CHCAGE009

Provide services for older people

Aspire
Learning Resources

CHCAGE009
Provide services for older people

Release 1

Learner Guide

Aspire Version 1.1

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Learning Resources

CHCAGE009 Provide services for older people, Release 1

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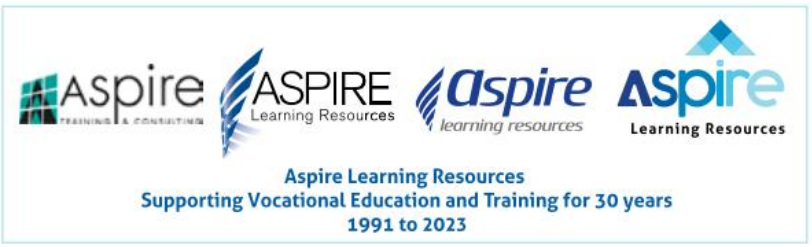


Contents

Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country

Before you begin

This Learner Guide is based on the unit of competency *CHCAGE009 Provide services for older people*, 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	• Understanding how documents are presented and being able to navigate through documents • Understanding industry- and job-specific terminology • Interpreting key information in relevant documents • Understanding routine workplace checklists and documentation
Writing	• Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	• Clarifying instructions • Providing information • Supporting others through encouragement, negotiation and conflict resolution • Using body language to model desired behaviour and responding to others' body language
Numeracy	• Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	• 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	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport

Foundation skill area	Foundation skill description
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

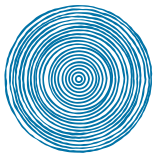
Note: Not every unit of competency will contain all foundation skills.

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 Deliver services according to an individualised plan	1A Establish and prioritise the person's needs, goals and preferences	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Provide support in consultation with the older person and others	❑ Confident ❑ Basic understanding ❑ Not confident
	1C Support the use of assistive technologies	❑ Confident ❑ Basic understanding ❑ Not confident
	1D Outline and clarify roles and responsibilities in the individualised plan	❑ Confident ❑ Basic understanding ❑ Not confident
	1E Recognise and report signs of abuse or neglect	❑ Confident ❑ Basic understanding ❑ Not confident

Topic	Key outcome	Rate your confidence in each section
Topic 2 Liaise and negotiate with appropriate personnel and service providers	2A Support the older person to access and negotiate resources	❑ Confident ❑ Basic understanding ❑ Not confident
	2B Support the older person to access community support agencies to meet their goals	❑ Confident ❑ Basic understanding ❑ Not confident
	2C Take action when a service or worker can no longer provide the right level of service	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 3 Support family, carers or others identified by the person	3A Recognise the impact of support issues on carers and families and refer appropriately	❑ Confident ❑ Basic understanding ❑ Not confident
	3B Provide support and respite for family, carers and others	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 4 Coordinate feedback	4A Explain and seek feedback on the individualised plan	❑ Confident ❑ Basic understanding ❑ Not confident
	4B Support the older person to seek assistance when their goals are not being reached	❑ Confident ❑ Basic understanding ❑ Not confident



Topic 1: Deliver services according to an individualised plan

1A Establish and prioritise the person's needs, goals and preferences

1B Provide support in consultation with the older person and others

1C Support the use of assistive technologies

1D Outline and clarify roles and responsibilities in the individualised plan

1E Recognise and report signs of abuse or neglect

1A Establish and prioritise the person's needs, goals and preferences

Individualised plans serve as a guide for workers and professionals providing support by stating the person's individual needs and preferences.

The plan includes information about the goals, needs and preferences of the person and how you can provide the best possible support.

The individualised plan is developed by residential aged care nurses, home and community care managers or team leaders, case managers or aged care assessors in collaboration with the older person. The family is often involved in this process. The plan is then used as a guide to help the team provide support in line with the person's needs and wishes. Individualised plans are reviewed regularly or as the needs and preferences of the person change.

Information included in the plan

The plan may include information about:

- the person's culture, religion, age, background, hobbies and interests
- the person's family and other support networks
- conditions that the person may need help with, such as **dementia** or arthritis
- how you can help the person communicate
- physical needs the person may have, such as help with personal care and eating
- personal likes and dislikes relating to their care
- how you can meet their cultural and religious needs
- what they enjoy doing when they are bored.

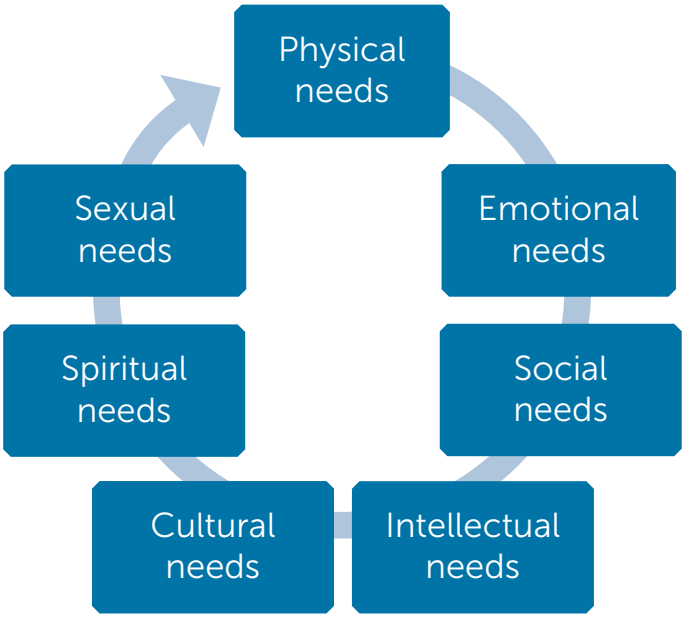
Dementia
A group of progressive neurological diseases that affect a person's cognitive abilities and behaviour.

Individual needs

The tasks and activities that the person needs help with will be outlined in the plan. Aged care and other community services work with a model of needs called the holistic model.

Holistic approaches consider the whole person, not just their physical or medical needs.

Our holistic needs include the following:



A holistic approach considers that the person must have all of these needs met to be healthy, happy and able to reach their full potential.

Example

Identifying activities of daily living (ADLs)

Mrs Singh is 75 years old and lives in her own home. She in the early stages of dementia, so often forgets to perform her ADLs. She had a stroke three years ago and has weakness in her right hand, arm and leg, which makes it difficult for her to perform her ADLs.

Here are examples of instructions that might be included in Mrs Singh's individualised plan to help you meet her holistic needs.

Physical needs	Mrs Singh would like help with showering every morning. She can use the soap and washer herself but needs assistance to turn the taps on and off and to wash and dry her back and feet.
Emotional needs	Mrs Singh becomes distressed when she has unfamiliar people around her. Always allow her time to question you and get to know you before entering her house and providing support. She will be reassured if you show her your worker ID. Her next-door neighbour, Henry, has offered to help reassure Mrs Singh that you are there to help if required.

Social needs	Mrs Singh needs help to attend her planned activity group once a week on Tuesdays. She is taken by taxi and needs help to enter and leave the service.
Intellectual needs	Mrs Singh is an avid reader. She listens to her favourite novels as audiobooks. She needs help to select and set up the audiobook and adjust the volume.
Cultural needs	Mrs Singh is from an Indian background. She does not eat beef. She needs help to go shopping on Thursdays. She likes the small Indian grocery store on the corner.
Spiritual needs	Mrs Singh practises the Hindu religion. She wears a Hindu mark *(bindi)* on her forehead, which she needs help to apply after her shower.
Sexual needs	Mrs Singh has always been a very feminine lady. She enjoys wearing make-up and wears traditional Indian dress (a sari) every day.

Needs associated with ageing

When an older person has a medical or health condition, they may require help to overcome the problems associated with the condition. The plan will often provide a brief outline of the condition, how it affects the person and what you can do to help them overcome these effects.

Here are some examples of health conditions that are common in older people:

Alzheimer's disease
The most common cause of dementia.

Dementia	**Alzheimer's disease** and vascular dementia are common in older people. People with dementia may need support with: • remembering appointments • planning and preparing meals • hygiene • ensuring their environment is safe • their emotions, to reduce the impact of any anxiety or harmful behaviours.
Arthritis	There are several different forms of arthritis, which commonly cause pain and problems with mobility and fine motor skills. People with arthritis may need help with: • turning on taps and appliances • preparing meals • pain relief • gentle exercise • sourcing and using aids and equipment to help them to be independent.

Sensory impairments	Older people can experience vision and hearing impairments. They may need help with: • communicating effectively with others • performing ADLs • accessing the community.
Stroke	As we age, our risk of a cardiovascular accident or stroke becomes higher. A stroke usually affects one hemisphere (half) of the person's brain, leading to weakness or paralysis on the other side of their body. Strokes can also affect the person's mood and behaviour and can lead to confusion. A person who has had a stroke may need help with: • ADLs, including showering and dressing • eating and swallowing • walking and transferring.
Dysphagia	People with **dysphagia** have difficulty swallowing or may experience pain while swallowing. It can be the result of a stroke or other conditions. People with dysphagia may need help with: • eating and drinking safely • preparing thickened liquids • pain relief.
Incontinence	Over 50 per cent of people in residential aged care have incontinence. This means they lose the ability to control the flow of urine or faeces. The person may need help with: • selecting and using continence aids • washing and drying bed linen • attending to personal hygiene.

Dysphagia
Difficulty swallowing.

Individual preferences

Preferences refer to the way the person likes to do things. We all have preferences that are unique to ourselves.

Here are some examples of individual preferences that may be included on the individualised plan:

Examples of preferences
• Sam is vegetarian and only eats food that does not contain meat.
• Janice prefers outdoor activities (e.g. gardening) over indoor activities (e.g. crafts).
• Abdullah is Islamic and prays at five specific times of the day.
• Benjamin likes to eat breakfast before showering.
• Paul likes to do his groceries early in the morning when the supermarket is quiet.

Examples of preferences
• Ismail likes to see his family every Sunday in a quiet, private location.
• Graham likes the water temperature in the shower to be lukewarm and prefers to have his toes dried with a handkerchief because they are sensitive to the thickness of the towel.

Goal-focused plans

Active service model
A model of care that encourages a person to focus on their own strengths, building their capacity to stay active and healthy.

Goal-focused plan
A plan that contains goals, actions, responsibilities and timelines required to complete a task.

The **active service model** aims to help the person learn new skills for independence. **Goal-focused plans** work with the active service model because they allow the person to set and work towards goals with the help of the service and support workers.

Example

Using a goal-focused plan

Henry has recently had a stroke. He lives on his own, and support workers visit him every second day to help him shower and prepare his lunch.

