CHCCCS025
Support relationships with carers and families

Learner guide

aspire
learning resources

CHCCCS025

Support relationships with carers and families

Release 1

Learner guide

Aspire Version 1.2

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	January 2019	Minor corrections as part of our continuous improvement program.

Contact details

Participant

Name: ....

Start date: ....

Phone number: ....

Email: ....

Work location

Name: ....

Address: ....

Postal address: ....

Workplace supervisor name: ....

Phone number: ....

Fax: ....

Email: ....

Registered Training Organisation (RTO)

Name: ....

Address: ....

Postal address (if different): ....

Phone number: ....

Fax: ....

RTO contact name: ....

Mobile: ....

Email: ....

Contents

Before you begin

This learner guide is based on the unit of competency *CHCCCS025 Support relationships with carers and families*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

Feature of the learner guide	How you can use each feature
Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

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

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

Foundation skill area	Foundation skill description
Learning	▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Include carers and family members as part of the support team	1A Assess and acknowledge the role and importance of carers	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Work in a manner that recognises and supports the carer's relationship with the person	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Identify the knowledge and skills of the carer	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Involve carers and families in the design and delivery of support services	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Assess and respond to changes in the care relationship	2A Assess potential risks of change to the care relationship	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Support the person, carer and family to identify and use strategies that maximise positive aspects of transition	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Support carers, families and friends to maximise ongoing support	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 3 Monitor and promote carer rights, health and wellbeing	3A Respect confidentiality and privacy	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Identify and respond to the need for services required by the carer	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Identify and respond to issues that may impact on the carer	☐ Confident ☐ Basic understanding ☐ Not confident
	3D Provide carers and families with information about carer support services	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A Assess and acknowledge the role and importance of carers

1B Work in a manner that recognises and supports the carer's relationship with the person

1C Identify the knowledge and skills of the carer

1D Involve carers and families in the design and delivery of support services

Include carers and family members as part of the support team

The carer's role can place significant physical, emotional and time demands on their life. Carers need support too, and this must be factored into the planning process when planning support for a person with care needs. This includes acknowledging and respecting the carer's role, needs, skills and knowledge, for they are a valuable resource and valued team member in the provision of support to the person with care needs.

1A Assess and acknowledge the role and importance of carers

Carers (sometimes referred to as primary carers if they are providing the majority of the care to the person) are often a family member, partner, friend or neighbour who provides unpaid care to those who have a disability, mental illness, terminal illness or who are frail. Carers may spend as much as 24 hours a day, seven days a week, or as little as a couple of hours a fortnight providing care to a person with support needs. A carer may provide support to a person in their own home or in a residential setting. Regardless of the amount or location of the care being provided, carers make a vital contribution to the lives of the people they help.

Carers usually know the person with care needs better than the paid workers who provide support. They will know about the person's history, their likes and dislikes, their strengths and weaknesses, culture and religious beliefs.

Context of caring

Caring in Australia occurs in many different contexts, including in family homes and within family and other networks and by many different groups of people. A carer is typically thought of as being someone who performs caring duties unpaid – they do it voluntarily. Some carers operate within a family environment and also fulfil other roles such a parent, sibling, child or companion. They may work in a paid job as well as caring. Others may live in a different house to the person for whom they provide care. Despite the stereotype of all carers being older people, in fact, some carers are very young and may still be attending school – these people are called 'young carers' and need special support and consideration.

To understand the role of carers and issues associated with caring, you need to have knowledge of the carer demographics, myths and stereotypes associated with caring, carer support service system and the different pathways into service settings. Here is further information about the context of caring.

Carer demographics

▶ Carers can be any age and can fit within many different roles. They can be a child, partner, sibling, parent, other family member, neighbour, friend or member of a social network. Most carers (77 per cent) are female and are aged between 36 and 65 years. There are also around 300,000 young carers who are aged under 25 years.

▶ Some carers find it difficult to ask for support for reasons such as cultural beliefs, fear of contact with services, loss of control, frustration at application systems and processes or difficulties with language or literacy. Some carers feel they require far more support than they currently receive to be able to continue in their roles, while others are happy with the support they receive.

Attitudes and stereotypes

▶ Some people hold attitudes and believe in stereotypes which are damaging for carers. Carers can be very isolated and limited in their social interactions because others believe they are already too busy to attend social activities or they don't know what to say or do around someone who is a carer. They assume a carer will not be available to come to social gatherings, which can contribute to social isolation. People often believe that carers fit within a stereotype of being a wife and mother who is not in paid work. In fact, many carers are male, are not parents and also work outside the home.

Myths

▶ Myths around caring vary. One myth is that all people in the caring role love and care about the person they support, which is not necessary true. Other myths are about certain cultures. For example, a belief that European families will care for a family member. Facts show that people can be spread throughout the country and may in fact reside overseas. Those cultures that had a reputation for caring for a family member into old age have changed over time. Another myth is that all carers are adults – in fact some carers are quite young and are caring for a parent or relative. Another myth is that caring is a short-term option where in fact many carers provide care over many decades.

Carer support service system

▶ Change to government spending is usually preceded by a change in policy direction. The amount of support available will depend on where the person lives, costs associated with service provision, how well the community is resourced through government funds and the number of people requiring assistance. In some areas, there could be a waiting list for services. Some services are easier to access in particular regions or areas, such as city areas compared with regional or remote locations.

Pathways into services

▶ Some services have eligibility requirements for people wanting to access their services. A part-time carer who does not reside with the person they support may not be seen as having greater need compared to someone who is caring 24 hours a day, seven days a week and lives with the person they support. Unfortunately sometimes carers do not seek out services until they have already reached a crisis point. Information services can help guide carers into support systems and help them decide on the most suitable pathways into services for their own situation.

Carer statistics

Carers Australia and state and territory carer associations keep statistics on carers and highlight the various issues impacting carers. They have estimated that carers will provide 1.9 billion hours of unpaid care in Australia in 2015, based on various research reports. Information on carer statistics is useful to share with carers, as it helps them realise they are not alone. You can download the reports to gain information on carers from the Carer Association websites.

The following are a selection of carer statistics from the Carer's Australia website.

Statistics from the Carer's Australia website show that:

▶ 2.7 million unpaid carers in Australia

▶ more than 770,000 carers are primary carers

▶ 300,000 carers are under the age of 24

▶ 150,000 carers are under the age of 18

▶ over 1.5 million carers are of working age (18–64)

▶ 31,600 Indigenous carers are over the age of 15

▶ 620,000 carers were born outside Australia

▶ 366,700 carers were born in non-English speaking countries

▶ 520,000 carers are over 65 years of age

▶ the estimated replacement value of unpaid care provided in 2015 is $60.3 billion – over $1 billion per week, or 3.8 per cent of Gross Domestic Product.

Identify the importance of family roles and relationships

When providing care for people, it is important to learn as much as possible about the person themselves, their family relationships and the family dynamics. It is also important to establish whether a situation is stable and likely to remain unchanged over a period of time, or whether the roles and situations of various family members, other carers and significant others may change over time.

During an initial interview with the person with support needs, a service provider will seek to make an accurate assessment of their needs.

Below is some information you will need to identify during an assessment.

Information you will need to identify during an assessment
▶ Family and other relationships
▶ Potential support network and visitors
▶ Likes and dislikes
▶ Medical and physical conditions
▶ Their main carers such as a partner, children or siblings
▶ Abilities and strengths
▶ Upbringing, culture, religion and work history

Gather information about family relationships

relevant information about the family relationships and dynamics of the person requiring care or provide the opportunity to share this information. Family dynamics are significant, some families have difficulties in their relationships and the person with care needs may prefer that only certain members of their family are involved in

planning their care. It is important to understand which family members are providing support to the person and what type of support they provide. Sometimes friends or neighbours may take the place of family.

Effective communication is vital. Discussing family relationships, especially where there are difficulties or if close family members have passed away recently, can be sensitive and difficult for the person. Assure the person that you are not prying; do not ask for more information than is required, and respect their feelings and level of comfort when discussing issues. Information will probably be gathered piece by piece over time, rather than in a single interview.

Map family roles and relationships

Information about family roles and relationships will be documented in the person's personal profile and individual plan.

When you provide support to the person, you must be familiar with the family relationships and dynamics that surround the person. This information can be shown using a diagram called a genogram. Remember that family roles and relationships can change over time so do not assume that the information you collect will remain constant. If you are mapping family relationships it is important to think about which format is appropriate. For example, if your mapping is to be read by a person with a literacy or cognitive difficulty it may be useful to include photos of the people as well as text.

