may identify the need to engage other health professionals or a specialist to assist with the assessment process. They will conduct the assessment, analyse the results, make decisions on appropriate actions and assist in determining strategies and goals.

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

Scope of practice

Procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Understand the medical history

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

An assessment report documents the collated and analysed information, summarises the most relevant information and prioritises the older person's needs in recommending service delivery. It includes:

- interviews with the person
- questionnaire responses
- specific screening tools
- interviews with family, carer or others identified by the person and friends
- other healthcare team reports
- observations of the person
- progress notes
- incident and accident reports.



Use measurements to identify risk	<p>Many of conditions and changes occur as part of the ageing process. It can be helpful to use measurement tools, such as blood pressure, bone density and a depression test to determine who is and is not at risk.</p> <p>The following measurements suggest a person is at risk:</p> <ul style="list-style-type: none">• blood pressure is lower than 90/60 mmHg• bone mass density is less than -1• a high rating on a depression test. <p>These figures can be difficult to interpret without specialist knowledge, so it is useful to keep a list of the professionals who can help you interpret the results of assessment and identify conditions that may increase an older person's health risks.</p> <ul style="list-style-type: none">• 'Reliability' of a particular measure means is the extent to which it is consistent. To be reliable, the assessment should produce similar results on separate occasions. If a set of scales is reliable, it will weigh an empty mug as 200 grams one day and as 200 grams again the following day.• 'Validity' of an assessment relates to its usefulness or accuracy in measuring what it is intended to measure and can be used to provide very accurate measures of a person's improvement or decline.
Make use of research	<p>A support worker can increase their knowledge of assessment tools by researching contemporary trends and outcomes.</p> <p>Researching the older person's history of current care requirements will help you develop a good understanding of the person's care needs and preferences.</p>

The team approach to risk assessment

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

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

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

Once a risk has been identified the most appropriate person in the healthcare team will be assigned the task of assessing the level of risk. This may occur in a team meeting, by referral or through progress notes and reporting.



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

Specialist	What they can assess/identify
Cardiologist	Assesses heart disease
Continence nurse	Assesses a person's continence level
Dietitian	Assesses a person's diet and eating habits, and identifies undernutrition, overnutrition or dehydration
Drug and alcohol worker	Identifies signs of substance abuse
General practitioner (GP)	Provides you with a person's medical history
Gerontologist	Explains how the changes associated with ageing can increase a person's health risks
Neuropsychologist	Identifies and assesses neurological disorders
Occupational therapist	Identifies hazards in the environment
Ophthalmologist or optometrists	Assesses vision disorders
Pharmacist	Explains how medications interact and the effects of prescribed and over-the-counter medications
Physiotherapist	Assesses muscle strength, mobility and posture
Pulmonologist	Assesses respiratory disorders
Psychologist	Assesses mood disorders, such as depression
Registered nurse	Checks blood pressure and interprets health/medical information
Rheumatologist	Assesses and manages arthritis and other musculoskeletal conditions and autoimmune diseases

Communicate with empathy, care and discernment

It is important to be patient and non-judgmental when identifying the needs of older people with multiple issues. They may feel overwhelmed and distressed; therefore, it is important to use communication skills to minimise distress so the assessment can be conducted. Empathise with the person and listen attentively, maintaining eye contact, reflecting back their answers and paraphrasing to demonstrate your interest. Allow yourself to be led by the older person, but set boundaries and stay on topic. Ask open-ended questions to encourage responses, closed questions to clarify, and probing questions to challenge any contradicting sentiments.

Example

Use the support of carer's to identify risks

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

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

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

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

The older person: risks and concerns

Empowerment refers to a person taking control of their life.

As a professional in the community services sector, you will use an empowerment approach to support older people. Many people in receipt of support services are vulnerable because of their care needs as well as the related myths and stereotyping that occurs.

Your approach to work should always attempt to 'do yourself out of a job'. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will adopt an empowerment approach.



Empowerment strategies:

- Ensure all services presented are appropriate and relevant to the older person.
- Present all the information, as clearly as possible, so they can make an informed decision.
- Present information in an unbiased way to avoid influencing the decision.
- Put aside your own biases.
- When presenting different options, ensure information is presented so that the person will be able to understand it.
- Ensure the person receives translating or interpreting services, or advocacy, where necessary.
- Encourage the person to ask questions and seek clarification about the service and how it will meet their needs.
- Invite the person to make their decision, and avoid guiding them by using persuasive language.
- Treat the person respectfully and without prejudice.

Have a look at this research study by LaTrobe University (2020) in Melbourne on empowering older people: aspirelr.link/latrobe-empowering-older-people

Identify needs and concerns that are beyond your role to deal with

You must recognise when you need to ask for advice and refer to the stakeholder involved in the older person's care requirements. It is never okay to alter a person's care without assessing the risks with the older person, their family, carer or others identified by the person and/or other health professionals.

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

Issues you may identify as beyond your scope of practice

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



The following table outlines various issues that should be referred to other specialists. The action taken may vary depending on whether you are assessing the risk in the person’s home environment or a residential facility.

Situation	What you should do if the situation occurs in the older person’s home	What you should do if the situation occurs in an aged care facility
The older person faints during the assessment process.	Roll the person onto their side. Call emergency services 000.	Call for a registered nurse.
The older person becomes angry and violent during the assessment process.	Remove yourself from the situation. Call your supervisor. Call emergency services, if necessary.	Remove other people from the area. Remove objects that could be used as weapons. Call for your supervisor.
The older person shows signs of depression.	Refer the older person to their GP who can organise a referral to a psychologist or social worker.	Refer the older person to their GP who can organise a referral to a psychologist or social worker.
The older person’s space needs modifications.	Contact an occupational therapist who can suggest appropriate environmental modifications.	
The older person shows signs of cognitive impairment.	Contact the older person’s doctor who may refer the older person to a neurologist or gerontologist. Refer the client to a neurologist or gerontologist.	
The older person is in pain.	Refer the older person to their GP who can organise further assessment.	
The older person refuses to continue with the assessment.	Contact your supervisor.	
The older person is alcohol dependent.	Contact and a drug and alcohol worker who can provide the older person with strategies and the support needed to cease drinking or reduce alcohol intake.	



Practice Task 6

Question 1

Explain how a family member or carer can assist with the assessment process.

Question 2

List at least two ways you could build rapport with the person during the assessment process.



Question 3

Suggest at least three needs or issues that may be beyond the scope of your role, and suggest an appropriate person to refer the issue.

Question 4

Which of the following are common types of assessment tools? Tick all that apply.

- Friendship and isolation assessment
- Malnutrition screening tools, such as a Malnutrition Screening Tool (MST) and Mini Nutritional Assessment (MNA)
- Depression and anxiety assessment, such as a GAI (Geriatric Anxiety Inventory)
- Falls risk assessment, such as a Falls Risk Assessment Tool (FRAT)
- Good behaviour assessment

2C

Restrictive practices

A restrictive practice is any practice or intervention that restricts a person's rights or freedom of movement.

In the aged care arena older clients are vulnerable due to disabilities that can be physical, emotional and psychological. These disabilities may predispose the person to an increased risk of falls. To protect the person, their family member or carer may impose a restrictive practice in an effort to protect the person. Other reasons a carer may use restrictive practice is to manage aggressive behaviour towards themselves or other people in the environment.

Restrictive practices include:

- chemical restraint
- environment restraint
- mechanical restraint
- physical restraint
- seclusion.

The types of restrictive practice are explained in the table below.

Restrictive practice	Explanation and examples
Chemical restraint	Moderating or controlling behaviours using medications or chemical substances that are not prescribed for the treatment of a diagnosed condition. Medications used as chemical restraints can be: <ul style="list-style-type: none">• prescribed• as needed ('PRN')• over-the-counter
Environment restraint	A practice that restricts a person from accessing part of their environment, items, or activities. This can include restricting their access to mobility aids.
Mechanical restraint	The use of equipment that prevents, restricts or subdues a person's movement. These can include the use of: <ul style="list-style-type: none">• lap belts• princess chairs• bed rails• low beds• clothing.