Henry has a goal-focused plan based on an active service model approach. Here are some of the goals included in Henry's plan:

1. Henry will be able to shower himself independently by the end of July.
2. Henry will be able to make a simple sandwich for himself in two weeks.
3. Henry will be able to get the bus to his Men's Shed program by himself by September.

Each goal includes actions that support workers and others will help Henry to complete so that he can continue to work towards each goal.

The actions can be written like this:

Goal 1: Henry will be able to shower himself independently by the end of July			
Actions to meet goal	**Who is responsible for this action?**	**Time frame**	**Date and sign when completed**
Purchase a long-handled showering aid and sponge	Occupational therapist	By 1 June	

Goal 1: Henry will be able to shower himself independently by the end of July			
Actions to meet goal	**Who is responsible for this action?**	**Time frame**	**Date and sign when completed**
Modifications to be made to bathroom, including shower rail and floor levelling	HAC team leader	By 6 June	
Teach Henry to use the aid	Support workers	By 15 June	
Hand-strengthening exercises to be performed for 30 minutes twice per day	Physiotherapist, support workers, Henry	Twice a day until end of July	
Build on skills to shower independently	Support workers	By 30 July	

The goals are agreed upon with the person, and supports are provided to help the person to meet each goal. Once a goal has been completed, the person responsible signs the action they are supporting the person to achieve. The person can then move onto a new goal. The aim is for the person to be able to regain as much independence as possible.

If a person is not achieving their goals, there may be a good reason. For instance, the goal may not be realistic for that person. A review is undertaken with the person to monitor the progress of the goal, and a new timeline or a new goal can be set.

Prioritising needs, goals and preferences

Prioritising needs means deciding on the needs that are most important and should be done first.

When you are providing support, the person's individualised plan or goal-focused plan may not tell you the order in which you should perform each task or meet each need. This can be up to the person's own preferences.

Sometimes, such as when a person has dementia, they may not be able to tell you what they need or which need should be met first. You may have to decide which need is the most important or the priority.

Models are used in community services that help us think about prioritising needs. The most common model we use is Maslow's hierarchy of needs.

In this model, the most important needs, or the needs that should be given priority, are at the bottom of the triangle. When that level of need has been met, you can then begin to help the person meet the needs at the next level, and so on.

Example

Identifying a hierarchy of needs

Frank has dysphagia and can choke when he swallows unless he has assistance with eating. He is also incontinent and has dementia. He had a successful career as a horticulturalist.

The following tasks and preferences are included on his individualised plan.

Frank needs:

- to join in with the singing group he loves
- to be supervised when using his four-wheel walker
- to have a vitamised diet and assistance with meals
- to talk about his knowledge of trees and plants
- help to shower and change his continence pads
- to make phone calls to his wife
- help to water the plants in his room.

Physiological needs, or needs that are important for survival such as eating, are the most important needs. These must be met for Frank to live and be healthy.

Safety needs are our second priority. They include hygiene and being supervised while walking.

We could prioritise this list into the categories based on the hierarchy of needs like this:

Practice Task 1

Question 1

Match each age-related condition to its description.

Dysphagia	A condition that leads to pain in the joints and difficulty with movement
Stroke	A condition that leads to memory loss and the need for help with ADLs
Arthritis	A condition that leads to weakness, often on one side of the body
Dementia	Difficulty swallowing

Question 2

Number each of the following needs of the older person in order of priority from 1 to 5.

	Self-esteem needs
	Physiological needs
	Love and belonging needs
	Safety needs
	Self-actualisation needs

1B Provide support in consultation with the older person and others

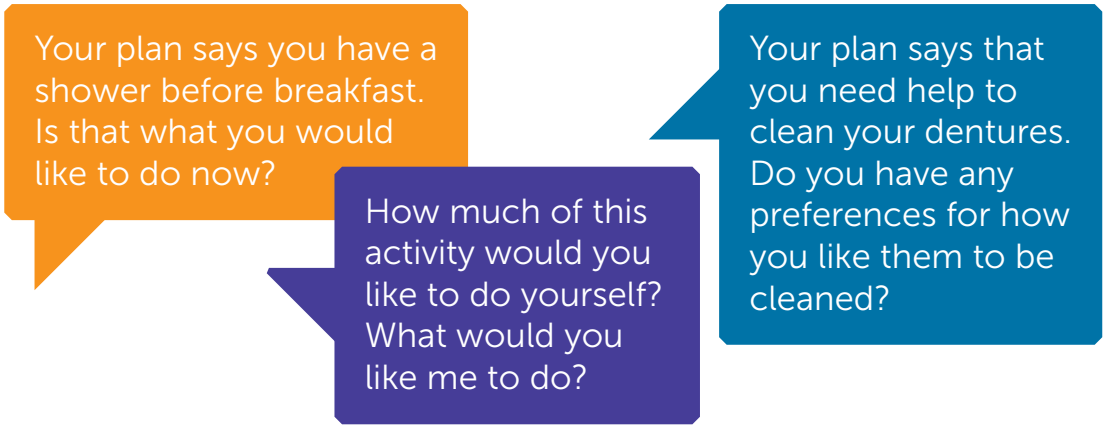
It is a requirement of the Aged Care Quality Standards to talk to the person often about what is included in their plan.

A plan is a living document. That means that it can be reviewed and adjusted as the person's needs and preferences change. Consulting with the older person regularly about the plan helps to identify whether they want changes made to the things they do and the way they do them. This change to the plan may be just for today, or they may want the change to be more permanent and altered in the plan itself.

Consulting the person before providing support

When providing any type of support or activity, always remind the person what is in their plan and check the person's preferences first.

This can happen at the beginning of each day and as each task or activity begins. For example:



Ask the person about their needs and preferences in a way that suits their communication style. When talking to an older person you might need to consider some of the following to help communication.

Tips for communication
• Limit background noise and other distractions.
• Face towards the person and respect their personal space.

Tips for communication
• Use nonverbal cues such as nodding and smiling if the person has a **cognitive** or language impairment.
• Do not pretend you understand. Ask for clarification before you proceed.

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

Dignity of risk and duty of care

Dignity of risk refers to the rights of older people to take risks.

All people have the right to make choices for themselves, even if you do not agree with that choice or that choice is not written in their plan. This is called dignity of risk.

For example, an older person can refuse to take their medications or use their walking frame.

However, the person's dignity of risk must be balanced with your duty of care. This means that you have the responsibility to make sure that:

- the person is able to understand the consequences of that choice, such as feeling unwell if they do not take their medication
- the person is given the right information about that choice, such as talking to their GP if they have diabetes but do not want to follow the diet that they have been recommended
- the risk that the person is taking does not affect anyone else. For example, the person does not have the right to smoke inside a facility because it can put others at risk.

Consulting with family members and carers

If the person is unable to communicate their preferences, their carers or family members, who often have detailed knowledge of the person, may be consulted.

Family members can help confirm that you are supporting the person according to their previous preferences. The family can help you to understand the person's preferred daily routines and how they like things done.

If the person can still communicate and contribute themselves, the carer or family member is still an important part of the planning process. They can be there to provide support, jog the person's memory and make suggestions that the person may not have considered.

Example

Building a care plan

The care plan should be built around the relationships that the person has with family and friends. For example, if a person has entered residential care but has always enjoyed a Sunday family roast, the person and their family member can help to make sure this is included and supported.

Confirming the person's preferences using nonverbal communication

Smiling, frowning, pulling away or attempting to do something in a different way can help you to recognise whether or not the person wants you to continue with a task in the same way.

Example

Identifying nonverbal communication

For example, if the older person is often reluctant to wake and get up in the morning, this could tell you that they are not a morning person and that care routines would be better left until later in the day.

Confirming tasks with other staff

Other staff members who know the person well can help contribute to your knowledge about how the person prefers tasks on the plan to be done.

Your manager can often help you with tasks that appear to cause the person anxiety or discomfort, such as trying a different way to help them dress or using a different type of sling for a lifting hoist.

Regular team meetings can be a good place for you and your co-workers to discuss the person's plan and the support strategies and techniques for which the person has voiced or shown their satisfaction. This is also a good opportunity to determine when a plan needs to be changed or reviewed.

Example

Communicating with the client

Ari is supporting Henry, whose goal-focused plan we looked at in Topic 1A.

He reads the plan with Henry and talks about how Henry is feeling about meeting each of his goals. Ari reassures Henry that he is on track with his goal of being able to shower himself independently by the end of July. He asks Henry if he feels there are other ways that the support workers could help him with this goal, such as additional aids or different types of support.

Ari congratulates Henry on his progress so far and reminds him how he is slowly but steadily returning to his former independence.

Practice Task 2

Question 1

Which of the following statements about following an individualised plan are correct? Tick all that apply.

- ❑ The plan has been written by professionals, so it must be followed exactly, even if the older person prefers a different way of doing things.
- ❑ If the person does not wish to do something in the plan, they have the right to refuse.
- ❑ If the person cannot communicate their preferences, the next best thing is to do the task in the way in which you would prefer it done for yourself.
- ❑ The plan is for the staff to follow and should not be viewed by the older person for privacy reasons.
- ❑ Once the plan is written, it can be changed when needed.

Question 2

Provide an explanation and example of dignity of risk.

Question 3

Provide two examples of how you would balance dignity of risk with your duty of care.

Question 4

Which of the following about providing services and support activities in consultation with the older person are correct? Select all that apply.

- ❑ Family members often know more about the person and their preferences than do staff.
- ❑ Use your preferred communication style when asking the older person about their needs and preferences.
- ❑ The older person is at the centre of all supports that are provided.
- ❑ The Aged Care Quality Standards require you to talk to the person about their plan regularly.
- ❑ Other staff sometimes notice things about the person's preferences that can help you.

1C Support the use of assistive technologies

Assistive technologies refer to equipment and tools that can help the person be more independent or help you or family carers to provide safer and more comfortable support.

Assistive technologies can be written into the person's plan. You may also recommend the use of these technologies when you know they could help. You can play an important role in supporting carers and family members by helping them to use assistive technologies.

The role of assistive technologies

Technologies in aged care are undergoing exciting but often underused developments.

They can help people in almost all areas of their lives. Aids and technologies that help people to care for themselves can provide them with a sense of self-determination or control over their own life and personal care needs.

Assistive technologies can also play an important role in helping people overcome barriers that are preventing them from participating in social and community situations.

Some people, including older people, may have a fear of new technologies simply because they are unfamiliar with them. If you can help them to become more familiar with technologies such as smart home systems, digital devices that help with reminiscence and communication, and apps and programs such as social media, you can open up a new world for both the client and their family and carers.

Self-care and independence

On the following page are some examples of aids that can help the person to perform everyday tasks when they have an impairment that affects their mobility.