The following is an example of a genogram diagram showing a family, including their roles and relationships.
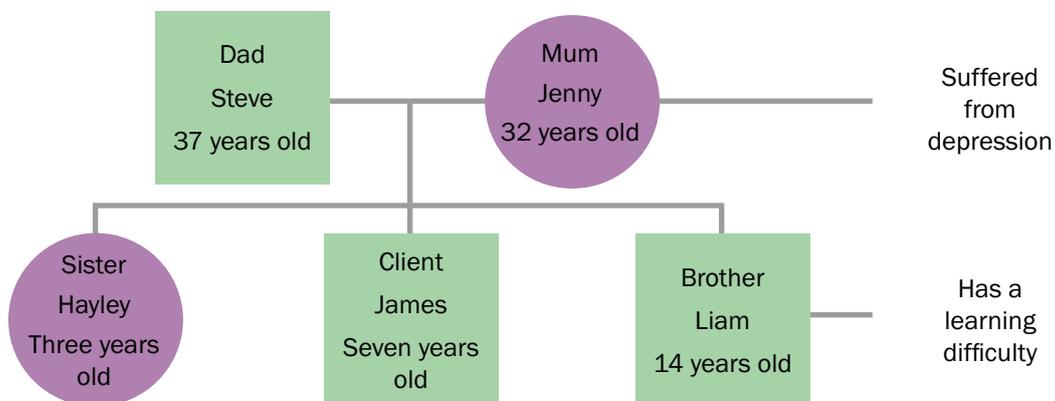
Different family patterns and effect on the person

Family patterns can change over time and not all families fit within a conventional model of what a family 'looks' like. In Australia, families come in many different shapes and sizes, and often change greatly over time. For example, research tells us that in 2012 there were 641,000 single parent families with dependents. In 2011 there were also 2.1 million people who lived alone and as the Australian population ages over time, this figure is expected to increase significantly.

Different family patterns are likely to have an effect on the person requiring care and support. In some families there are several people who are able to perform caring duties, while in other families this might be done by just one person. In a single person household, caring arrangements are much more problematic and are often done through service providers, neighbours or family members living in other homes.

Here are some effects of family patterns which you may observe.

The effect of family patterns on a person can include:

▶ time able to be spent on specific caring tasks and other household duties

▶ money available for purchase of regular and special items through household budget or funding sources

▶ transport available to access community activities, or complete chores and tasks

▶ the variety of recreation options and interests experienced, and the ability to participate on a regular basis

▶ the level of supervision able to be offered on a regular basis including overnight

▶ the level of risk from various sources such as during activities or time spent alone.

Impact of the caring role on family, carers and friends

Taking on a caring role can have a significant impact upon the carer, as well as affecting friends, family members and other significant people. Caring duties can be extensive and time consuming, and can mean there is less time and attention able to be devoted to maintain relationships and participate in social and recreation activities.

Research tells us there are many impacts for a carer, regardless of whether they are also a friend, family member or other person. Some of these impacts are discussed below.

Mental health

Many carers experience poorer mental health and have higher rates of depression and other mental health difficulties than non-carers. Depression is also high amongst family members of someone who is providing a caring role to another person. Factors such as caring for other people, having complex living situations or caring for someone with high or complex care needs are associated with negative mental health outcomes for carers.

Physical health

Carers tend to have poorer physical health than people who are not carers. This trend exists across all age groups – it is not limited just to older carers. Many of the factors which make mental health worse for carers also apply to physical health parameters. Carers who believe they require more support tend to have lower levels of physical health compared to carers who feel they are currently receiving the right level of support.

Finances

Caring has a significant impact on finances and the ability to budget, save and build wealth for the future. Financial hardship is more common amongst families where a caring role is being fulfilled than in families where there are no carers. Caring tends to have an effect on the ability to maintain employment, with many carers giving up paid work to take on caring duties.

Relationships

Caring can be a time consuming and mentally exhausting job. It has a significant impact on the other relationships within the life of a carer. Caring can affect time spent maintaining and building relationships. The presence of a sibling with a disability has a negative effect on children who do not have a disability, often due to the lack of attention they receive. Caring for a person with a psychiatric disability is linked with very high levels of conflict within family relationships and is much higher than when caring for a person with a physical disability.

Support family members

Being aware of family relationships and dynamics means you can provide care in a way that acknowledges the value, difficulties and importance of the caring relationship. It means that in supporting the person with care needs, you can assist the family members in a way that works with their caring roles. This may mean helping them to overcome difficulties they may have in providing support, or helping them to come to terms with the condition or disability of the person they care for. Here are some ways you could support family members.

You can support family members by:

▶ providing advice and information about services, programs and support structures

▶ providing practical supports such as assisting with cleaning, supervision, completion of chores

▶ listening and allowing the person to talk about issues and experiences

▶ linking with other support services to assist with changing needs.

Example

Assess and acknowledge the role of carers

Susan is talking to a person with care needs, Patrizia. Patrizia lives in her own home and requires assistance with personal care tasks and house cleaning. Susan and Patrizia have the following conversation.

Susan: Do you have children?

Patrizia: Yes, two sons and a daughter.

Susan: Do they live nearby?

Patrizia: One of my sons lives interstate, the other lives about a 30-minute drive away, with his wife and two small children. My daughter and her husband live three streets away. They don't have children.

Susan: And do you see your son and daughter often?

Patrizia: Yes. My daughter drops in most days with a cooked meal and to bring my washing back. She also does a bit of cleaning and helps me around the house. But she has recently started a new job in the city and does not have as much spare time as she used to. Her husband complains about the amount of time she spends here instead of at their home.

Susan: And what about your son?

Patrizia: He and his family come to see me on the weekends. They usually take me out for lunch. He does some bits and pieces – mending things and mowing the lawn when he can. His wife comes across every now and then to take me shopping, but it is hard for her with the little ones.

Susan can use the information from this conversation to ensure services are planned with consideration to the family dynamics, and to relieve some of the pressure on the family in caring for Patrizia.

Practice task 1

1. Why is it important to acknowledge the carers role?

2. Why do you need to understand family dynamics when providing support to a parson with care needs?

3. Who might be a primary carer for someone with care needs?

4. What is one stereotype that some people in the community hold about carers?

Click to complete Practice task 1

1B Work in a manner that recognises and supports the carer's relationship with the person

Being aware of the family relationships and dynamics means you can provide care in a way that acknowledges the value, difficulties and importance of the relationships of which the person is a part. It means that in supporting them, you can assist the family members in a way that works with their caring roles. This may mean helping them to overcome difficulties they may have in providing support or helping them to come to terms with the condition or disability of their loved one.

Remember that not all relationships between a carer and a care recipient are based on close family links – sometimes a carer may be a neighbour or friend, rather than a relative. It is also useful to remember that some carers are in a period of transition in their lives and may need specific support to help them move from one role to another. For example, a young carer may need assistance to move from being a student who provides care to a parent to being someone who lives independently in their own home and has a paid job.

Recognise and support the carer's relationship the person with support needs

Carers may have a range of different relationships with care recipients. The carer may be from the care recipient's immediate family (a parent, spouse/partner, child or sibling), from the extended family (a grandparent, aunt, uncle, niece/nephew or cousin) or even a friend or neighbour.

You must be aware of the relationship between the carer and care recipient, and actively support this relationship. It is important to acknowledge that the carer and care recipient may have a relationship that extends beyond the commencement of the caring role. They may not see their relationship as one of carer and care recipient, but rather in the context of who they are to each other: husband and wife, father and son, brother and sister and so on.

Understand the relationship status

It is important to understand the history and condition of the relationship between the carer and care recipient. Some people take on the role of carer for someone they have a deep love or respect for and some carers provide care out of a sense of duty, out of a sense of concern for others who would have to provide the care if they did not, or because they feel they have no choice. Understanding the status of the relationship, especially if it is not particularly harmonious, is essential to planning supports for the

carer and care recipient. Relationships can be challenged, particularly when caring for someone with a psychiatric disability, with complex care needs or when there are other difficulties or issues affecting the family unit or relationship.

Carers often know the care recipient best and will have a good understanding of the care recipient's support needs in most, if not all, aspects of their daily life. They can provide information about these needs during the planning process to ensure care is individually tailored to the care recipient and the carer.

Ensure relationships are maintained

Relationships can be challenged when someone is providing care for another person. Caring takes time and effort, and often comes at significant mental and physical health cost, as well as impacting upon finances and employment options.