Restrictive practice	Explanation and examples
Physical restraint	Using physical force to prevent, restrict or subdue movement of the person’s body or part of the body. Examples include: <ul style="list-style-type: none"> physically holding a person in a specific position when attempting to shower or give medication stopping the person from accessing a specific area of the environment.
Seclusion	The practice of placing a person into solitary confinement in a room or a physical space to moderate behaviour. Examples include: <ul style="list-style-type: none"> placing someone in a room they cannot exit removing call bells to an inaccessible area imposing a time out.

Human rights and restrictive practices

The United Nations Committee on the Rights of Persons with Disabilities (CRPD Committee) has asked Australia to establish a nationally consistent legal framework for the elimination of restrictive practices. The CRPD Committee found restrictive practices conflict with the human rights of:

- physical and mental integrity
- liberty
- autonomy
- freedom from violence and abuse
- torture or cruel, inhumane, or degrading treatment.

Video: What are restrictive practices?

Watch this video to learn the definition of restrictive practices in aged care: aspirelr.link/yt-what-are-restrictive-practices



Restrictive practice and empowerment

Empowerment, as discussed previously, means giving the person autonomy and control over their life. It involves giving the person the power to make decisions about their life and activities. Empowerment confers the person with dignity of risk. Restrictive practices remove autonomy, decision-making ability and dignity.



Behaviour support plans

Behaviour support plans aim to reduce or eliminate the use of restrictive practices.

A behaviour support plan includes information about a person's background, preferences and behaviours. The behaviour support plan includes:

- best practice support strategies
- ways to respond to the person's needs
- methods for reducing or ending the need for restrictive practice
- individualised care strategies
- addresses the underlying causes of concern
- provides safeguards and
- optimises the person's health and wellbeing.

At times, a family member or carer may suggest a restrictive practice as a strategy to manage behaviour that places a person at risk of falls or prevents the person from harm. These may be included within a behaviour support plan.

To include a restrictive practice in the support plan the following points need to be addressed:

- The plan needs to be developed in consultation with the person, their family, carer or others identified by the person, and the healthcare team.
- A statement of intent must be given to the person and their family, carer or others identified by the person.
- The plan must
 - contain strategies that are person-centred and proactive, and outcome focused
 - address the person's individual needs and the behaviour of concern
 - include strategies that reduce or eliminate the use of restrictive practice where possible.

The assessment of the person should cover the following areas:

- Cognitive assessment / mini-mental state examination
- Medical history – what illnesses the person has had in the past and currently suffering from
- Pain assessment – pain can cause a person to become aggressive, confused and have a higher risk of falls
- Communication – including vision and hearing, comprehension of English



- Delirium assessment by a neurological exam
- Medication – including interactions and side effects
- Falls risk – frat (falls risk assessment tool), falls diary
- Assessment of the physical environment – hazard inspection

Using a restrictive practice as a last resort

All other avenues of support must be investigated and used to reduce or stop the use of restrictive practices.

For a restrictive practice to be used it must:

- be the least restrictive response and take account of the likely effect on the person
- reduce the risk of harm to the person or others
- be used for the shortest period of time
- be authorised by a healthcare provider who has day-to-day knowledge of the person
- be fully documented, including the reason for its implementation
- be reviewed, monitored and documented on an ongoing basis
- be implemented only with informed consent from the person or their guardian.

For more information about restrictive practice, visit: aspirelr.link/acq-restrictive-practices

Positive approaches to eliminate the need for restrictive practices

Implement other methods to manage situations where a person may otherwise need a restrictive practice.

Australia has implemented laws regarding the use of restrictive practices in aged care. These are outlined in the amendments to the *Aged Care Act 1997*. These amendments aim to:

- improve safeguards for care recipients
- place an increased responsibility on aged care providers.

Other standards that outline responsibilities for restrictive practice are:

- Charter of Aged Care Rights
- Serious Incident Response Scheme (SIRS)



- Aged Care Quality of Care Principles
- The Quality-of-Care Principles 2014 were revised to give providers better information on how to comply with the law.

Reduction of restrictive practices

- Ensure the person feels safe and comfortable and always provide person-centred care.
- Identify and address behavioural changes and situations that cause distress, anxiety, or aggression before they escalate.
- Reduce restraint and seclusion through evidence-based assessment, prevention approaches, emergency management plans, environmental changes, and the integration of meaningful activity.
- Increase staffing levels to ensure safety and supervision.

Video: Minimising restrictive practices
 Watch this video to learn about how to minimise the use of restrictive practices: aspirelr.link/acq-restrictive-practices-behaviour-support



Physical, social, psychological and emotional risks related to restrictive practices

Implementing culturally sensitive practices in behaviour support requires you to be aware of the potential impact of restrictive practices on people and communities who may have additional vulnerabilities. Examples may include Aboriginal and Torres Strait Islander people, refugees and asylum seekers, survivors of trauma, and transgender and intersex people.

Using restrictive practices risks causing harm to the person.

The following table outlines the different kinds of harm that can be caused by restrictive practices.

Physical harm	<ul style="list-style-type: none"> • Asphyxia and death due to bodily harm • Overdose resulting from use of medication • Cuts and bruising • Strains and sprains • Pressure injuries • Loss of muscle strength • Falls • Pain • Poor nutrition • Blunt trauma
Psychological harm	<ul style="list-style-type: none"> • Post-traumatic stress disorder • Anxiety or depression



Emotional harm	<ul style="list-style-type: none">• Mood swings• Confusion• Despair and hopelessness• Fear• Anger• Loss of dignity• Distress for family members
Social harm	<ul style="list-style-type: none">• Loss of trust• Social isolation• Shame• Negative stigma• Decreased self-esteem

Use of unauthorised restrictive practices

In certain circumstances restrictive practices may be implemented in situations that are unanticipated and require immediate response. These situations are, by definition, emergencies and are not expected to last for any length of time. If restraints need to be used, the family member, carer or medical professional must be informed, and it must be fully documented in the person's file. Once the emergency is over, the usual policies and procedures should be reinstated.

Documentation of restrictive practices

There are several documentation requirements when using restrictive practices. These include:

- assessments – initial and ongoing
- behaviour support plans
- informed consent documents
- progress notes
- monitoring documentation.



What to document of restrictive practices in a behaviour support plan

- Description of the restrictive practice: What is it?
- Rationale: Why is it being used? Explain why positive strategies alone were not effective. For example, what strategies were tried before the restrictive practice was considered?
- Frequency: PRN (on an 'as needed' basis) or routine (i.e., at a set time in the day)
- Procedure: including detailed instructions of how and when the restrictive practice will be used and for how long.
- Reviews: How will the use of the restrictive practice be monitored, and how often will it be reviewed?
- Data recording and monitoring: How will incidents be recorded and reviewed? How will you monitor the effectiveness of the positive behaviour support strategies in reducing the restrictive practice? How will you monitor side effects of the restrictive practice?
- The plan to reduce and eliminate the restrictive practice: What strategies are in place to reduce the restrictive practice? Details can be included in the protocol or other sections of the behaviour support plan (i.e., under preventative or skill building strategies that target the function of the behaviour). How will you measure the fade out of a restrictive practice?
- Training: How will training occur? For example, a 'train the trainer' approach might be used; staff may be trained at the registered NDIS provider's team meeting, or utilise a video training resource.