Help to perform everyday tasks independently	**Adaptive aids** • These are particularly useful for people with conditions such as arthritis, cerebral palsy and other conditions affecting fine motor skills or hand strength. • Long-handled reachers can help the person to pick up items from the floor without bending. • Toilet reachers can help the person wipe themselves after using the toilet. The paper is loaded onto the holder, and the long curved handle allows the person to wipe and release the paper into the toilet. • Adapted handles on cutlery, hairbrushes, taps and other household appliances can help the person hold items or turn knobs that would be difficult otherwise. • Kettle tippers, which tip the kettle without picking it up. • Adaptive clothing such as shoes with Velcro rather than laces. • Plate guards, sipper cups.
Help to use computers, phones and electrical equipment	**Adaptable switches and buttons** • Large switches can be easily installed onto everyday electrical items such as lamps, computers and televisions to help a person with a vision impairment or reduced fine motor skills turn on the power more easily. • Mobile phones with large buttons that can be seen and handled easily. • Computer equipment can be updated with head wands that can be used to press keys by moving the head or adaptable keystrokes that allow the person to type with one hand.
	Remote and voice controls • Many electrical items can be controlled by remote, including handheld or voice-controlled remote devices. Examples include televisions and radios, robotic vacuum cleaners, light switches and power switches.
	Timers • Timers can be used to control equipment that is turned on or off at the same time each day, such as lights and televisions.
	Voice-activated digital technology • Nearly all digital devices can be used and controlled by voice commands and speech interaction. • Home digital hubs can be voice activated to turn on devices, create a shopping list, phone or text people, read the news or set a reminder. • Mobile phones and tablets have voice applications that help navigate and use the device as well as read books, play audio and create lists and word documents.

Help to use computers, phones and electrical equipment (cont.)	**Interactive digital text and images** • Phones, tablets and computers often come with features that allow the person to increase the size of text or screen readers that read text aloud or describe pictures using alternative text (alt text) technology. These can be useful for people with vision impairments.

Example

Be My Eyes

Amazing technologies are becoming available on phones or tablets that target the person's area of need for independence. Be My Eyes is a free app that allows people with visual impairment to instantly connect to one of millions of sighted volunteers worldwide to help solve small and large problems. The volunteer describes to the vision-impaired person what they can see through their phone camera. Problems may include reading instructions, checking expiry dates, taking photographs or navigating new surroundings.

Aids and technology to support communication

Communication technologies can help the carer to communicate better with the person they care for, with better outcomes and less frustration for both. Communication difficulties can be the result of:

- hearing impairments, where the person can have trouble hearing and understanding speech, radio, television or cinema audio
- vision impairments, where the person may have difficulty reading and communicating through writing, such as reading newspapers, books or shopping lists and reading and creating online and digital content
- speech disabilities, such as when the person has trouble being understood as a result of conditions such as stroke, motor neurone disease or cerebral palsy
- intellectual or cognitive disabilities, where the person has trouble understanding the spoken or written word
- language differences.

Technologies are quickly creating new ways for people with hearing, vision, speech and other communication disabilities to communicate. Many of these are also used to support learning in schools, universities, homes and workplaces.

Communication technologies for people with hearing impairments	• Hearing aids • Teletext phones • Hearing loops • Subtitles on television • Smoke alarms for people with hearing impairments; these are specially funded alarms that vibrate and flash lights
Communication technologies for people with speech impairments	• Speech output devices such as lightwriters • Apps for computers, tablets and phones that convert speech to text • Apps based on artificial intelligence such as Speak It, which can slowly learn and interpret the patterns of unintelligible speech
Communication technologies for people with intellectual or cognitive disabilities	• Aids such as Dynavox, a program that uses pictures to help the person communicate • Compic, a universal 'language' of simple pictures that can be used in books, labels, community request cards and many other formats
Communication technologies for people with language differences	• Translation apps are readily available for phones or tablets that can translate between languages and speak single words or entire sentences
Communication technologies for people with vision impairments	• Screen readers and text-to-speech software can help a person with a vision impairment take part in social media and other text-based communication

Aids and technologies to help provide safe care

Helping the person to move and transfer between chairs, beds, wheelchairs and cars is one of the most risky tasks undertaken by support workers and carers. Technologies to make this task safer and easier can help family carers continue in their role for longer and reduce the physical risks for paid support workers.

Technologies to help with transfers and mobility	• Manual handling equipment such as ceiling hoists, mobile hoists or standing machines • Four-wheel walkers and other walking aids • Adjustable beds and chairs, including chairs that can help the person into a standing position • Electric wheelchairs or scooters with power drive controllers • Shower chairs • Slide boards and swivel boards • Mayfield belts • Home modifications such ramps and rails

Technologies to reduce pressure injuries	• Gel, eggshell foam and sheepskin mats, cushions and rugs • Electronic mattress overlays that send waves of air or movement through the mattress • Timers and alarms to alert the carer to perform pressure care • Pressure-relieving electric beds and chairs
Technologies to support continence and hygiene	• Continence aids, including pads and pants • Toilet-seat raisers • Digital nodes that can be used with continence aids to alert the carer when the person becomes wet • Machines that exercise the pelvic floor muscles to help with bladder control
Safety and security	• Hip protectors • Sensor lights • Personal alert systems that the person can wear to call for help • Monitoring systems run through call centres • Home cameras that can be monitored by a relative in another place • Stovetop locks to stop the person using the stove if they have dementia • Car battery immobilisers to prevent a person with dementia using the car • Vinyl door murals to disguise exits

Aids and technologies to support people with dementia

People with dementia can create physical and emotional challenges for their family and support workers. There are many exciting technologies being developed for people with dementia to help them remain independent for as long as possible, trigger memory, keep them safer and be engaged and fulfilled. Technologies that help the person to reminisce or to be occupied and entertained can help reduce the stress associated with confusion and distress.

Technologies to support reminiscence	• Digital picture frames, talking photo albums and photos on USB drives • Music and movie streaming apps that let the carer create a playlist that suits the person's own reminiscences • Apps that can help users to create a book about the person's life • Therapeutic interactive dolls and pets • Portable light box for reminiscence • Sensory blankets, cushions and aprons • Photo transfer technology such as a blanket printed with family faces
Memory aids	• Automatic medication dispensers • GPS item finders to help locate items such as keys • Speaking clocks and calendars • Coloured toilet seats • Signs and labels • Motion-activated place and time reminders give a personalised recorded message when they sense movement at a certain place or time, such as in the middle of the night
Technologies to entertain and encourage intellectual stimulation	• Brain games and puzzles, online or in apps • Virtual reality games such as Wii or dementia-specific virtual reality worlds such as The Enchanted Forest • Drawing and colouring apps • Programs such as Skype and social media to increase contact with others

Example

Using technology and aids

Deepal is a home and community support worker who visits a client, John, who has dementia. John is looked after by his wife, Val, and is becoming increasingly dependent on her for his needs. Val is much smaller than John and is finding it more and more difficult to provide personal care.

Deepal researches some assistive technologies on the Dementia Australia website. He finds out that there is some state funding available to help Val access equipment such as a multilift chair and a bed with controls that can help John to sit up.

He also suggests an alarm mat to help Val know when John has stood up from his chair. This makes a huge difference to Val. She feels able to leave the room without worrying that her husband will start wandering alone and injure himself.

Deepal also knows that John is often restless and agitated. He suggests to Val that he could help her to download some of his favourite movies, photos and music onto a USB drive, which she could plug into the living room television. Val did not know that such a thing existed, but she helps Deepal by suggesting downloads. John loves the technology, and Val feels able to take a break from caring while John is entertained.

Practice Task 3

Question 1

Match each of the following types of assistive technology to its main purpose.

Translation app on a phone or tablet	Mobility
Standing machine	Mobility
Motion-activated place and time reminder	Communication
Signs and labels	Communication
Alarm mat	Memory aid
Speech output device	Memory aid

Question 2

Which of the following can be useful sources of information about assistive technologies for daily living activities? Tick all that apply.

- ❑ Occupational therapists
- ❑ Movie streaming services
- ❑ Dementia Australia
- ❑ Independent Living Centres
- ❑ Word of mouth

Question 3

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

a. Assistive technologies can be funded through the NDIS	Yes / No
b. There is no funding for assistive technologies unless the person lives in residential services	Yes / No
c. Not everyone can access funding for assistive technologies	Yes / No
d. Assistive technologies designed to help use a computer can only be funded if the person needs it for education or employment	Yes / No

Question 4

Provide three examples of assistive technologies and their uses.

1D Outline and clarify roles and responsibilities in the individualised plan

Every worker involved in service delivery has an important role to play in implementing the plan.

If you work in residential aged care, you will often be given an outline of your role and responsibilities for that day during a staff handover at the beginning of your shift. This may include any variations in the plan, additional needs that the person may have and any additional responsibilities that you have been assigned.

Workers in home and community settings often receive the plan in digital form, such as on your phone. The plan will outline the tasks that the person may need completed while you are in the home.

Clarifying your role and responsibilities

Check the plan before you begin working with each individual client or resident, even if you are familiar with the person.

This is important because when responsibilities or tasks on the plan have changed, the older person should not be expected to let every new worker know about the change.

If you are unsure about your responsibilities, or if the person requests a change in the plan that you are not certain you can accommodate, let your supervisor know. The supervisor can help clarify your role and, if possible, give permission for you to complete tasks that are outside of your usual responsibilities.

Working safely

You have the responsibility to keep yourself and others safe at all times.

- Be proactive to avoid hazards, such as cleaning up a wet floor as soon as you notice it.
- Use the techniques and equipment outlined on the plan when performing any manual handling tasks.
- Be alert to changes in the person's condition, so that you can be prepared for additional risks to yourself and the client during a transfer.
- Report risks and hazards to your supervisor as soon as possible.

- Do not perform tasks that you think are unsafe, even if they are written on the plan. Talk to your supervisor when you have these concerns.

Example

Clarifying your role

Francine works for two hours twice a week in the home of an older lady called Connie. Francine stores Connie's individualised plan on her password-protected phone, and the office notifies Francine when there are changes made to the plan.

Connie's plan requires Francine to perform the following tasks:

- help Connie to have a shower
- help Connie to prepare the next two days of meals.

When she arrives today, Connie tells Francine that she has already washed and does not want to shower today. She says that she would like to use her two hours of support to go shopping instead for some new clothes. Francine calls her supervisor and gains approval for this task. The supervisor helps Francine access a taxi voucher. The supervisor also records the change on Connie's file and on her plan because this variation can now be included as an option for future visits without additional permission needed.