As caring can be a full-time role in some cases, a carer may begin using a respite service if they wish to spend more time on their own activities rather than just caring for the person. Respite allows the person to take a break from their regular caring responsibilities and tasks.

You must work with carers in order to achieve the best results from the care and support provided, for both the care recipient and the carer.

How to work to support a caring relationship

▶ Develop rapport and trust with the carer so they feel confident in your ability to listen and understand their current and changing needs

▶ Think practically about the timing, organisation, location and type of supports so they can be useful in maintaining family relationships

▶ Support the carer's willingness to contribute to planning care and support in the future in whichever setting is most appropriate

▶ Encourage the carer's confidence in the services and supports being provided so they feel free to leave the home and join in other activities

▶ Support the carer's confidence in their ability to maintain the caring role as well as maintain their other relationships

▶ Identify issues and difficulties, and offer supports which are appropriate for the situation

Example

Recognise and supports carer's relationship with the person

Daniel is a support worker in an adult disability respite service. Mark is a 35-year-old man who has come to stay at the service for two weeks to give his carer, Natalia, a break. Daniel has seen the individualised plan, which outlines the personal care and daily living activity support to be provided. As he has not met Mark before, when Natalia drops Mark off, he asks Natalia to tell him a little about Mark.

Natalia explains that Mark has an acquired brain injury following a car accident and that prior to this, Mark was an IT consultant working with a big technology company. Natalia says that even though Mark can no longer use a computer, he does seem to understand what he can see of them and enjoys watching computer games and programs being used.

Given this information, Daniel hooks a computer up to the large television screen so that Mark can see it. He sets up a computer game at first and sees that Mark seems much more settled while this is running. He then brings up an accounting system he uses at home and talks to Mark about the features of the program and how he uses it. Daniel gets a sense that Mark understands what is going on.

Practice task 2

1. What are three things you could do to assist a carer to maintain their relationships?

2. What are two factors which might challenge a relationship between a carer and the person requiring care and support?

3. What is an example of a situation where a carer might be transitioning from one life stage to another?

Click to complete Practice task 2

1C Identify the knowledge and skills of the carer

The roles that carers take in supporting the person they provide care for are quite varied. For some carers, the person may need help with things like getting from one place to another, doing their shopping, cleaning their house or preparing meals. For others, the person may need more intensive help with things like personal hygiene, mobility and medical procedures such as injecting medications, changing catheter or colostomy bags, or changing dressings.

As the support worker, you must understand the skills that the carer has and how they match the care and support needs of the person. In this way, tasks can be shared and workers and carers can ensure that the person receives all the support and care they require.

Identify rights, roles and responsibilities of different people in the care relationship

People involved in providing or receiving care and support have different rights, responsibilities and roles depending upon the situation. These may change over time as the situation and the needs and abilities of the person change. They may also change in line with new or updated legislation or service guidelines and frameworks. You need to know what these rights, responsibilities and roles are so that you know who is able to perform various tasks and what you should do in various situations so that you always act legally, appropriately and safely.

Here are some of the rights, responsibilities and roles you may encounter in your work.

Rights, roles and responsibilities in the care relationship

The person	The person receiving support has various rights and responsibilities according to their abilities, age and specific needs. This might include things like providing a safe place of work for staff, keeping information up to date and informing service providers of changes. They have the right to fair, equitable access to a service which is in line with legislation and meets relevant standards and frameworks. They are the key person in the caring relationship and should be able to direct and plan their own care as much as possible using a person-centred practice approach.

Family members

Family members have the right to expect services and supports which meet their needs and are provided in a fair and equitable way. They have the responsibility to share relevant information and to support safe work practices for staff in their home. They may be asked to agree to meet particular responsibilities as part of a service agreement. They have the right to receive information in an accessible way and to be kept informed as required and appropriate.

Friends

Friends often have a less formal role and different rights and responsibilities within a caring relationship. They are free to make their own choices and decisions about how much they commit to the relationship. Friends may be providing unpaid care to a person and so may then have the right to receive support as a carer. Friends offer social and recreation support and friendship, and this can be vital in maintaining the primary caregiver relationship. Friends have the same rights and responsibilities as other people under Australian law.

Support worker

The support worker has a responsibility to carry out their work tasks to the best of their ability and in line with the requirements of their employer. They should follow lawful instructions given to them by their employer and ensure they comply with legislation, policies and procedures. They have the right to be able to work with the protection of relevant workplace laws such as anti-discrimination and work health and safety laws. They have a responsibility to document their work tasks, make reports, liaise with others and act on issues as required in their role.

Support the carer to meet the person's needs

Sometimes a carer may not have the skills or knowledge to perform a task and so cannot fully meet the person's needs. By identifying these situations, you can ensure that the support worker either performs the task themselves if it is part of the individualised plan, or notify the supervisor to ensure that some action is taken to meet the person's need. This may include adjusting the plan, making a referral to a service that can provide the required support, or providing information or education to the carer so that they can develop the skills or knowledge to meet the need.

Help carers work safely

You may observe carers performing tasks in a way that is unsafe for the carer and/ or the person with care needs. The task may be being performed incorrectly, or it may be too difficult or risky for the carer to manage safely. Support workers should report such concerns to their supervisor and obtain advice on the correct action to take to ensure that the tasks are performed safely in the future. It may be appropriate to offer suggestions or answer questions about better and safer work practices in some situations. It may also be useful to provide information about resources and technology tools which can make many tasks easier and safer to perform.

Work together to ensure care needs are met

There are some tasks that you are not permitted to do, such as medical procedures, giving medication and lifting, unless you have been assessed as competent in these aspects of service provision. However, carers often receive specific training or information about providing medical care or medication for the person in their care. You can then provide the level of assistance within your capacity, with carers performing those tasks that are outside your scope of responsibility. In some cases this arrangement can remove the need for daily or frequent medical or nursing intervention. Always follow the guidelines and policies of your employer and the instructions of your supervisor in deciding how to work together to meet care needs, as this will ensure you are acting safely, lawfully and appropriately.

Help carers develop their skills and knowledge

When a carer has skills to support the person they provide care for, these can complement your skills and knowledge. Good care planning will ensure that support is provided to the person with care needs and carer in a way that makes the most of the skills the carer has. The aim is to provide support for those tasks they are unable to do or are having difficulty with, while supporting them to continue to provide the level of care they are able to. Remember that just because a carer is currently able to carry out particular tasks, this does not mean they will always be able to do so. Sometimes heavy or complex tasks become more challenging as a carer becomes older. You should plan for situations where skills and knowledge might change over time.

Many support organisations offer free training sessions for carers in areas such as planning for transitions between life stages, performing personal care or manual handling tasks or negotiating complex funding arrangements and legal issues. Linking with relevant organisations can be a good way of ensuring ongoing support for carers through training sessions, website information, phone advice and specialist support.

Example

Identify the knowledge and skills of the carer

Fiona is a support worker providing care to Bill, a 56-year-old man with multiple sclerosis. Bill needs a wheelchair and has a urinary catheter attached to a bag. He takes a number of different medications, via tablets and one injection. His wife, Maria, is his full-time carer, providing care 24 hours a day, seven days a week.

Bill's care plan has been devised so that Maria can leave the house for a few hours, twice a week, while Fiona provides care and companionship to Bill. As Fiona is not permitted to give Bill medication, and he is unable to do this himself, the care is planned so that Fiona arrives just as Maria has given Bill his medication. Maria also empties his catheter bag before she leaves. This means that she can leave for a few hours and Fiona can assist Bill with personal care tasks, do some housework, and then take Bill in his wheelchair out for a coffee. Maria is back by the time Bill requires his next dose of medication.

Practice task 3

1. Give three examples of ways that an organisation could provide support to build the skills and knowledge of a carer.

2. Why is it important to follow the guidelines of your employer and instructions of your supervisor when planning how to work together to meet care needs?

3. What should you do if you observe a carer performing a task in an unsafe manner?

4. You watch a carer who is a family friend lift a young man who you know weighs 70kg. You estimate the carer weighs about 60kg. Midway through the lift she starts to lose control of the lift and calls to you to help her. What should you do?

Click to complete Practice task 3

1D Involve carers and families in the design and delivery of support services

When planning care and support for an older person or a person with a disability, there is usually a team approach involving workers and professionals who contribute information and recommendations to the planning process. This is sometimes called a multi-disciplinary approach. Each of these workers or professionals will have information based on their areas of work or expertise. This approach is useful because it can draw on the skills and knowledge of many different professional areas.