Example

Chemical restraint protocol example

PRN MEDICATION PROTOCOL

Client Information	
Name:	D.O.B:
Medication	
Medication Name:	
Prescribing doctor	
Frequency: PRN (as needed)	
Purpose of medication – calm/relaxation	



Indicators for administration

Less restrictive interventions to attempt before administering PRN:

1. Attempt to identify agitation triggers and remove if possible.
2. Attempt to problem solve why the person is distressed. Look for environmental and physical factors. (Refer to the response section of this behaviour support plan on de-escalation strategies.)

Behaviours present for the administration of PRN: Seroquel has been prescribed to address self-harm behaviour, including:

- expressing thoughts of self-harm and not being able to be redirected
- observed scratching of her skin and not being able to be redirected.
- attempting to cut skin on arms or other parts of body.

If any of the above are observed and unable to be redirected using the de-escalation strategies in this behaviour support plan, she may need to be administered PRN. Follow the procedure instructions.

Procedure

1. Staff are to refer to medication chart and current prescribing practitioner instructions/form for information on dosage per administration, route, maximum dosage in 24 hours, side effects and administration instructions.
2. Check the medication chart. If the medication has not been administered in 24 hours or if enough time has passed since it was last administered as per the prescribing practitioner instructions, ask the person if they would like some medication to help them to relax.
3. If the person agrees, administer medication according to the medication form/prescribing practitioner instructions. Do not force them to take the medication.
4. Observe and ensure medication has been taken.
5. Monitor for side effects. The person is to be monitored closely while being administered the medication and afterwards for any side effects. Document any side effects in the chemical restraint monitoring log.
6. Report any side effects to the GP and/or psychiatrist.
7. Document in the medication chart the time and dosage of the medication given.
8. Staff are to double-check the medication chart and make sure all documentation is accurate.



Data recording

- Document the incident of chemical restraint, and document appropriate information in an ABC chart.
- Document (in the chemical restraint log) any frustration shown by the person or other issues relating to the use of chemical restraint and any physical or psychological side effects.
- With the person’s consent, share the above with their behaviour support practitioner, and their psychiatrist to assist in the behaviour support plan review and the medication reduction plan.
- Complete reporting requirements for the use of chemical restraint to the NDIS Commission.

Reviews

The person to have monthly general health check-ups with their GP.
 The person is to have six-week reviews with psychiatrist.

PRN Protocol Reviewed:

Date:

The reduction and elimination of chemical restraint (fade out plan)

- The plan to reduce and eliminate the use of chemical restraint is based on the outcomes of other less restrictive options and positive strategies in the person’s behaviour support that can support the medication reduction plan.
- The reduction and elimination of chemical restraint will be measured over time recording the total number of times (frequency) chemical restraint is used each month. This will be reported to the person’s Psychiatrist and GP for review.

Training

Training will occur regularly during team meetings.

Source: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.ndiscommission.gov.au%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2F2020-11%2Fregulated-restrictive-practice-guide-rrp-2020.pdf&clen=1544918&chunk=true



Practice Task 7

Question 1

Following an assessment of an older person, how would you identify appropriate restrictive practices to meet their needs?

Question 2

Identify the harm restrictive practices can cause an older person.

Question 3

Briefly outline how restrictive practices contravene an older person's human rights.



Question 4

What type of documentation should be completed when implementing restrictive practices?

A large, empty rounded rectangular box with a thin black border, intended for the user to provide their answer to the question.



Summary

- Person-centred care means that older people should be involved in assessments. They can provide information about their thoughts, feelings, changes to their health and their ability to move about in their environment and the wider community.
- You must respect the older person's right to privacy.
- With the older person's permission, the assessment results should be forwarded to other people involved in the care of the older person.
- You should draw on the skills and knowledge of your extended team when working out how to select a falls prevention strategy that prioritises the safety of the older person.
- All options carry risks. Identify the degree of risk and the consequences to help you and others develop and implement a falls prevention strategy safely and effectively.
- It is not enough to keep the older person safe. You must take all reasonable steps to ensure strategies are consistent with the older person's needs, priorities, preferences, and specific requirements.
- Research and use assistive technology to meet the person's needs and promote independence and inclusion.
- Communicate with the older person and the support team about how the implemented strategies will be monitored for success.
- Follow organisation's policies and procedures for referring needs, issues and concerns that are outside your scope of practice.
- Follow the organisation's policies, procedures and legislation when considering the use of restrictive practices.

Learning Checkpoint 2

Contribute to identifying risks

Part A

1. For each of the following types of abuse, provide a list of at least three signs or indicators that an older person may be experiencing abuse.
 - Sexual abuse
 - Emotional abuse
 - Emotional abuse
 - Physical abuse
 - Financial abuse
 - Systemic abuse
 - Neglect



2. Which of the following could be indicators of risk faced by an older person? Tick all that apply.

- Ability to live independently
- Not wanting to be left alone
- The ability to show emotion
- Requesting medical treatment for illness
- Sudden happiness after a lengthy period of depression
- Giving away valued possessions



3. Which of the following statements are correct? Select yes or no for each one.

a. Using restrictive practices can be considered a human rights violation if not done in accordance with policies, procedures and legislation.	Yes / No
b. Restrictive practices can diminish a person's sense of empowerment.	Yes / No
c. The person's regular care plan can be used to document restrictive practices.	Yes / No
d. Support workers can use restrictive practices when they deem it necessary.	Yes / No
e. When a restrictive practice is suggested, it tends to be the best option.	Yes / No
f. Using restrictive practices can cause physical, psychological and emotional harm.	Yes/No
g. Documenting the use of restrictive practices goes in the standard progress notes.	Yes/No

4. Describe the common triggers for depression/anxiety in an older person.

5. Identify the advantage of using standardised tools when assessing physical indicators to determine increased risk.



6. Identify two different kinds of assessment methods and provide a brief description of each.

7. Suggest at least three ways you can provide a sense of safety and security to an older person when making a risk assessment.

8. Identify at least two advantages of including an older person's carer in the assessment process.



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

10. Provide two examples of issues or needs you would identify as being beyond your scope of practice.

11. Which of the following are the major risk areas for older people. Tick all that apply.

- Independence
- Literacy
- Environmental
- Cognitive
- Cultural
- Isolation

12. Which of the following statements are correct? Select yes or no for each one.

a. Neglect can occur when an older person cannot care adequately for themselves or their carer is not providing the right amount of care.	Yes / No
b. Falls are a major risk factor for older people.	Yes / No
c. Medication is not considered a risk factor as its purpose is to treat a medical condition.	Yes / No
d. Dehydration and malnutrition are only a problem for maintaining healthy weight.	Yes / No
e. Dysphagia is only a minor inconvenience for the older person at mealtimes.	Yes / No
f. Assessing and managing continence issues correctly can prevent illness and injury.	Yes / No

Part B

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

Case study

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

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

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

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



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

2. Briefly describe how Tania ensured Madge was made comfortable during the assessment process.

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



4. Suggest how Tania can identify and assess the current health challenges and risks experienced by Madge.

5. Tania suspects Madge has not been eating well and is losing weight. Identify at least three risks to Madge's health of becoming underweight.