Clarifying the roles and responsibilities of other service providers

As you saw in Topic 1A, some plans, such as goal-focused plans, include responsibilities for other professionals and service providers.

Henry's plan for his first goal includes actions that need to be completed by:

- an occupational therapist
- the team leader (supervisor)
- support workers
- the physiotherapist
- Henry himself.

Goal 1: Henry will be able to shower himself independently by the end of July			
Actions to meet goal	**Who is responsible for this action?**	**Time frame**	**Date and sign when completed**
Purchase a long-handled showering aid and sponge	Occupational therapist	By 1 June	
Modifications to be made to bathroom, including shower rail and floor levelling	HAC team leader	By 6 June	
Teach Henry to use the aid	Support workers	By 15 June	
Hand-strengthening exercises to be performed for thirty minutes twice per day	Physiotherapist, support workers, Henry	Twice a day until end of July	
Build on skills to shower independently	Support workers	By 30 July	

In this type of plan, the service providers need to work together to help the person meet their goal. All members of the team also need to understand the role and responsibilities of other workers.

For example, Henry's support workers will need to clarify the role of the physiotherapist in Henry's hand-strengthening exercises and how they can complement that role.

They can clarify this by:

- talking to the physiotherapist about the exercises and asking questions about how the exercises are done
- referring to written communication from the physiotherapist about the exercises – many allied health professionals will provide a list of instructions to the client and to the worker to help with these tasks
- talking to their supervisor about what they are expected to do to help with this part of the plan.

Practice Task 4

Question 1

List three responsibilities that you have for safety when following an individualised plan.

Question 2

List two reasons why it is important to be aware of the responsibilities of other workers and professionals when following an individualised plan.

Question 3

Briefly explain how you would clarify your own role and responsibilities in the plan.

1E Recognise and report signs of abuse or neglect

You have a duty of care to the people you support to keep them safe from harm.

Abuse refers to the mistreatment of a vulnerable person. Abuse can be perpetrated by a family member, a stranger, another resident, a volunteer or a worker. The Royal Commission into Aged Care Quality and Safety uncovered widespread incidents of abuse in residential aged care facilities, many of which have gone unreported. This is no longer acceptable. Legislation now requires you to be alert to signs of abuse and report any suspicions or concerns immediately to your supervisor, even if you are not sure.

Abuse
Any intentional action that harms or injures another person.

People at increased risk are those who:
• have a cognitive impairment such as dementia
• live alone or are isolated from the community
• are dependent on someone else for their finances or basic needs.

Types of abuse

Abuse and neglect can come in different forms.

Type of abuse	Examples	Signs
Physical abuse	• Hitting, pushing, pinching, shoving • Illegal use of restraint, such as restraining a person without the required processes, such as those in the behaviour support plan, being followed • Unnecessary use of force, such as turning a person in bed more forcefully than needed	• Unexplained bruises, marks or swelling, bleeding, fractures • Weight change, especially weight loss • Malnutrition or dehydration • Fear of a particular person • Guarding parts of their body when others come near

Type of abuse	Examples	Signs
Sexual abuse	• Any sexual behaviour from a staff member, including making sexual comments, grooming, unnecessarily touching the person's genitals, sexual assault or rape • Any non-consensual sexual activity between an older person and another adult	• Increasing withdrawal or depression • Difficulty walking or sitting • Vaginal/penile bruising, bleeding or discharge • Pulling away when receiving physical care • Constant infections
Financial abuse	• Stealing, controlling or removing a person's goods or possessions • Denying a person access to their money • Forcing a person to change their will (a legal document) • Enduring power of attorney refuses to provide enough money	• Inability to pay bills; having insufficient funds to meet everyday expenses • Unexplained bank withdrawals; unusual signatures on banking documents • Money spent in ways that are not supportive or beneficial to them • Becoming increasingly withdrawn and fearful
Emotional abuse	• Intimidating behaviour, belittling or deliberately ignoring the person • Yelling, bullying, threatening and harassing • Isolating the person • Implying that the person cannot leave their room or space • Using threats or fear tactics to force the person to comply	• Distress • Increasing withdrawal • Excessive compliance • Fearfulness • Reluctance to make decisions.

Type of abuse	Examples	Signs
Neglect	• Not providing basic needs such as food, water, hygiene, warmth or medicine • Inadequate clothing or personal items • Refusal to provide adequate medical, dental or personal care	• Weight loss, dehydration, poor skin quality • Person appears unkempt – same clothing worn every 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

Emotional impacts of abuse

Abuse can cause extreme fear and distress. The person may become withdrawn, depressed and anxious. Emotional impacts can remain long after abuse has happened. Some people experience post-traumatic stress, which may result in feelings of anxiety or depression.

Abuse can also cause the person to feel unable to make their own choices or decisions for fear of being harmed, punished or yelled at.

Identify and report abuse

Abuse is illegal. Under the Serious Incident Response Scheme in residential aged care, your managers must report *any* suspected or actual incidents of abuse to the police and to the Aged Care Quality and Safety Commission (**ACQSC**).

ACQSC
The Aged Care Quality and Safety Commission, which is the government regulator for aged care services.

If you have any reason to be concerned that a person is being abused:

1. Make sure the person is safe and protected.
2. Report your concerns immediately to your supervisor. You have the right to have your identity as a reporter kept confidential.
3. Avoid disrupting or touching the area surrounding the place where the abuse may have taken place because it may be considered a crime scene.
4. Document what you have seen or heard.

Write down:
What you saw (for example, the size, location and type of bruising)
When you saw it (date, time, day)
What you did (for example, removed the person from the situation)
What you said (for example, explained to the person that you had to report the incident)
The person's response (what they said or did)
Follow-up action to be taken

Mandatory reporting
The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

If your manager has not taken the correct steps of **mandatory reporting** to the police or the Aged Care Complaints Commissioner, you can take your concerns to a higher manager or the police or make a complaint to the commissioner yourself. You can also make a report anonymously. However, keep in mind that an anonymous report can be more difficult for authorities to investigate properly.

For more information, visit the ACQSC Serious Incident Response Scheme at: aspirelr.link/sirs

The law has changed in relation to reporting abuse in residential aged care. Your managers *must* report to the ACQSC any unnecessary use of force or any suspected or actual abuse. This includes any claims of abuse, even if the person making the claim is an unreliable witness, such as if they have dementia.

Example

Recognise and report signs of abuse

Rhonda lives in residential care and has dementia. She often makes up stories and says things that are not true.

Today Rhonda has told Jackie, her support worker, that another staff member hit her. Jackie knows that this might not be true, and she can't see any signs of bruising, but she knows that she must report what Rhonda told her because abusers are more likely to target a person who is less likely to be believed. As Rhonda's advocate, she does not have to provide proof of abuse, but she must act on Rhonda's statement.

Jackie reassures Rhonda that she will keep her safe. She tells her manager what Rhonda has said. The manager reports the claim to the ACQSC, which directs the service to undertake an investigation. After talking to Rhonda and other staff, the managers are reassured that Rhonda was not abused. However, the ACQSC requires the service to document every new claim that Rhonda makes in future and to review any new evidence or concerns.

Practice Task 5

Question 1

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

a. Mandatory reporting means you must report falls and any deterioration in the person's condition to your supervisor.	Yes / No
b. You must be certain that abuse has been committed before going to your manager.	Yes / No
c. People with dementia are more vulnerable to physical, sexual and emotional abuse than are older people without dementia.	Yes / No
d. Financial abuse can be committed by the person's family.	Yes / No
e. Abuse can be committed by people who are strangers to the person.	Yes / No

Question 2

Match each sign or indication to the possible form of abuse or neglect.

Lack of hygiene, weight loss and offensive odour	Physical
Injury to genitals	Financial
Unexplained scratches	Sexual
Not having enough money to buy essentials	Neglect

Question 3

List two possible impacts or effects of abuse on an older person.

Summary

- The individualised plan is where the older person's needs, goals and preferences are recorded.
- Some conditions, such as dementia, arthritis and hearing loss, are more common in older people and create specific sets of needs.
- Goal-focused plans work with the active service model to help the person meet their goals.
- Maslow's hierarchy of needs is a tool that can be used to understand how to prioritise needs.
- The person should be consulted regularly about their plan.
- The person's family, your supervisor and other workers can help you to understand the requirements of the plan.
- Assistive technologies can be used to help support the person in many different ways.
- Each member of the support team can have different responsibilities in relation to the plan.
- Abuse can be physical, emotional, financial or sexual.
- Abuse and neglect must be reported according to mandatory reporting and the Serious Incident Response Scheme.

Learning Checkpoint 1

Deliver services according to an individualised plan

Part A

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

a. All plans are goal-focused plans.	Yes / No
b. Organisational policy will state you must follow what is in the plan, no matter what the client's or resident's preferences are.	Yes / No
c. Some needs are more urgent than others.	Yes / No
d. Consultation with others can help you to understand your responsibilities in the plan.	Yes / No
e. Other professionals can have responsibilities written into the plan.	Yes / No

2. Which of the following statements relate to how you should respond if you suspect that an older person living in their own home might be being abused by a family member? Tick all that apply**.**

- ❑ Make certain of your facts before reporting it in case you are wrong.
- ❑ Go directly to your manager and report your concerns.
- ❑ Write your concerns in a communication book so that the family members can see that you are suspicious of them.
- ❑ Write your concerns on a file note and hope that your manager sees it.

3. List two examples of an assistive technology that can support the person to be more independent when eating or drinking.

4. Provide two examples of an aid or technology that can help to manage incontinence.

5. Match each type of assistive technology to the person it can provide support for.

Computer screen readers	People with dementia
Electronic air mattresses	People with a hearing impairment
Interactive pets	People who cannot turn themselves in bed
Vibrating smoke alarm	People who have a vision impairment
Large switches to turn on an electronic toy	Children with physical disabilities that affect their fine motor skills

6. List two common health problems associated with ageing and give an example of an assistive technology that could be used to support the condition.

7. If a person wants to make a choice that could be unsafe, list two responsibilities you have to ensure you fulfil your duty of care and follow organisational policies and procedures.

8. How can colleagues help you to understand the person's needs?

Part B

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

Case study

Tori is a support worker who visits older people in their homes. She visits Kelly Rose in her home. Kelly is 78 years of age and has dementia. She lives with her son, Paul, who is a musician. Paul has been responsible for Kelly's support needs since she was diagnosed with dementia three years ago. Kelly has no other living family.

Kelly appears disorientated when Tori arrives. Tori notices Kelly's house is very untidy. Dirty dishes line the sink, and the toilet and bathroom are very grimy. Kelly has a strong body odour. Her hair is greasy. Tori guesses she has not had a shower in a while.