However, it is vital that primary carers and family members have input into the design and delivery of services, as these people form part of the support team. All support services should be designed and delivered using a person-centred approach, with the person receiving services in a position to direct, plan and inform others about their own requirements and desires wherever possible.

Actively involve the carer in care plan development

Where the person with support needs has a carer, the carer should be included as an essential part of the care planning team. A carer will often have detailed knowledge of the person's history and experiences, their everyday needs, and their emotions and triggers for behaviours of concern. For people who are unable to express their own thoughts or needs, a carer can provide essential information about the person's care needs and can show how to use assistive technology or communication tools.

Support workers should ensure the carer's active involvement in the planning of care for the care recipient. The first step is to acknowledge the relationship the carer has with the person in care, and build a care plan around that relationship. This could involve identifying, working with or overcoming some of the issues that carers themselves may experience. Support workers may need to assist carers to identify their strengths, and the strengths of the person receiving care, so that a suitable plan can be developed.

Policies and procedures relating to carers and families

When you are working within an organisation it is vital you have a sound understanding of the relevant policies and procedures which apply to your work. These will vary depending upon the type of work you do, your work location and the level of responsibility and autonomy of your position.

Here are some examples of policies and procedures which might be applicable to working with carers and families.

Policies and procedures related to families and carers you should read include:

▶ safe work practices and procedures related to specific work tasks

▶ level of responsibility and autonomy for various task requirements and decisions

▶ budgeting and administrative tasks and processes

▶ requirements for reporting of issues, concerns and difficulties within the workplace

▶ confidentiality and privacy requirements when working with documents and sensitive information

▶ responsibilities when working with children and people who are unable to direct their own care requirements.

Planning support activities

Part of providing support to a person with care needs is planning the activities that they will be supported to undertake. All activities that the person is to be supported with should be planned in advance with the person's abilities, preferences, culture and religion taken into account. Support workers have a responsibility to read the planning information that has been provided about the care they are to provide and then to plan how they will deliver these activities.

Here are some things you might need to do as you are planning a support activity.

Checklist for planning support activities:

▶ Consider your duty of care responsibilities, and the level of supervision and support needed

▶ Seek relevant information from family or other caregivers to ensure the activity is successful

▶ Plan the logistics of the activity including transport, equipment and costs

▶ Ensure the level of staff support is adequate for the tasks likely to be required during the activities

▶ Clarify your role and responsibility with your supervisor if unsure or in need of extra information

▶ Evaluate the success of activities and tasks to help inform future planning processes

Contribute to care plan meetings

As the support worker, you may be required to attend and contribute to planning meetings about the support to be provided to the person with care needs. Workers can contribute information and observations about the best ways in which care could be provided to the person, and the way in which care activities can be planned to be most effective.

Carers, too, should be included in this process, if the person with the care needs has given their consent, to have their information shared with their carer. The involvement of carers and the people for whom they care is included as a right in many frameworks and policies about decision-making, and you have an ethical duty to include them as part of best practice person centred support. When carers and paid workers collaborate with the person receiving support it is more likely that information will be shared accurately and that any questions or issues will be identified early in the planning process.

Carers and care recipients can identify specific needs, such as:

▶ personal care needs such as showering, toileting, grooming and dressing

▶ social and recreational needs such as attending social activities, joining in sporting groups or programs and trying new hobbies or interests

▶ religious, spiritual or cultural needs such as attending festivals or religious events, participating in worship tasks or meeting with people who share a similar background

▶ activities of daily living such as cleaning, laundry, shopping and transport.

Example

Involve carers and families in delivery of services

Chantelle works for an organisation which has just received some new funding to support young children who have dual or multiple disabilities in their local government area. She is approached by a group of parents who are all primary caregivers. They ask her if they can meet to discuss their particular needs. At the meeting they tell Chantelle that they want to start a playgroup which is staffed by people who have skills in working with children who have high levels of need. They have found a location and they are looking for funding to get their group up and running. Chantelle is not sure if this is an appropriate use of the funding so she asks her manager for advice. Soon an advisory group has begun and Chantelle and the parents work together, along with others in their community, to plan and deliver a brand new program that is open to all children in their area who have dual or multiple disabilities.

Practice task 4

1. What are three examples of policies or procedures which you need to read and understand as a worker in the community services field?

2. Give one reason why it is important for carers and support workers to collaborate with the person receiving support during the planning process.

3. Why is a multi-disciplinary approach useful?

4. What is one ethical obligation you should uphold when working with carers and the people for whom they provide care?

<div style="background:#F5A800;color:white;font-weight:bold;padding:10px;text-align:center;">Click to complete Practice task 4</div>

Summary

1. It is important to acknowledge the important role that carers play, and to consider the context of the care they provide. You must think about what you can do to help maintain and support existing relationships.

2. You may need to consider and document the different roles and responsibilities various people, such as family members, have in providing care and support.

3. By working together with support workers, carers are able to build their own skills and knowledge, and ensure the needs of the person are met safely and appropriately.

4. Carers should be an active participant in the planning process, as they are able to contribute important information and can help design a plan which meets their own needs while still being in line with the relationship and situation they have with the person receiving support services.

5. It is important to consider relevant organisational policies and procedures when planning services with families and carers.

6. Planning of services can be effective when a multi-disciplinary approach is used which also includes input from primary caregivers and the person receiving support services.

Learning checkpoint 1
Include carers and family members as part of the support team

This learning checkpoint allows you to review your skills and knowledge in including carers and family members as part of the support team.

Part A

1. Write a definition of the phrase 'context of caring' and explain how this might apply to your work role as a support worker.

2. Write a sentence to explain one negative attitude, false belief or stereotype which might be experienced by a carer.

3. Approximately how many people in Australia are carers?

4. What is one reason that a person who is a carer may begin using a respite service?

5. Some carers can be affected by mental health issues. Are they more likely to experience this difficulty than the general population?

6. Explain one right and one responsibility for one of the following:
    ▶ A support worker
    ▶ A person who requires support
    ▶ A family member
    ▶ A friend

Part B

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

> ## Case study
>
> Jacquie is helping Max and his family to find and access some supports that will help their family members take a break from caring responsibilities, and also give Max the opportunity to expand his social network and participate in some recreation activities. Max's mother wants to begin doing some casual work, and would like Max to become more independent so she does not feel that she has to stay with him constantly. She wants to begin doing some more things for herself and help Max prepare for his adult life. Jacquie has had one initial meeting with Max and his family, and now they are meeting again to go through some service guidelines and application documents to help Max access some new services. Jacquie brings along copies of the documents as well as a large print version for Max to read independently, as he is becoming a more capable, independent reader. She asks his mother to write down some points about the sorts of strategies she uses at home with Max that she finds work well, so she can share this information with new service providers, with permission from Max and his mother. Jacquie reassures Max's mother that any information she provides about Max will be kept confidential, and that it will only be passed on to other organisations and people with her permission.
>
> Max has told Jacquie that he wants to join in activities that his best friend, Sam, is already doing. Fortunately, Jacquie has found out that Sam participates in a recreation outreach program each Friday night so she brings some information along about the program to share with Max. Max asks Jacquie if she can drive him to the group on his first visit, but Jacquie explains that this is not possible because her organisation does not permit her to drive people in her own car and the group is run outside of her normal work hours. Instead, she encourages Max to think about learning to catch public transport to get to the program and then arrange for his mother and Sam's mother to share the pick-up task afterwards. Max is excited about learning to catch public transport, and seems to increase in confidence at the idea that Jacquie thinks he is capable of doing this.

1. How does Jacquie use her knowledge of organisational policies and procedures during her conversation with Max and his mother?

   .

   .

2. What does Jacquie do to ensure both Max and his mother are involved in the designing, planning and decision-making process?

   .

   .

3. Why does Jacquie ask Max's mother to write some dot points about strategies she uses at home with Max?

   .

   .

4. Why is it important for Jacquie to reassure Max's mother about confidentiality?

   .

   .

   .

5. What is one thing that Jacquie does that shows she is using a strengths-based, person-centred approach in her work with Max?

   .

   .

   .

   .

6. What change does Max's mother want to make in her life and why is this likely to be important to her?

   .

   .

   .

   .

Topic 2

In this topic you will learn how to:

2A Assess potential risks of change to the care relationship

2B Support the person, carer and family to identify and use strategies that maximise positive aspects of transition

2C Support carers, families and friends to maximise ongoing support

Assess and respond to changes in the care relationship

Care relationships do not always remain the same. Sometimes situations and people can change over time and the relationship they have with others can change also. This can occur for many different reasons, including moving to a new life stage, changes in family circumstances, new and different care and support needs and changes in the ability of the carer to continue to provide care. It is important that as a support worker you are sensitive and alert to changes in situations and that you are ready to respond to changing needs. You may need to offer new or different kinds of support, or help people in the caring relationship to focus on the positive aspects of a transition which might be occurring.