6. Identify the name and purpose of two assessments that can be used to assess Madge's diet and health.

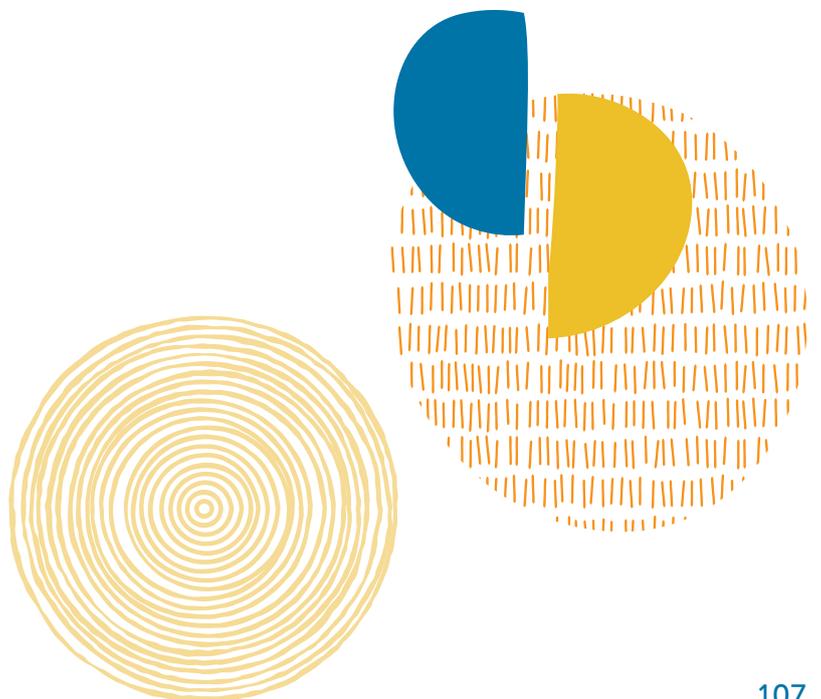


7. Briefly outline at what point Tania would need to report to her supervisor and involve a dietitian in Madge's assessment.



Topic 3: Implement risk-minimisation strategies

- 3A Work collaboratively to minimise risks
- 3B Provide support to identify the outcomes of risk management strategies



3A Work collaboratively to minimise risks

Older people have the right to make informed decisions about all aspects of their care.

No one can make an informed decision unless they are aware of the different options available to them. People receiving care have a right to determine which strategies are to be implemented and whether they participate in them. An older person who is not cognitively impaired has the right to refuse to participate in or follow strategies for minimising health risks. If a person is cognitively impaired, for example if they have dementia, they are assessed to determine whether they can participate in the decision-making process or if their family, carer or others identified by the person can make decisions on their behalf.

Identify options aimed to minimise risk

Often there will be different options to address different risk factors. These may be implemented separately or in combination.

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

Options for minimising risks

Diagnostic	Diagnostic activities focus on finding out why a person is at risk. Diagnostic strategies are more commonly called 'assessment'.
Therapeutic	Therapeutic strategies involve treating underlying conditions such as depression or dementia and other health risks, for example, by changing a person's diet or lifestyle.
Preventative	Preventative options are far more cost effective and provide the older person with a better opportunity to maintain good health and wellbeing. Any options that stop a potential risk from occurring are preventative options.
Rehabilitative	Rehabilitative options, for example, working with a physiotherapist, focus on building people's physical strength and confidence to minimise the impact of their health challenges, and to reduce the likelihood of experiencing similar issues in the future.



Social support

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

Explain options to minimise risk

Explain the consequences that may arise if action is not taken to remove, reduce or minimise the health risk.

Before you explain the option/s to an older person, briefly revise their present condition and the health risks it poses. This helps the older person understand why a minimisation strategy must be implemented.

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

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

How to help an older person to make a decision

- Talk about the options available.
- Discuss what commitment is expected.
- List possible outcomes.
- Be clear about any financial costs.
- Outline any benefits and potential drawbacks.



Work together to identify risk-minimisation strategies

The healthcare team and support network should work in partnership with the older person.

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

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

Work to identify safety needs

A safe risk-minimisation strategy can help decrease the risk of an older person falling without being overly restrictive.

Older people have a right to maintain their independence, to participate in all aspects of community life and to be safe. This allows the older person to safely continue living independently. Your duty of care is to make sure the strategy does not overextend the person or require them to do something they are not physically capable of doing. They are the best person to inform you of their capacity and you should listen to their ideas and thoughts about the options. It is important to include a carer or family members in the discussion as they can contribute information that the older person may have forgotten about, or not observed themselves.

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

Sources of support	Support they offer
Doctors	Doctors provide assessment, appropriate medications and ongoing care for people with health risks.
Psychiatrists	Psychiatrists diagnose older people who may have mental illness, prescribe medications, and offer other appropriate interventions.



Sources of support	Support they offer
Psychologists	Psychologists conduct mental health and suicide-risk assessments and provide counselling and appropriate behavioural interventions.
Counsellors	Counsellors help older people work through problems and provide behaviour change strategies.
Mental health workers	Mental health workers have different roles according to their background and the type of service they provide.
AOD workers	Alcohol and other drugs (AOD) workers support people who appear to be abusing drugs or alcohol to manage their substance abuse.
Hospitals and emergency departments	Hospitals and emergency departments cater to people at high risk of suicide, or who have already attempted self-harm, assisting to treat or stabilise their condition.

Work to identify priorities

The strategy selected must be appropriate to the needs of the older person.

You can discuss the older person's concerns and determine what, in their opinion, is their major risk. In addition to interviewing the person, reviewing their medical records and previous assessments will give you a picture of their present health status. Once you have this information, you will be better able to prioritise their immediate health risks.

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

How to find out more about the older person's needs

- Access their medical history.
- Check incident and accident reports.
- Read progress notes.
- Identify which areas are a priority.
- Speak with the older person, their family, carer or others identified by the person, and find out their preferences.
- Encourage the older person to maintain a health diary where they can record when, what, where and how an issue occurred and any injuries that resulted or observations.

Work to identify specific requirements

Sometimes specialist interventions and assessments are needed to fully identify what the risks are and what strategies can address them.

If an older person has more than one issue, they may have several specialists involved at the same time. This may require you to obtain the older person's consent for a referral and follow the organisation's procedure for making a referral. Specialist professionals can provide specific support to older people.

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

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

Video: Assessing risk in everyday care

Watch this video to learn more about assessing risk in everyday care:
aspirelr.link/yt-assess-risk-everyday-care



It is important to remember that risk assessment applies to the health care worker as well.

As a home care worker, you must be vigilant when working in client residences to minimise the risk of injury or harm to yourself and others. Consider that:

- 45% of home care workers have experienced an injury in the workplace.
- More than half of emergency department presentations of adults over 65 are for accidents that occur in the home.
- More than half of all hospitalisations for adults over 65 are for accidents that occur in the home.
- About 15% of fall-related injuries in adults over 65 are caused by household objects (e.g., beds, chairs, stairs).

An essential component of home care is conducting risk assessments. You must know how to identify potential hazards, assess the risks they pose and implement appropriate control measures. This will help ensure that you, your clients, your clients' carers and other workers are safe in home environments (Queensland Government, 2018).

For more information about looking after yourself and identifying workplace risks, visit: aspirelr.link/worksafe-qld-workplace-risks

Example

Work collaboratively to minimise risks

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

Craig explains the outcomes of the assessment to Angelo. He reminds him that he has fallen at home several times. He explains, 'We have looked at your home and it is not safe for you or for workers. The inside of your home needs to be altered to make it safe. There is another option, and that is to move into an aged care facility.'

Angelo tells Craig that he is not sure what to do and asks for his advice.

Craig responds by saying that he can't make decision for him but suggests they look at the pros and cons of each option. Craig draws up a table, then asks Angelo to tell him one good point about renovating his home. Angelo says, 'Keeping my home'. Then Craig asks Angelo to tell him one bad point. Angelo rubs his fingers together and says, 'The dollars'. Craig writes down Angelo's responses.

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



Practice Task 8

Question 1

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

Question 2

Identify two things to consider to ensure the older person will be able to implement a risk-minimisation strategy.

Question 3

Which of the following are sources to find out more about the older person's needs? Tick all that apply.

- Ask their neighbours.
- Ask the infection control nurse.
- Check incident and accident reports.
- Access their medical history.
- Speak to the person, their family, carer or other person identified by the person.
- Access their health diary to identify incidents of a fall.

3B

Provide support to identify the outcomes of risk management strategies

The person's needs are assessed using evidence-based assessment tools. Strategies then need to be developed to minimise harm.