1. List two signs that might tell you that Kelly is at risk of harm.

2. What is this type of harm called?

3. Kelly asks Tori not to say anything because she loves her son and doesn't want to get him into trouble. What are Tori and her manager required to do in this situation?

Topic 2: Liaise and negotiate with appropriate personnel and service providers

2A Support the older person to access and negotiate resources

2B Support the older person to access community support agencies to meet their goals

2C Take action when a service or worker can no longer provide the right level of service

2A Support the older person to access and negotiate resources

Case management principles

Case managers should investigate the available options for delivering services and think creatively if services do not directly meet a need.

Case management principles also apply to support workers who take some responsibility for liaising. For example, support workers may give information to the person's GP about their condition or needs. You might help the older person contact a government service such as a funded interpreter, or you might recommend certain types of technologies that are available for the person or their family to purchase.

Additional resources can include:

- human resources, such as different professionals or more support staff
- financial resources, such as money or funding to help the person access aids and supports
- physical resources, such as mobility equipment
- information, such as advice about how to stop smoking or to manage diabetes.

Here are some important principles, and examples, for using case management skills:

Make use of the natural resources and networks that the person already has	Family members, friends and other people in the person's life are the first point of call when the person needs help to access services. Your responsibility may be to provide advice to the person and their family about options and allow the family or carers to make contact and arrange referrals.
Only give the help that the person needs	Sometimes the older person simply needs to know who they can call to get help with a particular need. In other cases, they might need you to make the phone call or complete a complaint form online. Always encourage and support the person to make as much of this contact as they can themselves.
Use the resources from one person or service as much as possible	Too much information or too many services can complicate the person's choices and mean that important needs are missed. If your own organisation provides home maintenance services that the person is eligible to access, let the person know about this first, and let them know how they can find out more.

Use or recommend external resources if your service cannot meet the person's needs	You and the other people in your service are not trained to do everything for the person. Health and allied health professionals can play an important part in the person's wellbeing. Government and non-government resources and services, including websites and helplines, can provide many supports that you and your service may not be able to provide. For example, people with diabetes and their families can seek help and advice from Diabetes Australia. Lifeline and Beyond Blue can provide free counselling and advice for people experiencing depression.
Natural resources in the community that meet the person's needs are usually preferred over disability- or dementia-specific resources	Just because a person is older or has a disability does not mean that they must seek out services that only cater to people with similar issues. For example, an older person with arthritis who would like to join an art group can be encouraged to attend a mainstream community group and given the right aids and supports to help them use brushes and paints. In turn, the community art group must provide **reasonable adjustments** to allow the person to take part.
The person needs to be given choices	If you know of a professional or service that might benefit the person, talk to them about what you know and help them to research the options.

Reasonable adjustment
The requirement for all services and businesses to make simple adjustments to allow people with disabilities to access their service.

Identify information and resources

Many different resources can be used to help a person achieve the goals set out in their individualised plan.

Our community is full of opportunities for support. Here are just a few:

Financial resources	• Services such as Centrelink can help the older person access financial supports and rental assistance. • Charities such as St Vincent de Paul or the Salvation Army can help provide emergency accommodation, food parcels and short-term financial support. • Many utility companies and other services in the community provide discounts for people who have a healthcare card. In some cities, this can enable the person to access cheaper medicines, reduced admissions to activities and free or discounted travel on public transport.
Communication resources	• There are several funded services across Australia that can assist in creating and recommending communication technologies, including Hearing Australia, Vision Australia and Scope.
Continence support	• The National Continence Helpline has a free information and referral telephone service, with professional continence advisors.

Translation and interpreting services	• People who speak languages other than English can access translating or interpreting services. These services can help a person read and understand documents, complete forms and communicate in meetings. • The Translating and Interpreting Service (aspirelr.link/translating-and-interpreting-service) can help people access a free interpreter for health and other services. • NABS (National Auslan Interpreter Booking and Payment Service) (aspirelr.link/nabs) provides free or paid Auslan interpreters for people who use sign language.
Counselling	• Beyond Blue provides free counselling phone support. • QLife is a counselling and referral service for people who identify as LGBTIQ+.
Advocacy	• The National Aged Care Advocacy Program is a telephone service that provides advice, assistance and advocacy on behalf of older people who have a cognitive impairment such as dementia. • Seniors Rights Victoria (SRV) provides legal services and advocacy to any Victorian over 60 years of age. • Elder Rights Advocacy (ERA) provides advocacy and information for aged care residents and their families. • The Australian Tax Office Indigenous helpline helps Indigenous Australians to navigate the Australian Tax Office and complete a tax return.
Making complaints	• The Australian Human Rights Commission supports people to complain about discrimination based on the person's disability, sexual orientation, gender, age, race or religion. • Consumer Affairs Victoria helps people make complaints about purchases, refunds, contracts, scams, door-to-door sales and other consumer complaints.

Video: Complaints resolution

Watch the video about how you can support an older person to access the Aged Care Complaints Commissioner to resolve complaints about an aged care service. aspirelr.link/yt-accc

Considering individual needs when referring or recommending external supports

When you are recommending resources to help the person, consider the older person's language, preferences, cultural needs and financial position.

Considerations when accessing resources
What is the cost of the resource, and can the person afford this cost?
Are there any specific communication needs, such as translation?
Where is this resource located? Can the older person access this location or website?
Is this the best service to meet the person's needs?

Example

Considering individual needs

A client from an Aboriginal and Torres Strait Islander background may mistrust services provided by the government. If they would like advice about making a complaint to their telecommunications service, they may prefer to seek advice from a local Aboriginal community support service or Aboriginal legal service over discussing the issue directly with the provider or a mainstream legal service. An Aboriginal service could also help them to access financial and other supports that may be of help.

Support the older person and their carer to access aids, equipment and assistive technologies

You might suggest aids and technologies that you know about that could help the person, such as hip protectors or hearing devices. Funding for assistive technologies and home modifications is available through state or territory funding programs. However, not all people qualify for funding, and not all types of technology are covered by these programs.

Specialists and services can also help provide professional support and advice in accessing aids and equipment. These include:

- occupational therapists, who can help the person choose the right technology
- assistive technology advisors available through **My Aged Care**
- private medical and equipment suppliers in stores or online
- services such as Dementia Australia or Arthritis Australia, which can give advice and sell equipment and technologies.

Independent Living Centres Australia operates independent living centres across Australia. The organisation can provide advice, support, trials, rentals and sales of equipment designed to help the person live independently.

My Aged Care
A government-operated portal that provides assistance, assessment and referrals to funded aged care services.

Help family carers to access supports and technologies to provide support

When support workers have a good knowledge of the types of aids and supports available to help family carers, that person is more likely to be able to continue in that role for longer.

Examples of suggestions:
The Dementia-Friendly Home app, created to help the carer design a safe environment; this and other information and resources are available on the Dementia Australia website.
Online communities and social media platforms can help the family carer to meet other carers and find information and support.
Apps can help the carer to remember to administer and keep track of medications.
Sensors that alert the carer to movement and other conditions include: • a temperature plug that changes colour to bright pink if the water is too hot • gas shut-off devices that detect gas, shut off the supply and raise an alarm • fall detectors worn on the person's wrists that can sense the person falling • movement sensors that alert the carer if the person is standing or walking so that they can assist • pressure mat sensors by the bed or door that activate an alarm when a person stands on the mat • GPS trackers to help find a person who has wandered away.
Technologies such as monitoring systems allow the carer to feel comfortable leaving the home for even a short time.

Referrals

If the person or their family can access a referral without help, this is the best option.

Depending on your service policies, you may be restricted from sharing information about a client with another service or professional. If you are permitted to help with a referral, or if you are calling a service on the client's behalf, you must follow your service's own procedures as well as those of the other service or professional.

This might include:

- helping the person to make an appointment with their GP to arrange a referral to a health service
- helping the person make contact with an organisation to find out more information or to see if the person is eligible for the service
- helping the person to complete an online or hard copy form.

Privacy and confidentiality

You may need to provide the service with the person's phone number, address, age, health status and other information. This is sensitive information that must be used only for the purposes that the person agrees to. Always make sure that you have the person's consent before passing on any personal information to any other service. If the older person is not able to give consent because of a cognitive impairment, the person's substitute decision-maker must do this.

To give informed consent, the person must understand which service you are giving information to, why you are giving the information to the service and what the service will do with the information.

When emailing information, take care to protect the person's information from any person who is not authorised to receive it.

If you are not sure, do not proceed with the referral, and speak to the person or your supervisor.

Practice Task 6

Question 1

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

a. Case management skills are only used by case managers.	Yes / No
b. Specialist aged care and disability groups are usually the best choice for supporting the person to access the community.	Yes / No
c. The more services the person can access, the better.	Yes / No
d. Case management can be a team role.	Yes / No

Question 2

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

a. It is your role to do as much as possible to negotiate and seek support from other services so that the older person does not have to.	Yes / No
b. Make use of the natural resources and networks that the person already has.	Yes / No
c. Use or recommend external resources if your service is unable to meet the person's needs.	Yes / No
d. You should not concern yourself with the cost of a service you are recommending.	Yes / No

Question 3

List two responsibilities you have for protecting personal information during a referral.

2B Support the older person to access community support agencies to meet their goals

Community support agencies can be government, private or community organisations that support one or more areas of a vulnerable person's life.

Many agencies and organisations receive government funding to provide support to older people and their carers living in the community. However, there are often long waiting lists for support from government-funded services.

Here are some examples of assistance that can be provided for older people:

Example	Support function
Planned activity groups	Activities may be conducted in day centres, some of which cater for people with dementia.
Personal care	Community aged care packages provide assistance with bathing, dressing, grooming, toileting, mobility and eating.
Home help	Local home and community care services offer assistance with domestic cleaning, shopping and laundry.
Delivered meals	Delivery of nutritious, appetising and culturally appropriate meals.
Home maintenance	Assistance with minor repairs to the person's home or garden to ensure safety.
Respite services	Give carers a break during the day or overnight.
District nursing services	Provide clinical care, assessment, education and information.
Transport	Low-cost taxi vouchers, courtesy buses or volunteers to take people to activity centres, shopping or appointments.

Helping the person to access community support agencies

Many funded services are provided through contact with My Aged Care.

My Aged Care has a website (aspirelr.link/my-aged-care) and a helpline (1800 200 422), which can help the person and their family to access the right supports.

The Aged Care Information Line is a phone service that provides free information about a range of community services, supports and funding available for older people.

The role of My Aged Care is to:

- give initial information and advice about the supports available
- assess the person to determine whether they are eligible for supports
- help the person choose the right type of care
- suggest and refer the person to local service providers that meet the person's needs.