2A Assess potential risks of change to the care relationship

In some situations the care relationship between a carer and the person receiving care may not remain stable. Changes in the capacity of the carer to provide care and support may change for a variety of reasons. The carer may not be able to maintain their ability to care for the person in the short-term and may require some additional support. In some situations the carer may not be able to provide care in the longer term, leading to a need for consideration of alternative care arrangements.

As a support worker, you need to be alert to changes in the care relationship and consider how to assess potential risks which might arise when a change occurs. Changes in the care relationship can result in both physical and psychological risks of harm for both the carer and the person receiving care and support. You may need to take some action or seek further advice about how to provide appropriate support to help the caring relationship to become more positive and to facilitate its ongoing maintenance.

Life cycle transitions

There are key points in life where transitions occur. These are sometimes known as life cycle transitions. They refer to a time of change and movement from one life stage to another, such as moving out of home, retiring, or starting a family. They do not occur at specific ages, although they are often at approximately the same age for many people. Support workers need to know about life cycle transitions, as they will often affect the people with whom they work.

Understanding and being able to plan ahead for a life cycle transition means you can offer appropriate support and guidance at these times, if it is required. Some examples of life cycle transitions include attending school, leaving school, becoming an adolescent, becoming an adult, beginning work or study, finding a partner, having children or deciding not to have them, reaching middle age, retiring from work, changing life direction, becoming elderly and planning for end of life.

There are many positives and negatives associated with life cycle transitions. These include the following.

Positive impacts	Negative impacts
Positive impacts associated with life cycle transitions include:	Negative impacts associated with life cycle transitions include:
▶ greater autonomy and control	▶ less time for recreation
▶ sharing of tasks and responsibilities	▶ greater demands from others
▶ increased independence	▶ cost of activities and items
▶ improved self esteem	▶ distress, depression and worry
▶ happiness and satisfaction with life.	▶ challenges to sense of self.

Potential risks of change to the care relationship

There are numerous risks associated with a change to the caregiving relationship and many of these have the potential to put the wellbeing and safety of the person receiving care and their carer at risk. These risks can include both physical and psychological parameters. It is important to realise that just because a potential exists for harm this does not mean the harm will actually occur. Sometimes situations can be assessed and additional support provided before any harm actually occurs. It may be that there is a need for some additional support in the short or longer term or perhaps there is a need for a change to the overall caring relationship and living situation.

Here are some examples of physical and psychological risks of harm which can occur within a caring relationship between a primary caregiver and the person receiving care and support.

Physical health parameters and risks of physical harm	Mental health parameters and risks of psychological harm
▶ Risk of physical injury through poor manual handling or incorrect performance of tasks	▶ Decrease in social interaction, pursuit of personal interests and hobbies
▶ Risk of physical injury caused by deliberate harm	▶ Decrease in opportunities to engage in work, study or other activities
▶ Incorrect medication taken leading to health complications	▶ Emotional or verbal abuse
▶ Incorrect personal care task performance causing physical injury or risk	▶ Mental illness, such as depression or anxiety
▶ Lack of supervision leading to physical health risks	▶ Emotional fatigue and exhaustion
▶ Poor diet and lack of exercise leading to poor health outcomes	▶ Complete failure of the caring relationship in the longer term

Example

Assess potential risks of change to the care relationship

Sidhartha visits Penelope once a week to provide recreational respite support to her and her mother. The visits are a chance for Penelope's mother to get out of the house for a while and pursue her own interests. In the last few weeks, Sidhartha has noticed the family home has appeared far more untidy than usual, and Penelope has been wearing clothes which are stained and creased. This is in stark contrast to the usual situation where the house is typically very clean and Penelope's appearance and grooming is always very tidy and well presented. Sidhartha talks to Penelope's mother and learns that she has been experiencing her own difficulties with mental health and that she is having difficulty coping. Sidhartha decides there is a significant risk of harm to both Penelope and her mother in the short-term unless there is some action taken to provide additional support.

Practice task 5

1. Give two examples of potential risks of physical harm which could occur to the person receiving care.

2. Give two examples of potential risks of psychological harm which could occur to the person receiving care.

3. A support worker observes a situation where a young child with a cognitive disability has been left alone in the family home by a primary caregiver. Describe the potential risks which could occur in this situation.

Click to complete Practice task 5

2B Support the person, carer and family to identify and use strategies that maximise positive aspects of transition

Times of transition can be challenging and confronting for both the primary carer and the person receiving care and support. Change is often not easy at the best of times and it can be even more problematic when there are additional considerations, such as the need to plan for complex care needs, manage financial issues or provide appropriate support for mental or physical health care needs which may be occurring.

You have learnt about the positives and negatives associated with life cycle transitions. At times of transition it is useful to focus upon the positive aspects of the situation and to help the person, carer and/or family members to think about how to make the best of the situation. This can assist in promoting a positive and effective transition from one situation to another and also in helping establish continuity of care and support.

Here are some indicators that you could look for to determine if a transition or change has been positive.

Positive outcome indicators that suggest a transition has been successful include:

▶ positive feedback provided by the person receiving care and support

▶ positive feedback provided by primary carer and/or family members

▶ observation of the person in a new situation with positive comparisons made to previous situation

▶ decrease in behaviours of concern (if these were present prior to the transition)

▶ maintenance of previous skills and abilities or increase in skills and abilities

▶ positive quantitative information sourced from formal assessments by professionals.

Types of transition

During a person's life stages there are often periods of transition. A transition simply refers to a change and often occurs when there is a movement from one life stage to another. Transitions can also occur when there is a difficulty or breakdown in current caring arrangements, or when a primary carer elects to make a change in the current situation. As part of this process, situations and arrangements may need to be altered to ensure continued and appropriate support for a person receiving services.

By understanding the types of transitions which can occur, you will be able to provide appropriate support and be sensitive to changing needs and emotional responses. You should aim to offer kind, gentle and positive support during a period of transition as this will assist the person to feel more settled and calm during the changes which occur. Focussing on elements which are constant and positive can be helpful in promoting this sense of stability and calmness for a person.

Some examples of types of transitions include the following.

Types of transition which can occur
▶ Beginning mainstream school after attending an early intervention program
▶ Moving out of a family home and into a group home or independent living arrangement
▶ Continuing to live in a family home after the death of a spouse or partner
▶ Moving into a residential facility such as an aged care setting
▶ Beginning employment after completing a training course
▶ Leaving hospital after an extended illness or treatment period to begin living in the community

Positive and negative impacts of life cycle transitions

When transitions occur as a result of life cycle stages there can be positive and negative impacts. As a support worker it is useful to consider possibilities and think about how a transition may affect a person, as well as others involved in the care relationship, such as family members, carers and friends.

Here are some examples of positive and negative impacts which might result from life cycle transitions.

Examples of positive or negative changes during a life cycle transition
▶ A move to an aged care facility might have a positive impact as it increases social opportunities and decreases loneliness
▶ A transition to a workplace as an employee might have a negative impact if bullying is experienced by the person
▶ A change of living situation might have a positive impact when independence skills increase
▶ A transition out of a supported residential setting to a community setting might have a negative impact if neighbours are unwelcoming
▶ A move to a mainstream education setting might have a positive impact if new friends are made in the local area
▶ A transition from a hospital in-patient situation to a supported community setting might have a negative impact if the person is not yet ready to transition
▶ A move to live with a new partner might have a negative impact if it reduces contact with existing social networks and family

Identify strategies to maximise a positive transition

There are several strategies which can be used to help maximise a positive transition for carers, the person receiving care and support, and/or family members. Strategies should be selected which take into account the situation and specific needs and characteristics of the people involved. Think about how to identify strategies which take account of cognitive and physical abilities as well as cultural and linguistic issues which may need to be considered.

Some suitable strategies to maximise a positive transition might include the following.

Strategies that could be identified to maximise a positive transition
Research options Examine the possibilities for a transition, such as considering alternative living situations or investigating other funding models, service providers or programs.
Seek input Involve carers, the person and others in the transition decision process using a person-centred approach and taking note of their input.
Test and trial Complete a trial transition, if possible, to test whether the experience is likely to be a positive one.
Seek feedback and evaluate Seek feedback from the person, carers and others to evaluate success and inform future planning processes.