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

You can ensure the comfort of the older person by choosing the right environment to conduct the assessment, establishing rapport with the person, their family or carer and using tools that are appropriate to the assessment purpose.

Standardised tools to manage risk

A standardised assessment tool provides robust guidelines to capture the many variables of an older person's care needs. Standardised tools must be valid, reliable, comprehensive and multipurpose. They offer a systemised methods of collating, reporting and comparing data for assessing the older person's care needs and preferences, and ensures quality and equality of service. Reliability and validity are affected by how objective a particular variable is and the conditions under which the assessment is conducted.

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

Complex needs

When multiple issues in a person's life results in a profound effect on their wellbeing and ability to function.

What standardised tools capture information on

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

Implement risk management strategies

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



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

Video: An evidence-based approach to falls prevention

Watch this video to better understand how exercise can help prevent falls:
aspirelr.link/yt-evidenced-approach-falls-prevention



Support the family or others to contribute to strategies

Rapport

A close relationship between two entities that promotes mutual understanding. Support the family member or carer to implement strategies

The family member or carer is integral to the successful implementation of strategies for the older person.

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

Support the family member or carer to implement strategies

A carer can provide vital information regarding the older person in their care.

When working with the carer, there are several ways you can support them to participate in the strategy and identify what is working and what is not.



Methods to support the person caring for the older person

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

Chronic needs

Things used to manage the ongoing (chronic) demands associated with illness.

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

There are various skills and attributes to develop that will help you communicate in the way that best supports carers and the people they care for.

Skills/attributes needed to support the person caring for the older person

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



Example

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

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

Element	What is required	What you can do
Knowledge	<ul style="list-style-type: none">• Awareness of the health risk-minimisation strategy• Knowledge of your role in the strategy	<ul style="list-style-type: none">• Call a meeting to inform all people of their roles and responsibilities.• Ask open questions to check the level of understanding.
Skills	<ul style="list-style-type: none">• Reading skills to understand the risk-minimisation plan• Skills to carry out your role and responsibilities safely and effectively	<ul style="list-style-type: none">• Assess skills through observation and feedback from others.• Arrange skills training.• Provide support.
Duty of care	<ul style="list-style-type: none">• Willingness of everyone to carry out their responsibilities• Ensuring the older person is comfortable	<ul style="list-style-type: none">• Communicate the importance of the fall minimisation strategy.• Involve carers and family members in the fall minimisation strategy, encourage them to take ownership and personal responsibility for the strategy's success.



Practice Task 9

Question 1

Describe your 'duty' and responsibility towards an older person when conducting a risk assessment.

Question 2

List the four elements of a standardised assessment tool, which ensures the many variables of an older person's care needs are addressed.

Question 3

Briefly outline the purpose of a standardised assessment tool.



Summary

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



Learning Checkpoint 3

Implement risk-minimisation strategies

Part A

1. Describe how you would work with the older person and their carer to identify risk-minimisation strategies.

2. Explain how a standardised assessment tool can manage risk for an older person.

3. Which of the following can help an older person make an informed decision?

Tick all that apply

- Offer refunds.
- Tell them about all the options available.
- Talk about the commitment expected of them.
- Talk about the benefits.
- Discuss the drawbacks of each option.



4. Which of the following can support a family member or carer to participate in implementing strategies? Tick all that apply

- Suggest they take a holiday.
- Point out the mistakes they have made.
- Provide emotional support.
- Help them gain skills and knowledge.
- Acknowledge their good work.

5. Which of the following statements are correct? Select yes or no for each one.

a. When discussing different options, it's a good idea to provide written information.	Yes / No
b. You should explain the consequences if no action is taken to minimise the risk.	Yes / No
c. Only the doctor should decide the risk-minimisation strategies.	Yes / No
d. The person who has final say is the person even if they have dementia.	Yes / No
e. You should review strategies only if the person has a fall.	Yes / No

Part B

Read the case study and answer the questions that follow.

Case study

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

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

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



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

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

1. Identify two ways Katy builds rapport and trust with Doug.

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



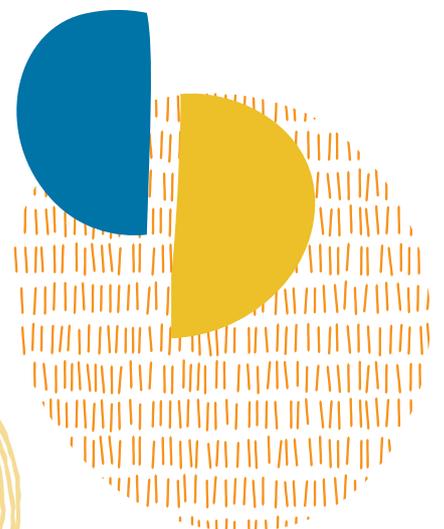
3. Suggest what Doug's daughter could do to help with the implementation of the risk-minimisation plan.

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



Topic 4: Coordinate feedback on risk-minimisation strategies

- 4A Monitor and evaluate risk-minimisation strategies
- 4B Report feedback from the older person and others
- 4C Follow policies and procedures related to documentation



4A

Monitor and evaluate risk-minimisation strategies

Risk-minimisation strategies take time and effort and have financial costs. If they are not working, they need to be modified or stopped.

If a strategy is not working, timely action must be taken to prevent older people and others from wasting their time, become disheartened and potentially suffering harm.

Notify your supervisor or a health professional if you are unsure about a strategy as soon as you notice it may not be working. Risk-minimisation strategies need to be monitored after they are implemented to make sure they do not cause further harm and remain effective. Strategies may need to be changed or tweaked to improve the outcomes.

In some cases, the older person may let you know a strategy is not working. More typically, older people, their family members or carers tend not to complain or provide feedback unless you actively seek out this information. Older people may not complain because they do not feel they have the same level of authority and understanding of the process as you do.

Sometimes older people may not be aware there is a problem. Carers, family members, service providers and other health professionals may be busy dealing with daily tasks. It is up to the support worker to assess whether the older person is receiving care that meets their needs.

Monitor the outcome of a risk-minimisation strategy

It is not enough to implement a strategy and hope for the best – you need to use standardised tools to monitor the outcomes of the strategy.

Monitoring

Observing and checking the progress or quality of something over a period of time. The following table describes various standardised tools for monitoring the effectiveness of risk strategies.

Familiarise yourself with the methods used for **monitoring** the effects of risk-minimisation strategies. Your organisation will have policies and procedures on monitoring risks and these are usually included in an older person's care plan and progress notes.



Monitoring tool	Description
Observation	<p>The simplest and most direct way to get information on whether a strategy is working is to observe the older person. Are they doing the tasks associated with the strategy? Do they seem empowered and confident? This can also be an opportunity to praise their efforts and encourage them, which goes a long way in the success of a strategy.</p>
Review incident reports	<p>Incident reports are used when an older person has had an incident that has caused injury or harm. They should contain the following information:</p> <ul style="list-style-type: none"> • what was happening prior to the incident • what the person was doing at the time of the incident • where the incident occurred • the time of day the incident occurred • any witnesses to the incident • the injuries or harm caused • the follow-up action taken.
Review progress notes	<p>As part of providing care, you should document interventions and strategies as well as the older person's response to them. Update progress notes with the details about:</p> <ul style="list-style-type: none"> • whether or not the strategy is meeting the person's needs • whether or not the older person complied with the risk-minimisation strategy • any problems with implementing the strategy • any incidents that have taken place since the strategy was implemented • any follow-up actions taken. <p>Ideally, other people involved in the care program would communicate any issues of concern with you, although this does not always happen in practice.</p> <p>Make sure you read through the progress notes to help you understand the issues the older person, their carer/s and workers face in implementing a risk-minimisation strategy.</p>
Ask others	<p>The value of verbal communication should not be overlooked, including telephone conversations, if necessary. Face-to-face contact is preferable as it is far more personal, and many older people and others appreciate the interest you show in their care.</p> <p>Inviting the person to identify any problems encourages them to take responsibility for the outcomes and success of risk-minimisation strategies.</p> <p>Team meetings provide support workers with the opportunity to explain and discuss an older person's progress or any concerns they may have.</p>



Evaluate risk-minimisation strategies

You have an obligation to follow up on risk-minimisation strategies and report on outcomes.