For more information about My Aged Care, go to: aspirelr.link/mac-about-us

If the need for support is urgent or an emergency, it is important that this information is given to the service when contact is made. It can be useful to share other types of information with the service, with the person or their family's consent, such as if:

- the person is an Aboriginal or Torres Strait Islander
- the person has a healthcare card
- the person (or their spouse) is a war veteran.

Funding helps make certain programs more accessible to people who are financially or socially disadvantaged. This information can help the person to access priority or additional funding and supports.

Example

My Aged Care

Ted lives with his wife, June. He has dementia and receives personal care from support workers who assist June in providing for his increasing care needs. Phillipa, the support worker, notices that June is finding it harder to cope with both the care of her husband and looking after their home.

Phillipa explains that the couple may be able to access home help through the local council. This service is subsidised and can help June keep the house clean so that she has energy left to care for Ted.

Phillipa looks online and finds out that June can apply for this service via My Aged Care. Phillipa leaves June with the number she needs to call and lets her supervisor know that June has applied for this service.

Practice Task 7

Question 1

Match the type of aged care service to its description.

Planned activity groups	Help people who cannot cook or prepare food
Delivered meals	An information, referral and assessment service that helps older people access community aged care supports
Home help	Day services that provide activities for people such as those with dementia
My Aged Care	Help with housework and shopping

Question 2

List two examples of individual differences that might mean that the person is eligible for additional funding from aged care support.

2C Take action when a service or worker can no longer provide the right level of service

When the older person's needs change, your service may not be able to continue to meet their needs.

One of the most common examples of this in aged care services is when the person or their family carer is no longer coping at home with community support. This can be a sign that the person needs to be assessed for residential aged care.

Sometimes, a change in the person's condition simply requires a reassessment of the type of worker who visits the home rather than a change in the person's living situation. For example, if the person is receiving only home help services and is no longer coping with their own personal care needs, they may be assessed for a support worker or district nurse. If an inexperienced worker is struggling with the needs of a person with increasing behavioural and psychological symptoms of dementia (**BPSD**), the person may benefit from being assigned a worker who is more experienced in working with people with dementia.

BPSD
Behavioural and psychological symptoms of dementia.

Planned activity groups and other day services are not designed for people with very high-level needs. If you work in this type of environment, you may begin to notice that the person's changing care needs require staff to take on tasks that are outside of their scope. The person's behavioural needs may cause disruptions to the service or to other clients that cannot be easily met in this environment.

Signs that the person needs reassessment

Signs that might mean that the service no longer meets the person's needs	❑ Feedback from the person or their family carer that they are not coping ❑ Signs that the person is not safe, such as falls, accidents, near misses and serious incidents such as a kitchen fire ❑ The older person is losing weight or looking unkempt or unwell ❑ The older person's home is being poorly maintained ❑ You have concerns that the person might be being abused or neglected by their family carer
Signs that a worker can no longer provide the right level of service	❑ Complaints from the older person, their carer or their advocate ❑ Feedback from the worker providing the service ❑ New medical or care needs that do not meet the worker's level of qualification or experience

Taking action to maximise care and support

The most important part of your role is to report signs of changing needs directly to your supervisor.

Depending on your workplace, you may:

- tell the supervisor in person what you have seen or heard (if you work in a day service)
- contact an off-site supervisor to tell them your concerns (if you work in the community)
- complete an incident report
- complete a monitoring form.

Some concerns will be more urgent than others. If you feel that the situation puts someone at immediate risk of harm, report the incident or problem immediately in person (or on the phone if you work in the person's home).

For example, you should let your supervisor know as soon as you become aware or suspect that a carer might be abusing the person.

If your concerns are not as urgent, your policy and procedures may refer to documenting your concerns on an incident report or monitoring form. For example, a family carer may have told you that he or she is exhausted or feeling frustrated in their carer role. You could document this so that your supervisor can consider whether the family needs additional support or advice.

The older person's GP can be the first step in arranging a referral for a reassessment. My Aged Care can support the family to have the person reassessed and guide the person and their family to find new supports in a way that minimises disruption to delivery of the person's care needs.

Suggesting other support options

Some clients and their family carers show signs of stress or inability to cope because they need a break from caring or because they need temporary or permanent help.

If you feel that a person or their carer needs additional supports, let your supervisor know.

The supervisor may be able to help access other options.

On the following page are some examples.

Service options to help maximise support
Short- and long-term respite care
Subsidised or funded equipment
Extra personal care or home help supports
Advice and information/referral services
Case managers such as social workers to help plan for transitions
Counselling and emotional support

Example

Identifying alternative support options

Jennifer works in a planned activity group for people with dementia. Clients arrive at 9am, take part in activities and have lunch together. Lenny has been attending the group for two years, but his dementia is progressing, and his needs are increasing.

Lenny is incontinent and needs much more help to go to the toilet. Last week he fell in the bathroom and cut his head. Today he has been aggressive with some of the other clients and swung a chair at a worker.

The day service is no longer able to cater to these increasing needs. The manager of the service has contacted Lenny's family and talked to them about the limitations of their service. She is able to provide the family with some support for how they might access respite and funding for home and community visits from support workers who are trained in the support of people with dementia.

Practice Task 8

Question 1

Which of the following are service options to help maximise support? Tick all that apply.

- ❑ Short-term respite care
- ❑ Long-term respite care
- ❑ Subsidised equipment
- ❑ Self-funded equipment
- ❑ Extra personal care

Question 2

List three signs that a service is no longer able to meet the person's needs.

Summary

- Case management principles apply to workers who work as part of a team to help the older person access internal or external resources.
- Resources can include access to information, financial support, legal support or advocacy.
- The older person should be given choices and control to direct their own access to resources.
- Community support agencies provide supports such as home help, transport and activities.
- My Aged Care is a government portal that provides information, support, assessments and referrals to funded aged care services.
- When the service or worker is no longer able to provide the level of support needed, it is important to let your supervisor know as soon as possible.

Learning Checkpoint 2

Liaise and negotiate with appropriate personnel and service providers

Part A

1. Which of the following statements relate to how a case manager can help a person to negotiate resources? Tick all that apply.

- ❑ Use as few services as possible that still meet the person's needs.
- ❑ Gain the person's consent before passing on information.
- ❑ Provide the person with choices.
- ❑ Avoid asking families to be involved in the referral process.
- ❑ Always choose the most cost-effective solution for the person, even if they are not aware of the cost.

2. What steps can you take to ensure that the person's information is kept confidential when referring them to a service?

3. Match each of the following resources to the type of help they can provide.

Lifeline	Financial help
Home help	Financial help
Centrelink	Community support agency accessed through My Aged Care
Salvation Army	Community support agency accessed through My Aged Care
Planned activity groups	Emotional help
Beyond Blue	Emotional help

Part B

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

Case study

Manik supports Alice, who lives independently in the community. Alice is 90 years of age. She has macular degeneration, which affects her vision. This means she can no longer drive. The local shops are a 30-minute walk away from Alice's home.

1. Imagine that Alice lives in your local area. Research a specific support that could help Alice get to the shops independently.

In your answer, include:

- the name and location of the service or support
- the cost of the service
- what steps Alice would need to take to access the service.

2. What help could Manik give Alice to help negotiate and access this service?

3. Research one example of a technology that Alice could use to help her remain independent in her ADLs. Outline where the resource can be purchased, how much it might cost and what benefit it might give to Alice.

4. List two signs that might tell Manik that Alice is no longer safe living alone in her home.

Topic 3: Support family, carer or others identified by the person

3A Recognise the impact of support issues on carers and families and refer appropriately

3B Provide support and respite for family, carers and others

3A Recognise the impact of support issues on carers and families and refer appropriately

A carer is a family member, friend or neighbour who provides informal assistance to the older person without payment.

Carer
A term often used to describe personal care workers, especially in aged or disability care services.

Often, this assistance allows the older person to remain living in the community. The role of **carers** in Australian society will become more important as our population ages and the number of older people requiring care and support increases. Government funding can only meet a small proportion of this need.

The impact of support issues on carers and others

While many carers choose to care for a loved one, others may provide care out of a sense of duty. Some carers may have no choice because there is nowhere else for the older person to go and nobody else to help with the care.

Respite
Giving carers a short-term break from their caring role.

Providing carers with support and regular **respite** is critical to assist them to continue in the role. While being a carer can be very worthwhile, it can also be very stressful. It can have an impact on every area of the carer's life, including their family, employment, social activities, health and finances.

Full-time carers can become exhausted and may have little time for their own needs and commitments. They can feel isolated from others and have higher rates of depression than the rest of the population. Part-time carers may struggle to find a balance between providing support and meeting their own commitments. If carers are unable to work, financial stress may also be present.

Being a carer can affect:
• the relationships that a carer has with their partner, children, other family members and friends
• the carer's employment
• the time and energy they have to devote to their own personal lives
• their physical or emotional health; for example, if the carer loses sleep or worries about the older person or must perform heavy physical tasks such as lifting or moving the person or doing home maintenance
• social contact and activities; for example, if the nature of the older person's condition makes it difficult for a carer to have visitors at home
• the carer's financial situation; for example, they may have to cut their working hours to provide care or need to pay for treatments.

Recognise the need for additional support

There are a number of signs that the carer or family member may be struggling to provide adequate care or meet their own needs.

Be alert for signs that a carer or family member is struggling. If they are not coping, their own needs and the needs of the older person can be affected. If the burden on a carer becomes too great, they may become too unwell to maintain their caring role or decide to cease their caring role. The result is that the older person needs more funding to stay at home or may need to move into residential care.

Signs that a carer is struggling
• The carer appears tired and exhausted.
• The carer tells you they are not coping.
• The carer or the older person becomes injured or is at risk of injury.
• The carer becomes short-tempered with the person they support.
• The carer appears unhappy or depressed.
• The older person is not being cared for adequately.

Reporting the need for support

If you recognise that a carer or family member is struggling, your service may be able to provide support.

The first step is to let your supervisor know about your concern for the carer's wellbeing.

Sometimes carers do not know what services might be available to them. You can make them aware of online support such as Beyond Blue. Other services and programs can help reduce the impact of isolation for carers and the people they support.

Here are some examples:

• A GP can provide a mental health plan to allow for subsidised (funded) visits to a registered psychologist.
• Lifeline or other phone counselling services provide free counselling services. They can provide advice, advocacy and support to carers.
• Counselling services such as Relationships Australia can help with personal or emotional problems.