Service delivery philosophy and models

Many different models and philosophies exist within the community services sector. It is important to consider the best practice models which are used currently and ensure you do not use old ways of thinking such as the medical model, which sees disability as a problem which requires a solution and focuses on loss of ability rather than strengths and abilities. As work in the community services sector has developed it has become more appropriate to adopt models and philosophies which are fully inclusive, person focussed and individualised.

There has also been a growing movement towards capacity building models within community organisations and structures so that services are provided within the community rather than being seen as specialised and isolated from everyday community life. This approach means that generic services become increasingly able to provide support to a wide and diverse range of service users, decreasing the need for specialised, segregated service provision. It is also an approach which is seen in the universal design principles of some equipment and tools, with web pages, technology tools and buildings being designed to provide universal access and inclusion for all. There is also a strong focus on families and individuals and working together in a partnership model with people who are receiving

support and care services. This allows individuals and families to become empowered as they take ownership of their own support arrangements and direct their own services and support structures.

Basic principles and practice

Principles and practices relate closely to models of care and philosophies. Many of these are drawn from extensive research and writing within the community services field and represent the practical application of theoretical knowledge and the development of frameworks of thinking in the sector. Many organisations utilise these principles during the creation of their vision, mission and values statements. Within your own organisation you may find these principles are reflected in the broad statements as well as the policies and future directions of your workplace. You can learn about principles and practice by reading your organisation's statements and other documents, and also by undertaking professional reading and learning. This will also ensure you continue to adopt best practice principles once you are in a workplace.

Some ways you can continue to maintain your knowledge about basic principles which represent best practice in community services include the following.

Ways you can maintain your knowledge of best practice principles

▶ Join a relevant professional organisation or association

▶ Participate in professional training through your organisation

▶ Network with workers from other organisations to learn how they apply various service principles in their workplace

▶ Read professional journals, magazines and academic papers

▶ Attend conferences and webinars to hear academics and professionals discuss new ideas and frameworks

▶ Participate in new opportunities such as steering committees, community meetings and cross agency forums

Types of principles and practice

As thinking and research in community services has developed there has been a gradual movement towards specific ways of working which are viewed as being best practice in the field.

Here are some examples of basic principles and practice which might apply to your work in community services.

Person-centred approach

A person-centred approach places the person receiving services at the centre of all the thinking, planning and design which occurs. It is an approach which seeks out information from the person and encourages them to be actively involved in the principles and practicalities of the services they receive. This approach can be a little more time consuming for organisations as it means adapting systems and processes to suit specific and individual needs and requirements rather than offering a 'once size fits all' approach to service provision.

Strength-based approach

A strength-based approach to community service practice identifies and uses a person's inherent strengths and interests to assist with growth and empowerment.

Strength-based practice (SBP) focuses on the potential, strengths and capabilities of a person. SBP engages people with respect and dignity and aims to enhance the strengths of the person.

Strategies to promote SBP when working in the community services sector are to:

▶ engage the person in capacity building

▶ empower the person

▶ recognise the person's strengths

▶ affirm the potential in the person.

Empowerment approach

With an empowerment approach, the focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives. By doing this, you will always be working to uphold people's rights and foster the development of new skills, abilities and confidence. It is a little bit like trying to do yourself out of a job – by adopting an empowerment approach you are working in a way which means the person becomes more and more able to direct, plan and implement their own solutions and in doing so, reduces their reliance on you as a support worker. Empowerment is particularly relevant in situations where the focus is on building confidence, daily living skills and the ability to direct, plan and run tasks related to daily life, work, employment and recreation.

Active support

Active support goes hand in hand with a person-centred approach as it encourages the person to be an active participant in as many activities and tasks within their own life as possible. It moves away from a model where care and support is planned, timed and directed by another person and instead sees the person in charge and assuming responsibility for activities wherever possible. The focus is on engagement and support rather than on reliance and dependence.

Strategies to work positively

The strategies you elect to use to work positively with different groups of people should be focused on promoting genuine, positive and respectful relationships. Depending on the person and the situation, you may need to do this in different ways. For example, the strategy you use with a an older carer who is from a Torres Strait Islander background might be quite different to the strategy you use with a young adult friend who is disengaged from mainstream education. However, the basic principles remain the same – strategies need to be based on a genuine, positive and respectful relationship.

Here are some options you might consider when working with families, carers and friends of a person who is receiving support services.

Families

Consider your previous knowledge and experience working with family members and think about what has worked well in the past. This can inform future communications with families and increase the chance of achieving a positive outcome. Focus on good communication, active listening skills and respect for changing circumstances. Remember that sometimes families are under a great deal of stress and that you may need to monitor their ability to cope and maintain current caring arrangements. Think about how you can reduce family workload and provide practical, as well as emotional, support during difficult times. Observe interactions and be prepared to offer additional supports or referrals to other agencies if required.

Carers

Many of the strategies which work well for family members will also be effective for carers, as often they are the same people, with many families taking on the role of a carer. As with families, you should be alert to indicators of stress or emotional exhaustion – remember that research tells us that carers are more susceptible to mental health issues such as depression and also to physical health risks such as lowered fitness and increased obesity. Be respectful of the time required to carry out caring duties and consider how you can provide practical and informed support. Good communication is vital and should be tailored to meet individual needs and abilities.

Friends

Strategies to utilise when working with friends of a person receiving services will vary depending on the role of the friend and their status in the caring relationship. Sometimes friends may provide unpaid care support and so should be actively engaged in the planning and implementation of support activities. Sometimes friends do not take on care responsibilities and in these situations they should be treated in a respectful, courteous and polite manner. Encourage friendships by ensuring support activities do not dominate or take priority over friendship activities, and ensure you respect the right of the person receiving care to guide and direct conversations with friends.

Example

Identify and use strategies that maximise transition

Jasper is a young man who has recently turned 19. Like many young people he is ready to embrace the next transition stage in his life. Jasper wants to move out of home and live independently, but his mother is concerned about how he will manage. Jasper is confined to a wheelchair after a car accident that occurred when he was fourteen. She worries that his additional needs may make it difficult for him to complete household tasks such as cooking, cleaning, shopping and managing a budget.

A meeting is held with Jasper's family support worker to discuss the concerns. The focus is on identifying areas of concern and developing strategies to minimise their impact. The support worker uses active listening skills and encourages Jasper's mother to talk freely and openly about her worries. She also encourages Jasper to express his goals, hopes and desires for the future. This person-centred approach lays the groundwork for future planning to help Jasper and his mother move towards a positive transition when Jasper does leave home.

Practice task 6

1. Identify three examples of life stage transitions.

2. Explain the difference between the medical model of care, a strengths-based approach and the person-centred approach.

3. List four ways you could maintain your knowledge of best practice principles and practices in the future.

Click to complete Practice task 6

2C Support carers, families and friends to maximise ongoing support

Carers, families and friends often provide a significant amount of care and support to a person. This can include providing physical, emotional, social and practical advice and support to assist the person in many different ways. Support through various services such as short- and long-term respite care, discretionary funding, advice and information services, counselling, transition planning, in-home support services and packaged funding arrangements can all help ensure the existing care arrangements are able to continue. For many people, this means they are able to continue living in their preferred location (often the family home) and are able to plan and direct their own care and support. Relationships between the person and their carer, family and friends can be maintained more easily and the person is able to continue to live and enjoy active participation within their own community.

Some approaches to help maximise ongoing support for carers, families and friends include the following – check which might be applicable for people receiving support services.

Service options to help maximise support
▶ Short- and long-term respite care
▶ Discretionary funding
▶ Packaged funding allocated to individuals or families
▶ Advice and information/referral services
▶ Transition planning/case management
▶ Counselling and emotional support
▶ In-home support services including personal care and community access support

Example

Maximise ongoing support

Felix knows that a family for whom he provides case management support is reaching breaking point. The mother has recently begun discussing what she might do if she is no longer able to provide care for her son who has severe, multiple disabilities. One option she has voiced has been to take him to overnight respite and then simply fail to pick him up the next day. Felix considers what he can do to maximise the support offered to the family to ensure their current caring arrangements are able to continue. He suggests a period of short-term respite so the mother can take a reasonable break and get some time to herself. Felix also talks to her about counselling services and together they ring to arrange for a counsellor to visit and help provide some short-term support. Felix also suggests linking in with a holiday program service which he knows has experience providing activities for people with severe and multiple disabilities. These strategies all help to get the family back and functioning again and assist the mother to continue to provide care whilst also being able to take care of her own physical, social and mental health needs.

v1766

Practice task 7

1. Describe one important benefit of providing assistance to a family to maximise the support they are able to provide to a person.