Identifying the effectiveness of risk-minimisation strategies is a vital step in maintaining an older person's health and wellbeing. Without this, the desired results will not be achieved. It is also important to follow up any identified risk to understand why the strategies are not effective. It may be the tasks associated with the strategy that aren't effective, or it may be that the older person has not fully engaged or understood the strategy.

You will need to develop the skills and knowledge to identify the triggers that cause a strategy to fail. Of equal importance is identifying factors that contribute to the success of risk-minimisation strategies. Based on this information, you can develop strategies that the older person understands, is comfortable with and will engage in.

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

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

Factors that contribute to the success of a risk-minimisation strategy

- It is appropriate to the needs of the older person.
- Sometimes an older person's condition changes between the time the strategy is developed and when it is implemented.
- All people understand what they are required to do.
- The supervisor must communicate the plan, verbally and in writing, to all people involved in its implementation, and check that they understand what they are required to do.
- Everyone is committed to the success of the strategy and willing to play their part in it.
- Actively involving all parties in the development of the strategy contributes to a sense of ownership of it, and commitment to doing what is required.
- The required resources are available and accessible.



Identify ineffective strategies

To identify when strategies are ineffective, refer to the assessment tools by which feedback is recorded and shared.

Referring to incident reports, progress notes, and feedback from the older person, their carer or other health professions, are just some of the ways you can evaluate whether the strategies in place are effective. Building a trusting relationship with the person and their carer will encourage honest communication that can assist in identifying when a strategy is ineffective.

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

Tool	How it assesses the risk-minimisation strategy
Observations	<p>Observation is a good tool for assessing noncompliance. Watch the older person to see whether they are following:</p> <ul style="list-style-type: none"> • behavioural instructions, such as standing and sitting more slowly • clothing guidelines, such as wearing appropriate footwear • environmental instructions, such as clearing walkways.
Documentation	<p>Keeping good, clear documentation allows the team to get a clear picture of the effectiveness of the strategy.</p> <p>Once you are aware that a strategy is not working, you should document:</p> <ul style="list-style-type: none"> • what has placed the older person at increased risk • where you found the information • actions that should be taken.

Identify reasons for ineffective strategies

Good communication is key to identifying when strategies are not working.

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

The following factors are indicators that a strategy is not working:

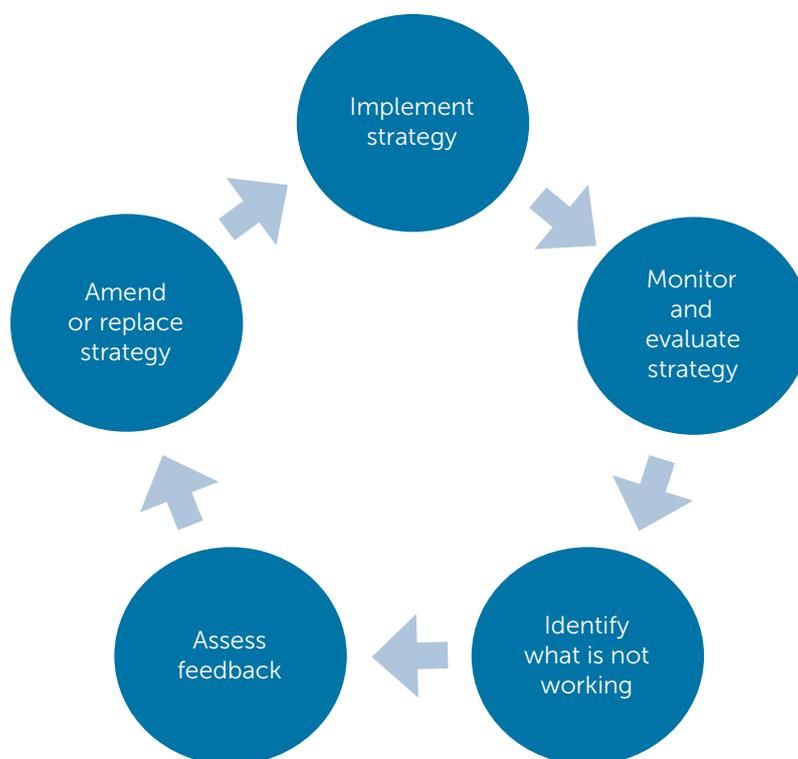
- There is no change to the older person's health condition
- The person has more or more intense health challenges
- There are complaints by the older person and others
- Feedback from carers, support workers and others indicates failure of the strategy

Reassess and identify alternative strategies

Ongoing evaluation and revision of strategies continues throughout the care of a person.

Once you have monitored and evaluated a strategy, it does not signal the completion of care. The next step is to reassess the situation, so the original strategy can be modified or replaced with a more appropriate strategy. These steps may be repeated once or several times depending on the older person and their situation.

The following diagram illustrates this process.



Reassessing the effectiveness of risk-minimisation strategies is essential as the person ages and their condition changes. It is possible that the original strategy has become inappropriate or is no longer being followed correctly.

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

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



Evaluating alternative strategies

The program of risk-minimisation strategies may need to change according to the capacity and comfort of the older person and the suitability of the strategies in place.

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

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

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

Support worker skills

- Develop a trusting relationship so the person will tell you how they are feeling about the strategy
- Ask an older person questions about a strategy
- Explain to a health professional why a strategy is not working
- Participate in case conferences/meetings to discuss strategies
- Record the monitoring process and results of strategies
- Identify whether a strategy is working
- Identify when a strategy should be halted until a health professional is consulted
- Understand a range of strategies that can help to reduce the health risk



Example

Monitor the effects of a strategy

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

Date	Time	What happened before the incident? (Antecedents)	Activity	Location	Fall	Near fall
24/12/21	9 am	Took medication	Showering	Bathroom	✓	
25/12/21	3 am	Rushing to the toilet	Walking	Hallway		✓
26/12/21	10 am	Feelings of dizziness	Gardening	Outside		✓

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

Practice Task 10

Question 1

Provide an example of when and why a risk management strategy should be stopped.

**Question 2**

Which of the following can be helpful in monitoring and evaluating strategies?

Tick all that apply.

- The doctor can take control and decide what to do.
- The support worker can introduce all members of the healthcare team.
- All stakeholders can share ideas and information. Feedback from all stakeholders can help identify problems and suggest useful changes.
- It will make strategies safer if they are discussed in a meeting.

Question 3

Which of the following are specific skills to successfully monitor a strategy?

Tick all that apply.

- The support worker holds university qualifications in fall management.
- The support worker can film the person to show the supervisor.
- Develop a trusting relationship so the person will tell you how they are feeling about the strategy.
- Explain to a health professional why a strategy is not working.
- Support workers need to understand the medical and technical details of the strategy.

4B Report feedback from the older person and others

Feedback can be collected formally or informally.

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

You may also need to engage advocacy services and/or an interpreter to enable an effective review of the strategy. Older people sometimes give contradictory feedback. They may tell you everything is fine, but their nonverbal cues suggest otherwise. Use probing questions can help you understand what the real picture is and why it might be. Carers' feedback can also provide valuable information on the reality of the older person's current health risks.

Obtain feedback

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

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

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



Client feedback form			
What changes would you like to see in the implementation of this strategy?			
Signed			

Discuss the feedback from the older person and carer

Feedback gathered from the older person, their family member, carer or other person identified by the person should be discussed with your supervisor and the health professionals involved in the care program.