- If the carer works, their employer can provide access to an employee assistance program.
- **Companion cards** available through the National Companion Card Scheme can reduce the cost of having to accompany a person who cannot use services alone.
- Disabled parking permits can help the carer to park closer to a service and allow plenty of space to help a person who uses a wheelchair out of a car.
- **Subsidised** taxi services help with transport costs for the carer and client.

Companion card
A card that allows people with significant and permanent disability to purchase an additional ticket at a venue for their carer at no charge.

You can learn more about the National Companion Card Scheme at: aspirelr.link/companion-card

Subsidised
Something that is partly or fully funded (usually by the government) to prevent a person from paying the full cost of a service.

Referring the person to carer supports

Carer support systems are a network of services across Australia that work to improve the lives of carers.

Support from a peer group can be useful in helping carers feel less alone and isolated. Caring can be a lonely task and one that takes up a lot of time. It is easy to lose contact with friends or feel that there is no-one around who really understands the situation. A peer support group such as a carer's network or group meeting can be helpful in bringing carers into contact with others who are experiencing similar situations.

Carer Gateway

Carer Gateway is a website and call centre that helps direct carers to practical information and advice, online supports and local services. These include:

- options for financial assistance, such as the Carer Payment through Centrelink
- home support services and eligibility criteria
- respite options
- out-of-home community access services
- local carer support groups
- details of where to obtain resources, such as information on specific conditions (e.g. multiple sclerosis).

Video: Carer Gateway
Watch this 50-second video about the topics covered on the Carer Gateway website: aspirelr.link/yt-carer-gateway

Carer associations

Carer support is available in all states and territories through **carer associations**. Carer associations provide a range of services, including phone counselling, information about local services for carers, help with specific care needs, access to resources and education and training. They also act as lobby groups to help improve community access for carers.

Carer associations
Institutes and professional bodies that provide specific carer support.

Here is where you can find more information about carer support services:

Queensland	Carers Queensland aspirelr.link/carers-qld
New South Wales	Carers NSW aspirelr.link/carers-nsw
Australian Capital Territory	Carers ACT aspirelr.link/carers-act
Victoria	Carers Victoria aspirelr.link/carers-vic
Tasmania	Carers Tasmania aspirelr.link/carers-tas
South Australia	Carers SA aspirelr.link/carers-sa
Western Australia	Carers WA aspirelr.link/carers-wa
Northern Territory	Carers NT aspirelr.link/carers-nt

Supports specific to the person's condition or disability

Some carers rightly feel that the only people who can really understand what they are experiencing are other people who care for someone with the same condition.

Many types of care come with their own unique challenges and joys. Specific services can help people to connect with others who have similar experiences. These services can also help to provide aids, information and training that is specific to the person's condition.

Some common examples include:

Dementia Australia	aspirelr.link/dementia-aus
Multiple Sclerosis Limited	aspirelr.link/ms-aus
Vision Australia	aspirelr.link/vision-aus

Example

A carer's perspective

Kate is a consultant who works with respite service providers to assist them to improve and develop the services they offer to family carers. She often trains workers in carer-friendly practices to highlight the burden of caring, the needs of carers and the impact carers make in the community and on the economy. Kate says:

'Many carers have difficulty identifying with the term "carer". They feel that as a husband, wife, son or daughter or even friend, caring for their loved one is just what you do. It can help to explain that the term "carer" is one that is recognised in politics and in the area of community care funding. Often carers don't think to ask for help for themselves.

Many carers never expected that there would be services specifically designed to support them. It is sometimes really valuable to get carers together as a group. Often a carer will hear or understand information much better if it comes from another carer. I guess a carer can put the information in context for them and show them the benefits'.

Practice Task 9

Question 1

Provide three signs that a carer or family member is struggling to cope.

Question 2

Provide an example of an organisation that is available in each state and territory to assist carers. Briefly explain what it does.

3B Provide support and respite for family, carers and others

Respite is a means of giving carers a short-term break from their caring role.

What constitutes respite for one person may be different for another person. For some people, being able to have a day or a few days away from home and their caring role may be a good break. For others, being able to stay at home while the person in their care goes away for a few days may be the ideal respite. For most carers, having a respite plan that ensures they get a variety of respite and support, including regular planned breaks, is the best way to support them.

There are many different types of respite. Respite is generally divided into two categories: direct and indirect.

Direct respite	Direct respite means providing a service that allows the person to have a break from the caring role. A service provider takes over the caring role temporarily. Some examples of direct respite care include the following: • In-home respite: An aged care worker attends the home of the older person and provides care, support and companionship for a period. • Community or outing-based respite: The older person takes part in community activities either with a worker or as part of a group. • Day centres: Day centres provide stimulating activities and socialisation for older people while also providing respite for carers. • Holiday respite: Some service providers arrange to take small groups of older people away for a short holiday break, giving carers relief from the role. • Residential respite: Some older people have regular stays in an aged care facility for one or more weeks to give the carer a longer break.
Indirect respite	Indirect respite means providing support to the primary carer by assisting with tasks they do as part of the caring role. The person maintains their caring role but receives some support to make the role a little easier. Some examples of indirect respite include the following: • Education, information and training about issues to do with caring that make a carer's role easier. For example, assisting a carer to understand more about the condition the older person has and lessons in caring techniques. • Equipment that makes a particular part of the caring role easier. Examples include hoists for lifting, hi-lo beds, incontinence aids and shower and toilet chairs. • Assisting with household tasks can make the caring role easier and less stressful.

Providing emotional support to family and carers

It is important to show sensitivity when discussing the negative impacts that the caring role can have on family and carers.

Start discussions with questions such as:

- How are you?
- Are you coping okay?
- Do you find time to look after yourself as well?

Remind them that is okay to feel negative emotions about their role and that these feelings can be common.

Sometimes family and carers do not realise that the care they are providing is having a profound and positive effect on the person for whom they are caring. They may simply be so busy that they forget to stop and think about how much they are doing. You may be the only person to give them recognition for the work they are doing. This can make the family or carer feel acknowledged and valued, which can have a positive impact on their self-esteem and confidence.

Here are some things a support worker can do to praise the work done by the person and help them recognise the positive impact they are having:

Affirmation and recognition strategies
• Remind them that they are skilled in many tasks and are likely to know more about the client than you do.
• Make positive comments about how they are making a difference to the person.
• Acknowledge that many tasks are difficult, heavy and often tedious.
• Use body language such as smiles, nods or a touch on the shoulder if appropriate to show that you understand them and their situation.

There are also services that can be used in times of emergency, such as when a carer becomes suddenly ill or experiences a mental health episode or crisis. Let your supervisor know immediately if you have concerns that the family or carer is in crisis.

Example

Providing support to carers

Linda is the primary carer for her mother, Holly. Holly is 91 years of age and has Alzheimer's disease. Linda is married with three children. She used to work full time, but when her mother's needs increased, Linda cut back her paid work to look after her mother.

Linda visits her mother daily. She helps dress her and prepare her meals for the day. If Holly has a doctor's appointment, Linda accompanies her to the clinic.

Holly is often lonely and relies heavily on Linda, both physically and emotionally. After several years of caring for her mother, Linda is feeling exhausted and showing signs of depression. She has little time for her own family or interests. She sometimes feels resentful towards her mother, but she sees it as her duty to provide support.

Tamara, Holly's case worker, notices that Linda is struggling. She calls Linda in for a chat and suggests that she might need some time out to look after her own needs. Tamara suggests putting Linda in touch with a respite service that may be able to address Holly's needs some of the time so that Linda can have a break.

Practice Task 10

Question 1

What is respite and how can it help a carer?

Question 2

List two examples of things you could say to a carer to affirm and recognise their role.

Summary

- Caring can affect a carer's and their family members' physical and emotional wellbeing, relationships, finances and work life.
- Recognising that a carer is struggling and accessing support for them as soon as you notice they need help is in the best interest of the person being cared for.
- Taking a break from caring responsibilities is important.
- Respite is a service that makes it possible for a carer to attend to their own needs and spend some time away from their regular caring tasks.
- Recreational or community access programs can support the client out of the home for a day or longer.
- Family, carers and others need support in their role, and emotional support and affirmation from the support worker can be helpful.

Learning Checkpoint 3

Support family, carer or others identified by the person

Part A

1. Match each term about carer support to its definition/description.

Carer Gateway	A group that supports families who care for people with dementia
Carer associations	A program that gives carers free or discounted admission to community activities
Dementia Australia	State and territory services that put carers in touch with local services for carers
National Companion Card Scheme	An Australian Government hotline and website that helps carers locate local information about caring

2. Match each term about respite services to its definition/description.

Day centre	An aged care worker attends the home of the older person and provides care, support and companionship while the carer has a break.
Residential respite	The older person takes part in community activities with a worker.
In-home respite	The older person stays in an aged care facility for one or more weeks to give the carer a longer break.
Community or outing-based respite	Provides stimulating activities and socialisation for older people in a regular day centre environment.

Part B

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

Case study

Dave has three children and works as a contract builder. In 2016, Dave's father, Jack, had a serious fall, which left him with a chronic back injury. Jack cannot leave the house without assistance, and he cannot drive, has difficulty walking and is in constant pain. His pension isn't enough to cover full-time support.

Dave has been caring for Jack since his accident. He visits Jack most days, bringing him what he needs. On weekends he takes Jack out to the football. He also takes Jack to most of his appointments.

Last year, Dave's marriage broke down. Dave thinks a lot of his relationship problems were related to the lack of time and energy he had for his own family. Dave's ex-wife, Sandra, was resentful towards Jack and the way he treated Dave. She thought Jack took advantage of Dave's kindness and was unappreciative.

Dave is less patient with his dad since the marriage breakdown. He is irritable and depressed, has been drinking more in the evenings and is sleeping poorly. He has forgotten a couple of Jack's appointments, and his work life is also suffering.

1. Provide four reasons how caring for Jack has impacted Dave's life.

2. List two indications that suggest Dave is struggling.

3. Provide two referrals that could be made for Dave.

Topic 4: Coordinate feedback

4A Explain and seek feedback on the individualised plan

4B Support the older person to seek assistance when their goals are not being reached

4A Explain and seek feedback on the individualised plan

Individualised service delivery plans are regularly monitored, evaluated and reviewed.

One of the most important ways to ensure that the plan is meeting the person's needs is to seek **feedback** from the older person and their family or carer.

Feedback
Information on a person's performance or task that can form the basis for improvement

This may mean ensuring that feedback can be provided in different languages and in ways that suit the person's cognitive abilities. Other services such as their GP or activity group staff can also be good sources of feedback about whether the person has new needs.

Aged Care Quality Standard 6 (Feedback and Complaints) includes requirements for services to collect feedback in ways that the person can understand. It is never acceptable to make a person feel bad or give less care or support because they have provided negative feedback.