    ....

    ....

2. List three types of support service which could be used to maximise the support offered to a primary carer.

    ....

    ....

Click to complete Practice task 7

Summary

1. It is important to assess how various risks might impact upon the carer, family and person receiving support and to consider both physical and mental health/ emotional parameters.

2. Support workers should look for indicators to suggest that a positive transition has been achieved for a person, such as when transitioning from one life cycle stage to another, which may involve a change to caring arrangements or living situation.

3. Changes to the care relationship can have positive and negative impacts for the carer and the person receiving support.

4. Best practice models of support should be used in community services work, including person-centred services, active engagement, capacity building within communities and families and respectful, genuine partnerships.

5. Strategies such as active listening, respectful and courteous communication and consideration of individual needs can assist in working positively with a person.

6. Approaches such as respite, information and referral, in-home support, case management and transition planning can all assist in maximising the support which can be offered by family, carers and friends.

Learning checkpoint 2
Assess and respond to changes in the care relationship

This learning checkpoint allows you to review your skills and knowledge in assessing and responding to changes in the care relationship.

Part A

1. Write a description for one of these approaches – person-centred support, active support or strengths-based practice.

2. What is one example of a life cycle transition that might affect a carer and the person for whom they provide care? Explain how this transition might have a positive and a negative impact for the carer.

3. Provide an example of a possible psychological harm risk which might occur between a carer and a person requiring support.

4. Provide an example of a possible physical harm risk which might occur between a carer and a person requiring support.

5. What is one strategy you could use to work positively with a busy family whose members are under significant stress as they prepare for the transition of an elderly family member to out of home care, whilst they also juggle work, study and recreation commitments?

6. What are two types of support that would be appropriate to provide to a carer who was worried they were becoming depressed, and who felt they did not have any time left to spend with their friends?

.

.

Part B

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

> ## Case study
>
> Trixie is a new support worker and has just begun working with a family who are experiencing some significant difficulties. The mother has indicated she has left her child at home alone several times as she has begun to feel as if she simply cannot cope. She has asked Trixie for some advice about what she can do. Trixie is feeling a little out of her depth and is not sure what the best course of action is. She has some ideas about services that could be appropriate but she is not sure how to get in touch with them or what she should do first.

1. What are two services that might be able to help the mother cope in the short term?

.

.

2. How could Trixie find out about services that would be appropriate for this family?

.

.

3. What is one potential risk of harm which might arise as a consequence of the mother leaving her children unattended?

.

.

4. If the mother decides to accept some support to help her deal with her situation, what is one positive benefit which might occur?

.

.

.

Topic 3

In this topic you will learn how to:

3A Respect confidentiality and privacy

3B Identify and respond to the need for services required by the carer

3C Identify and respond to issues that may impact on the carer

3D Provide carers and families with information about carer support services

Monitor and promote carer rights, health and wellbeing

As users of support services, carers have a number of important rights which must be protected and maintained. You need to be aware of these rights and know how they are described and protected through legislation, frameworks and organisational policies and procedures. It is also important to recognise that the impact of caring is far reaching and can have a significant effect upon the health and wellbeing of the people who perform these tasks on a regular basis, often for many years. Sometimes carers will need you to be proactive and alert for indicators which might show there is a need for additional help or a change in support provision. You may need to talk to carers about other services which can help them address issues they are experiencing, or take action to respond to a change in circumstances so that the caring relationship is able to continue in a positive way.

3A Respect confidentiality and privacy

Confidentiality and privacy are two extremely important concepts in community services work. You need to understand these concepts in a broad sense and also be prepared to learn more about the practicalities of how they are applied in individual work situations. Confidentiality and privacy requirements vary depending on a number of factors, such as the age of the person with whom you are working, the type of information or task and your own role in the situation. Your supervisor should be able to guide you in how to apply organisational policies and procedures related to privacy and confidentiality in your workplace, particularly in situations involving children.

Confidentiality and privacy can refer both to the collection and use of information and also to specific tasks which are performed. For example, you might collect information about a carer or person receiving services on a form which should then be stored in a way which protects confidentiality. You may also need to think about privacy when you are meeting with a person to discuss sensitive issues – consider actions like closing the door or holding the meeting in a private space, rather than a public area. You should also be prepared to undertake ongoing learning in this area, as legislation and frameworks or standards do change from time to time, so you cannot assume that what you learn now about privacy and confidentiality will remain unchanged.

Privacy and confidentiality

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details and think about how you carry out tasks, hold discussions and manage information carefully. You generally need the person's consent if you wish to talk about their situation with others, such as when you are making a referral to another agency. Often people are happy to give their consent because they know you want to help. You should always check that the person providing consent is able to do so – some people will have consent provided by others (such as a child who has consent given by a parent).

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information and you should be aware of what these are and how they might affect your work.

Applicable federal laws related to confidentiality include:

▶ *Privacy Act 1988* (Cth)
▶ *National Health Act 1953* (Cth)
▶ *Crimes Act 1914* (Cth)

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

▶ http://aspirelr.link/aacqa-privacy-policy

▶ http://aspirelr.link/law-handbook-privacy-confidentiality

Collection, use and storage of information

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles and apply to organisations, and Australian Government (and Norfolk Island Government) agencies.

There are now 13 national privacy principles that apply to the collection, use and storage of people's information. Here is further information about the 13 national privacy principles and how they apply to the collection, use and storage of people's information.

Collection, use and storage of personal information

1 **Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.

2 **Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.

3 **Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.

4 **Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.

5 **Notification of the collection of personal information**
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.

6 **Use or disclosure of personal information**
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.

7 **Direct marketing**
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.

8 **Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.

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

10 **Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

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

12 **Access to personal information**
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.

13 **Correction of personal information**
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Personal privacy for individuals

Sometimes the work done by support workers requires particular attention to be paid to personal privacy. This type of privacy is quite different to that which is covered by legislation – it refers instead to the personal privacy which is incumbent upon you to provide, as part of good work practice as you carry out particular tasks. You should think carefully about the location you are in when you are performing various work, particularly personal care tasks or sensitive discussions, and consider the implications for others observing or listening to your work. Here are some examples of situations where you would need to be particularly mindful of how you carry out a task to ensure the personal privacy of the person.

Be mindful of privacy in the following situations
▶ When performing personal care tasks in situations where another person may enter the room unexpectedly
▶ When holding a meeting and discussing personal care tasks
▶ When making a phone call about a person receiving services
▶ When a partner or other family member is at home when you are working directly with a person
▶ When the dignity of the person might be put at risk if they were observed by another person

Breaches of privacy and confidentiality

As a general rule, you should actively avoid breaching the confidentiality and privacy rights of a person receiving support services as well as their carer. This means you should mostly act in a way which means that you keep information you gain through the course of your work in a safe and secure place, and do not share it with others. People receiving or seeking community services expect that what they tell you or what you observe will be respected, and they trust you to act in an ethical and appropriate manner. In most situations, you should avoid breaching the trust placed in you by the people with whom you work. If you observe another worker

breaching confidentiality you should discuss the situation either directly with them (to see if they have permission to do so) or discuss the matter with your supervisor. Breaching confidentiality can be a serious matter which might leave the person open to disciplinary action at work, or possibly even to legal consequences. There are some situations where you will need to breach privacy and confidentiality, however.

Disclosure of information

There are situations where you will need to disclose (share) information you gain from a person with other people or organisations. This can happen as part of your regular work tasks as well as in special circumstances. You need to be careful that the information you share is appropriate and that you are permitted to share it. In most situations, the person has the right to decide who receives confidential information about them and also to decide what information they would like to share. If in doubt, consult with your supervisor before sharing information with others. Although, as a general rule, you should not share information without direct permission from the person, there are some exceptions which apply. Some of the exceptions where you may need to share information may include the following situations.

Where the law requires disclosure of information

▶ Legally you may need to share information which has been disclosed to you if you have been subpoenaed to provide information in a court of law, if you are required to share information about the safety or welfare of a child or if a person tells you they have committed a serious crime. Your legal responsibilities are important and you should be mindful of your responsibilities under Australian law.

Protection of the person

▶ A person may disclose information which makes you genuinely fearful for their safety and wellbeing. For example, a person may tell you they feel life is no longer worth living and that they are thinking of committing suicide. In these sort of situations you may need to share the information with others in order to ensure the safety of the person, even if they do not want you to say anything.

Protection of others

▶ If a person discloses information to you which makes you believe another person is at risk of harm, you may need to share this information with others. For example, if you are told by a person that they are planning on committing a serious assault, then you would need to take action as this would ensure the safety of the other person.