As a support worker, your role may be to coordinate meetings, document the proceedings and follow up on the actions that are decided.

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

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

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

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

Follow standard processes	<p>Follow standard meeting protocol.</p> <ul style="list-style-type: none"> • This includes preparing and using an agenda. • Allow people sufficient time to discuss issues and document and distribute meeting minutes to remind people of what was discussed.
Assign clear roles	<ul style="list-style-type: none"> • Often people come into negative conflict when they are unsure about the limits of their authority and the authority of others. • Clearly define the roles of everyone in the group. Uncertainties about roles and responsibilities can be clarified by turning to documentation such as position descriptions, organisational charts and policies and procedures.



Foster good will and mutual respect	<ul style="list-style-type: none">• People don't need to agree with one another to have productive conversations. They do need to respect one another.• You can help foster respect by raising awareness of the roles of the people in the group modelling respectful behaviour, setting ground rules, and encouraging others to consider the value of everyone's input.
Deal constructively with conflict	When managed properly, conflict can be good. In fact, differing points of view on potential solutions can help all group members think about the positives and negatives of possible solutions and select a strategy that is most effective in reducing risk.

Practice Task 11

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

Case study

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

Gayle speaks with her supervisor, who asks Gayle how she has handled the family. Gayle tells her supervisor that the family won't listen when she explains the benefits for Leila if she does some exercise. Her supervisor suggests she asks the family what their concerns are in resisting the ideas.

When Gayle speaks to the family, they tell Gayle that they are most worried that Leila will hurt herself. Gayle discusses the physical impacts of falling and explains in plain language how strong muscles can help a person stay upright and stabilise themselves more effectively.



Question 1

Explain how Gayle encouraged the family members to collaborate and provide feedback.

Question 2

Provide a list of who should be involved in assessing the outcomes of a risk-minimisation strategy.

Question 3

Identify three methods you can use to encourage the involvement of the older person, their family, carer and others involved in the care plan.

4C

Follow policies and procedures related to documentation

Complying with organisational reporting and recording requirements demonstrates accountability to service users, funding bodies, the government and other stakeholders.

Reporting and documentation requirements in aged care are necessary for several reasons. They are integral to the provision of high-quality care because they allow care workers and health professionals to communicate (for instance, through progress notes); they form an up-to-date record of the health status of the person requiring care; and they provide a record of care interventions that are in place and strategies that are being monitored. Maintaining accurate, objective and timely documentation is also necessary for the accreditation requirements of service providers. It demonstrates legislative compliance and the alignment of workplace practices with industry standards.

As part of your role, there will be various kinds of documentation you need to keep. If you are unsure of your documenting and reporting requirements, have a look at your position description or ask your supervisor.

The kinds of documentation you will be required to keep might include:

- progress notes and care plans
- incident reports
- risk assessments
- emergency contact information
- consent-to-release form.

For more information about documentation, visit: aspirelr.link/cdcs-documentation

Keep records up to date

Actions need to be documented in a way that ensures accountability and duty of care.

Accurate and up-to-date record keeping underpins quality service provision that helps ensure the safety and independence of older people.

Progress notes/care notes should be completed regularly so the most current information is always available. There may be serious consequences if documents are not completed correctly.



Completing documentation and meeting your reporting requirements is an essential part of your role. Organisations have policies and procedures for ensuring the integrity of a person's information.

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

Video: Landers and Rogers

Watch this video to learn more about what needs to be recorded in health records: aspirelr.link/yt-landers-rogers



Follow protocols for storing documents

Legislation is in place that regulates how private information is collected, stored and shared, and how long it can be kept for.

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

The following table has information and storage protocols for different kinds of information.

Legislation and standards	<ul style="list-style-type: none"> Information about legislation and standards is stored as a reference to the obligations of the organisation and its workers. It must be current and accessible. In some organisations this information is stored within policy documents. Some of it may be displayed visually (for example, summary posters) to increase accessibility.
Other agencies	<ul style="list-style-type: none"> Information about other agencies is stored as a reference for the organisation and its workers, so it can be disseminated or accessed as required. This information may be filed or stored electronically. It is not confidential so does not have to be locked or password protected.

Policies and procedures	<ul style="list-style-type: none"> Organisational policies and procedures outline the obligations of the organisation and its workers. These must be accessible and up to date so workers can refer to them easily. This information may be in hard copy and provided to staff. In some organisations, policies and procedures are only available electronically to ensure only the most recent records are used.
Individual files and information	<ul style="list-style-type: none"> An individual's file containing different kinds of information is stored so a plan can be developed and implemented to meet their needs, and to meet duty-of-care and other legal requirements. This information must be stored in a locked filing cabinet or password-protected database, or in an electronic file with limited access.
Staff information	<ul style="list-style-type: none"> Information and contact details of staff members are stored so the human resources department has a record of contact details in case of emergency and for payroll and leave requirements. A record of qualifications, certifications and other requirements is also often kept. This information must be stored in a locked filing cabinet or password-protected database or in electronic files with limited access.

File information securely

You must always follow organisational procedures for filing information to ensure it is not lost and can be readily retrieved by authorised personnel.

An older person's information should always be kept safely and securely. It is common to store hard-copy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to individuals and other members of the public.

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

Video: What is digital health?

Watch this video to see digital health security measures: aspirelr.link/yt-digital-health





Complete documentation and reports

Documentation is a significant part of the assessment process along with observation and interview.

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

Different types of information may need to be documented at different times and several people may enter information on a single record. There may be a weekly report on skills development of an older person and a funding agency may require reports of seclusion or restraint to be made weekly.

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

Typical moments when documentation needs to be completed

- On intake
- When developing care plans
- When providing care
- When consulting with others
- When reporting incidents and accidents.

Remain objective when reporting information

Ensure your documentation is objective and factual.

Professional standards require that reports and documents use objective language based on fact and unbiased observation. Objective language describes what has been directly observed or heard, while subjective language is based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability, ensuring that individuals are described in ways that are not affected by judgments, stereotypes, assumptions or opinions.

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



Disclosure of confidential information

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

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

When you are permitted to disclose private or confidential information

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

Report and refer assessment information to others

If you determine that external support is required when developing a risk-minimisation strategy, you must follow the correct process for reporting and referring assessment information to the relevant health professional. Failure to follow procedures could result in the older person suffering an injury or cause a delay in the provision of appropriate assessment and treatment.

These steps explain the process of referring assessment information to health professionals.

Making a referral

- Conduct a preliminary assessment.
- Speak to your supervisor about the older person's needs.
- Check on other available services.
- Provide information to the older person about other services, including the cost, commitment, and outcomes.
- Obtain informed consent to share information with a health professional. Keep a copy of this document on file. If the older person is unable to give their consent, speak to their family member, carer or other person identified by the person.
- Write a referral letter to the health professional or service provider or fill out a referral form. When writing a referral letter, focus only on the facts. Include the older person's date of birth, as it makes it easier to identify them. Clearly explain the reason for your referral as well as what you hope the service can do for the person.



Stay up-to-date with documentation and reporting

Recording and documenting work is an ongoing task.

Many of the actions that must be recorded are carried out regularly, however they must be recorded each time. Documentation needs to be completed as the work is done to prevent errors or omissions. It could be required at any time by other support workers, by your supervisor, other health professionals, and government agencies or for legal proceedings.

Your workplace has procedures and guidelines about how and when documentation is to be maintained. Operational reports may include funding reports, reports regarding supplies and equipment, annual reports, business plans, staff performance appraisals and complaints, and financial forms. If you forget to complete paperwork, there may be significant consequences in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

Documentation to be maintained

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

The following table outlines types of documentation to be included in an older person's care plan or electronic file.

Documentation	Information included in documentation
Personal information forms	<p>A personal information form is completed the first time a client uses a service. The basic information about the older person includes:</p> <ul style="list-style-type: none"> • first name, middle name(s) and last name • address • telephone number • date of birth • Medicare number • emergency contact details • details of medical conditions, allergies and medication.