Feedback mechanisms

Feedback mechanisms refer to the ways that feedback can be collected.

Here are some examples:

Feedback **mechanism**	When and how it is used
Verbal questioning	Managers and workers should ask the person or their family regularly about the plan and how well it is working for them.
Observation of the person	The person's body language can tell us a great deal about whether their needs are being met by the goals and tasks outlined on the plan.
Client and family meetings	A regular planning meeting can help to establish whether the person is on track to meet their goals and whether they would like to make changes to the plan.
Questionnaires and surveys	Questionnaires seek general information about how well the service is meeting the person's needs, often using a numbered scale. Surveys often ask for a higher level of detail about what the service could do better or differently to meet the person's needs.
Reviewing complaints	When people using the service or their families or carers make complaints via phone or in written form, this is an important opportunity to consider whether changes need to be made to the tasks on the person's plan and the level of support they receive.
Suggestion boxes	Services such as day centres and residential services can benefit from suggestion boxes, which can often provide an insight into what needs the person or their carers feel are being missed.

Mechanism
A process or way of doing things.

Explaining feedback mechanisms to the older person and their family or carers

People are more likely to share information and give feedback if they know that they will be heard and that their opinions are valued.

Your service must let the older person and their carers know how they can provide feedback and have a system in place that allows feedback to be acted on quickly.

The person should be told about feedback and complaint processes when they commence with the service.

This should be provided:

- verbally and in writing
- in their own language
- in a way that is easy to understand.

You can encourage feedback in the following ways:
Thank the person when they provide feedback, even if it is negative. Explain that feedback helps the service to improve.
Act on feedback that you are able to respond to yourself as soon as possible or pass it on to the right person quickly.
Make sure the older person and their family know they can phone or speak to a team member whenever they need to.
Ask regularly for suggestions about the person's needs or preferences.
Suggest planning meetings where significant changes to the individualised plan can be discussed and reviewed.

Planning meetings

Regular planning meetings include the older person and members of the network that the person would like to have present. These meetings can provide emotional support and an opportunity to discuss changes, new ideas and concerns about the person's needs and preferences. Any information gained can often be used to improve the person's quality of life.

Any changes or issues noticed should be documented and the plan updated.

Example

Planning meetings

Penny is often in pain, but she feels uncertain about letting the staff know. She doesn't want to bother the support workers, and she feels that she should tolerate a certain level of pain without complaining.

The staff occasionally ask Penny if she is in pain, at times when she is slower to get out of bed or out of a chair, but she always says, 'No, dear'.

Penny's daughter, Gaye, is concerned about this because she has heard her mother tell her that she is in pain. Gaye knows that her mother has always hated complaining. She lived through the war and sees stoicism as a sign of strength.

Gaye is invited to a planning meeting to help her mother speak up about what she needs. During the meeting, she encourages Penny to admit that she struggles with pain. The staff had not noticed this and gently reassure Penny and Gaye that they have done the right thing by speaking up.

Obtaining feedback from service providers

Feedback from other service providers, such as the person's GP, allied health professionals and other services, can be very valuable.

Other professionals can often see the person's needs from a different perspective and with their own professional knowledge about the person's abilities and issues.

Example

Obtaining feedback

Henry's GP knows that Henry has been in pain. The GP's feedback could be useful because he may be aware of why the pain is not responding well to pain medications.

The physiotherapist may have seen many people like Henry who have recovered from strokes and may be able to provide some feedback into why Henry's recovery is slower than expected and how this can be improved.

You may often be in a position to hear and obtain feedback from other service providers.

For example:

- If you work in a planned activity group, the home and community workers who see the person in their own home may be able to provide you with information about the person's hygiene needs, including when the person's needs become too complex for your service.
- If you work in the person's home, you may see and speak to district nurses and other visiting professionals, who can provide feedback on how well they think the person is responding to the support you are providing.
- If you work in a residential service, you may be with the person when they speak to their GP and be in a position to pass information to the rest of your team about the person's progress.

If you are provided with feedback from other services, let your supervisor know. This may be a registered nurse in the facility or the person's case manager if they live in the community. If adjustments need to be made to the person's plan, these can be done as quickly as possible.

Example

Importance of seeking feedback

Val is the manager of an aged care facility. Val says:

'I always let the staff and visiting specialists know when a service delivery plan is being reviewed. As often as possible, I try to get as many of them together to discuss the service being provided to the older person, the issues arising for them and to get suggestions about how we can provide a better service.

I am constantly surprised at the observations that staff and specialists bring to the meeting and the insight and innovation that we can create as a team. I know that if I just perform the assessment without asking others, services are rarely as successful in meeting the specific needs of the resident.

It is also important to talk to the residents themselves and to their family members or regular visitors about how they feel their care is progressing. Sometimes they want more than we can give, but they are mostly grateful and have really constructive suggestions about how we can support and care for them in the best way'.

Practice Task 11

Question 1

Match the type of feedback mechanism to the correct description.

Questionnaire	Brings together all members of the team, including the person, to discuss goals and changes to the plan
Planning meeting	A regular and informal way to check whether the person is happy with what is on the plan
Suggestion box	A series of questions to seek information about how well the service is meeting the person's needs, often using a scale
Verbal questioning	A place to add informal ideas for improvement

Question 2

Explain how feedback from other service providers and reporting it to health professionals supports the client more effectively.

4B Support the older person to seek assistance when their goals are not being reached

In Topic 1, we looked at an example of a goal-focused plan for Henry after his stroke.

Here is the first part of the plan:

Goal 1: Henry will be able to shower himself independently by the end of July			
Actions to meet goal	Who is responsible for this action?	Time frame	Date and sign when completed
Purchase a long-handled showering aid and sponge	Occupational therapist	By 1 June	
Modifications to be made to bathroom, including shower rail and floor levelling	HAC team leader	By 6 June	
Teach Henry to use the aid	Support workers	By 15 June	
Hand-strengthening exercises to be performed for thirty minutes twice per day	Physiotherapist, support workers, Henry	Twice a day until end of July	
Build on skills to shower independently	Support workers	By 30 July	

Henry has had the involvement of an occupational therapist and a physiotherapist. He has received modifications to his bathroom and has purchased equipment to help him shower independently.

However, it is now August, and Henry is still not able to shower without the help of support workers. His plan and goals need to be reviewed. The planning team that meets with Henry could simply move the dates back so that Henry has more time to learn to shower himself. But it is much more important to talk with him and his team about why he has not reached this goal.

During the meeting, the team find out the following information from Henry and his support workers:

- Henry is experiencing pain, which makes him reluctant to do his exercises.
- The long-handled sponge is awkward for him to use because of the small size of the shower.
- Henry forgets to do the hand exercises during the day.

The team talks with Henry about how they can help him to meet the goal, including help with his pain.

Together, they decide on the following:

- The occupational therapist can be asked to review new types of assistive technologies to address the gap in these needs. This might include a new shower seat and a more flexible sponge that Henry can hold more easily.
- The GP will need to review Henry's pain medications.
- The physiotherapist can help review the exercise regime to see if it can be adjusted to meet his needs for pain management.
- Henry agrees to purchase a digital alarm to remind him to do his exercises.
- The support worker will provide him with the help needed to set the alarm up.

Determining and reporting gaps in assistive technology needs

New technologies are always becoming available to help support older people. Aids and equipment can be adjusted and adapted to fit the person's individual requirements.

In Henry's example, his goals were not being met in part because better types of **assistive technologies** may be available to support his needs more effectively.

Assistive technology
Technology that enables a person to maintain or improve their capability of performing a task.

If you notice examples of equipment that could be improved or replaced with a more effective solution, follow your organisation's policies and procedures to report your ideas. This might include:

- filling in a monitoring form
- completing an incident report if the current equipment might present a safety hazard
- talking to family or the person about technology that is available for use, such as apps or digital aids
- making suggestions during meetings or handovers.

Practice Task 12

Question 1

Provide three examples of aged care services and professionals and explain how they provide support.

Question 2

List three methods workers can use to report on assistive technology gaps.

Summary

- Feedback is an important part of the planning process and can help to improve the person's abilities to meet their goals.
- Feedback can be given verbally or in writing by the older person, their family or carers, or other service providers.
- Older people should be encouraged to provide feedback regularly.
- When the older person's goals are not being reached, it can be important to include other health professionals to provide feedback to the team.
- Gaps in assistive technologies can create problems with the person meeting their needs and goals. Other service providers can provide useful feedback about the person's progress and whether changes need to be made to the individualised plan.

Learning Checkpoint 4

Coordinate feedback

Part A

1. List three ways that clients, family members or others identified by the person can provide feedback.

2. Explain why it is important to explain feedback mechanisms and encourage feedback from clients.

3. What is the purpose of a planned meeting?

Part B

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

Case study

Eden lives in her own home. She loves reading novels, but her eyesight is deteriorating, and she is finding it more difficult to read. Eden's GP has suggested that she should see an eye specialist. The eye specialist has assessed Eden and has found that she has a condition called macular degeneration that will continue to get worse. Glasses will be of no help for Eden in the future.

1. Research and outline one example of an assistive technology that could help Eden to continue to enjoy her novels in the future.

2. Briefly explain how this feedback from the eye specialist can be used to start a conversation with Eden about trying new technologies.

Glossary

Abuse

Any intentional action that harms or injures another person.

ACQSC

The Aged Care Quality and Safety Commission, which is the government regulator for aged care services.

Active service model

A model of care that encourages a person to focus on their own strengths, building their capacity to stay active and healthy.

Alzheimer's disease

The most common cause of dementia.

Assistive technology

Technology that enables a person to maintain or improve their capability of performing a task.

BPSD

Behavioural and psychological symptoms of dementia.

Carer

A term often used to describe personal care workers, especially in aged or disability care services.

Carer associations

Institutes and professional bodies that provide specific carer support.

Cognitive

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

Companion card

A card that allows people with a significant and permanent disability to purchase an additional ticket at a venue for their carer at no charge.

Dementia

A group of progressive neurological diseases that affect a person's cognitive abilities and behaviour.

Dysphagia

Difficulty swallowing.

Feedback

Information on a persons' performance or task that can form the basis for improvement.

Goal-focused plan

A plan that contains goals, actions, responsibilities and timelines.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Mechanism

A process or way of doing things.

My Aged Care

A government-operated portal that provides assistance, assessment and referrals to funded aged care services.

Reasonable adjustment

The requirement for all services and businesses to make simple adjustments to allow people with disabilities to access their service.

Respite

Giving carers a short-term break from their caring role.

Subsidised

Something that is partly or fully funded (usually by the government) to prevent a person from paying the full cost of a service.