Documentation	Information included in documentation
Health assessments	<p>An initial health assessment is used to identify physical, psychological, emotional and cultural needs. A health assessment may also include:</p> <ul style="list-style-type: none">• health questionnaires and tools to assess functions, for example, a falls assessment• cognitive function questionnaires• intake interviews.
Case documentation	<p>Case documentation may include:</p> <ul style="list-style-type: none">• medical records• progress notes• test results• completed questionnaires and assessment tools• service delivery plans• records of client feedback• consent-to-disclose-information forms. <p>This information is used to develop an understanding of the progress of the older person's general condition or document changes in their health condition that may put them at greater risk. This information can also be used to find out what has and has not worked for the client.</p>
Medical reports	<p>Medical reports often help assess a client's needs, sometimes summarising the results of complex testing in plain language. This is an effective and efficient way of accessing a wide range of information about a person's physical and mental health, the types of tests used, the results of tests, diagnosis and prognosis.</p>
Incident reports	<p>All support workers have workplace health and safety responsibilities. Communicating with others about risks is one of these responsibilities. Recording a health issue, fall or near miss is essential in making improvements to workplace or home safety to minimise hazards or risks.</p>

Video: When should you write progress notes?

Watch this video to identify triggers that indicate you need to write up a note in a client's file: aspirelr.link/yt-progress-notes





Practice Task 12

Question 1

Which of the following might you be required to disclose information as part of your duties? Tick all that apply.

- If a relative asks for information
- When a person asks to have their information available immediately
- When a referral is being sent to other medical or healthcare providers
- If a doctor needs to know the person's history or allergies
- If the person is unable to pay for their treatment

Question 2

Suggest why client records should be kept in a secure location, either a locked area or be password protected.

Question 3

Briefly outline the risk posed by information not being updated on a person's progress notes or care plan in a timely manner.



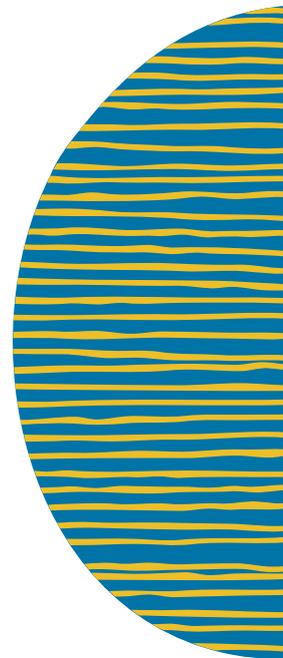
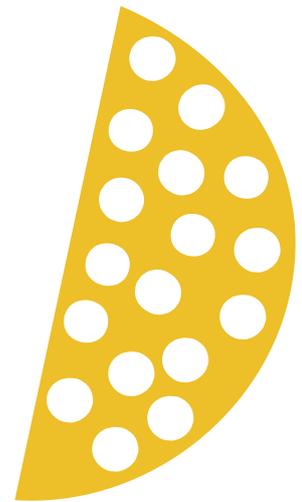
Question 4

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



Summary

- A support worker has an obligation to ensure the safety and wellbeing of the older person when monitoring risk-minimisation strategies.
- Risk-minimisation strategies need to be re-assessed for effectiveness, which can result in changes to the program to ensure strategies continue to meet the older person's care needs and preferences.
- Collaboration and communication between all stakeholders involved in the care of the person is very important. It allows for effective assessment of risk-minimisation strategies.
- Feedback needs to be collected from all stakeholders to identify any indicators of increased risk for the older person.
- Feedback should be reported to your supervisor who can collate and analyse it before it is disseminated to stakeholders.
- The integrity of a person's information is critical to their care. Documentation is kept as a way of identifying and keeping a record of client needs and the steps taken to meet those needs.
- Information must be stored confidentially and according to legislation and organisational policy and procedures.





Learning Checkpoint 4

Monitor risk-minimisation strategies

Part A

1. Suggest why feedback is an important way to monitor risk-minimisation strategies.

2. List and explain how you would monitor a risk-minimisation strategy.



3. Identify whom feedback gathered from an assessment should be shared with.

4. Which of the following are the best ways of sharing feedback from the person, their family, carer or other people nominated by the person? Tick all that apply.

- In a letter
- By text message
- In the person's falls diary
- In progress notes
- In meetings with stakeholders

5. Which of the following are important to keep accurate and complete documentation? Tick all that apply.

- Documenting actions provides privacy and dignity for the person.
- Accurate documentation helps you monitor the success of strategies.
- It helps to calculate the costs.
- It is a legal record.
- It provides information to the healthcare team.

6. Which of the following statements about evaluating a falls risk strategy in an older person are correct? Select yes or no for each one.

a. A person may have a physical, cognitive or psychological reaction as a consequence of an intervention that may put the person at increased risk of falling.	Yes / No
b. A strategy may be inappropriate, ineffective or cause harm.	Yes / No
c. If a person refuses to undertake a strategy they will fall.	Yes / No
d. Strategies are always complicated and costly.	Yes / No
e. The best strategy to prevent falling is to give medication	Yes / No



7. Which of the following statements are correct? Select yes or no for each one.

a. It is the responsibility of the healthcare team and the support worker to complete, maintain and store relevant documentation and reports.	Yes / No
b. Securely storing a person's information will ensure privacy, dignity and confidentiality of information.	Yes / No
c. Any relative has the right to read the person's medical history.	Yes / No
d. A client's medical history is just hearsay and not admissible in court	Yes / No
e. A support worker can use a pencil to record information in the case file	Yes / No

Part B

Read the case study and answer the questions that follow.

Case study

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

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

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

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

In addition, she informs the others involved in Heather's care at a care plan meeting. She also arranges a meeting with Heather and the case coordinator, where she explains to her how depression can increase a person's risk of falling. It was suggested that a referral be sent to the physiotherapist and psychologist to assist as part of the fall-prevention strategy.



1. Briefly outline the immediate concerns for Heather's health and wellbeing.

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

3. Suggest why is it important to document information in a timely manner.



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

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

6. What actions relating to privacy and confidentiality should be undertaken when writing a referral to other healthcare providers?



Glossary

Autonomy

A person's ability to make their own decisions.

Chronic needs

Things used to manage the ongoing (chronic) demands associated with illness.

Cognitive

Describing the brain's functions of thinking, reasoning and learning.

Complex needs

When multiple issues in a person's life results in a profound effect on their wellbeing and ability to function.

Confidentiality

Private or restricted information.

Dexterity

The ability to skilfully perform tasks, especially with the hands.

Disclosure

The act of sharing or releasing private or personal information.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Human rights

Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour

Indicator

Something that indicates the state or level of something; a gauge or measure.

Jargon

Certain words or expressions used exclusively by a profession or group that are typically difficult for others to understand.

Malnutrition

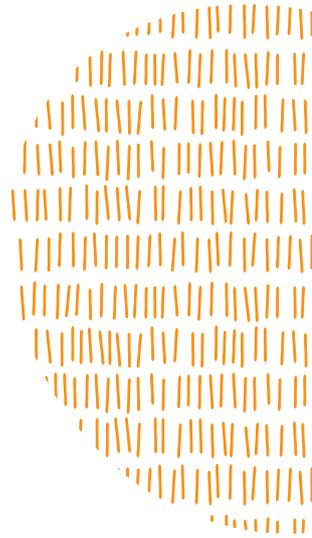
Deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.

Monitoring

Observing and checking the progress or quality of something over a period of time.

Neglect

Failing to properly care for a person.





Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Professional boundaries

Guidelines, rules or limits between professionals and the people being supported.

Rapport

A close relationship between two entities that promotes mutual understanding.

Scope of practice

Procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.