Example

Respect the confidentiality and privacy of the carer

You are working with Jonti, the mother of a young man who has some significant difficulties. Jonti tells you she is reaching a point where she feels she cannot cope anymore. You carefully question her to establish what she means by this statement. She laughs and reassures you that she does not mean she is contemplating suicide – simply that she is feeling frustrated and upset by her situation. You ask her if she will give you permission to make a referral to another service which is able to offer some counselling and case management, which you think will help her. She gives you permission to make the referral and seems happy that things are progressing finally. You make the referral, confident that there is no need to breach confidentiality regarding her 'not coping' statement, and also pleased that she is happy to be referred to a service for some more support.

Practice task 8

1. Give three examples of situations where you may need to breach a person's right to confidentiality.

2. What are three possible sources of information about maintaining the confidentiality of the people with whom you work?

3. You decide to leave a person's file on the reception desk as you will need it for a meeting first thing in the morning and you do not want to forget it. Is this acceptable – why or why not?

Click to complete Practice task 8

3B Identify and respond to the need for services required by the carer

Providing care and support invariably has an effect on the carer's life, so it is necessary to identify what services they may need to minimise or manage these effects, and to respond to these needs appropriately. Support workers can help by talking to carers about how they are feeling and being observant of signs that a carer is struggling or uncomfortable in their role. Signs might include comments made by the carer, fatigue or exhaustion, difficulty with tasks, inability to maintain a family home, problems meeting own personal needs (such as, attending a doctor's visit or participating in recreation and specific questions) and requests for services that might help. Although the needs of each carer will be different according to their situation and the level of care they are providing, some needs are predictable.

Here are some service areas that could be helpful for a carer.

Education

Sometimes carers might feel overwhelmed simply because they do not have the education needed to manage specific tasks or handle particular situations. This can occur particularly when a condition or situation is changeable, or when there is a progression of an illness, disability or condition. Education can help a carer to be more aware of what causes particular events or symptoms and what they can do about it. It also helps them know what to expect in the future.

Respite

Taking a break from caring responsibilities is vital for most carers. Respite is a service type which makes it possible for a carer to have some time to attend to their own activities and spend some time away from their regular caring tasks. They might use the time to socialise with friends, get some exercise, see a movie or simply enjoy some quiet time alone.

Peer support

Support from a peer group can be useful in helping carers feel less alone and isolated. Caring can be a lonely task and one which takes up a lot of time. It is easy to lose contact with friends or feel like there is no one around who really understands their 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.

Information and referral

Sometimes carers do not know what services might be available to them. They may be aware of a need that they have but be unaware that there is a specific service type which is designed to help meet that need. For example, they may not know about services such as case management, associations and networks, training sessions or carer support organisations. Providing information and referral to various support services can be useful in helping meet specific needs for a carer.

The need for affirmation and recognition

Sometimes 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 too busy doing the practical, day to day tasks that they forget to stop and reflect upon the outcomes that are being achieved. A support worker can assist by providing affirmation and recognition of the work they are doing. This can help by making the carer feel acknowledged and valued, which can have a positive impact on their self-esteem, confidence and morale.

Here are some things a support worker could do to affirm and recognise the work done by a carer, and the positive impact they are having.

Affirmation and recognition strategies

▶ Ask questions which imply that the carer is more expert and skilled at a task than the support worker

▶ Make positive comments about how the work of the carer is making a difference to the person

▶ Acknowledge that many tasks are hard, heavy and often tedious

▶ Use body language such as smiles, nods or a touch of the shoulder if appropriate to show that you understand the carer and their situation

Example

Respond to the need for services for the carer

Martine provides full time care for her husband. Lately the tasks have been getting more difficult and she is finding it harder to manage her own daily living activities, run the household and care for her husband. Lilly, a support worker, visits the home several times and quickly realises Martine will not be able to continue in her current situation for much longer. She talks to Martine about her needs and together they identify needs related to household chores, meal preparation, respite and mental health support. Lilly discusses the situation with her supervisor and then visits Martine again to share information about several services which will be able to assist her.

Practice task 9

1. What are two things you could do to affirm and recognise the work of a carer?

2. Explain the phrase 'taking a break' in relation to respite services, and why it is important for supporting carers.

Click to complete Practice task 9

3C Identify and respond to issues that may impact on the carer

Caring for another person can be very rewarding, but it can also be demanding and exhausting. Some carers' health and wellbeing will deteriorate because they are reluctant to ask for support. This is often because the caring role is an act of giving and many carers have been socialised into thinking that giving is better than receiving. You need to understand how the carer feels and why they may at times seem unwilling or unable to accept support.

Some reasons carers may be reluctant to accept support include:

▶ living up to family and community expectations of being the carer

▶ having a sense of duty or obligation to the person with care needs

▶ believing that asking for help is an indication that they are not coping

▶ concern that no one else will provide the level of care required or the person they care for may be put at risk

▶ pressure from the person they care for; for example, the person with care needs demanding that the carer doesn't seek assistance or bring anyone else into the home

▶ concern that their privacy will not be respected or information will not be kept confidential.

Work role boundaries, responsibilities and limitations

Support workers must be aware of the limits and boundaries that apply to their role and perform their work accordingly. Job role boundaries vary between different jobs and workplaces.

You can learn about the boundaries of your role by:

▶ undertaking orientation when commencing a new role

▶ reading the position description

▶ reading the workplace policies and procedures

▶ reading information about the tasks required for a particular person

▶ talking to your supervisor to clarify any concerns or questions.

Working beyond your boundaries can be dangerous, particularly if the tasks you perform involve risks such as manual handling, transport, medication or infection control. Support workers must therefore understand and clarify the boundaries of their work role, ensuring client and carer are clear on those tasks or roles and reminding them of the boundaries if requests are made that are outside those limits. If excessive demands are made, discuss the situation with your supervisor.

Common boundaries

Here are some common boundaries a support worker may have in their role.

Examples of work boundaries for a support worker include:

▶ being able to prompt the person about, but not give, medication

▶ not being permitted to use their own car to provide transport

▶ having a 'no-lift' policy

▶ not providing details of their personal life to the people with whom they work

▶ not accepting gifts from people or carers

▶ not providing care, support or other services outside those listed in relevant documentation.

Issues that can affect the carer's health and wellbeing

Across Australia there are around 2.7 million people who carry out a caring role. Many of these experience difficulties related to the physical and emotional health and wellbeing. As a support worker, you need to have a good understanding of the far reaching impacts of caring and how it can affect people in different ways. This understanding will make it easier to empathise with and show respect for carers and also to think carefully about how to provide appropriate, focussed and meaningful support. Many factors related to poor health and wellbeing are linked, with one factor often leading to another. For example, a carer might have less employment opportunities, which reduces their discretionary income, which makes it cost prohibitive to keep up their gym membership, which means they experience lower levels of fitness.

Some of the research and information we know about the effects of caring can include the following physical and emotional health effects.

Physical health effects	Emotional health effects
▶ Lower physical health	▶ Very limited social contact
▶ Higher rates of disability	▶ Financial hardship is common
▶ More long term health conditions	▶ High unemployment rates
▶ Poor nutrition	▶ High schooling dropout rates
▶ Lower physical fitness	▶ Higher incidence of mental illness

How discrimination can affect carers

At times, some people may discriminate against another person. 'Discriminate' means to treat someone unfairly or favour others. People who provide care to others are sometimes discriminated against simply by virtue of their association. For example, a carer might be denied access indirectly to a venue because the person they are with is unable to access the venue as they are a wheelchair user and cannot get up a flight of stairs. Workplaces and the wider community must promote equality for everyone. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs. You have a legal obligation to avoid taking any actions which are discriminatory towards a carer

or the person they are supporting; for example, by organising events at a location they cannot physically access or selecting people for an activity based on their gender or race.

At times you may have an ethical obligation to advocate for a person or their carer by writing letters, filling out reports or contacting service providers. You may also have an obligation to provide information about services which can make life easier and more equitable for them, such as the Companion Card, Disabled Parking Permit schemes, accessible taxis information or websites listing accessible toilets in a particular city.

Here are some acts related to discrimination that apply to the community services sector:

▶ *Age Discrimination Act 2004* (Cth)

▶ *Racial Discrimination Act 1975* (Cth)

▶ *Sexual Discrimination Act 1984* (Cth)

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

▶ *Disability Discrimination Act 1992* (Cth)

You can learn more about the Companion Card Scheme at:

▶ http://aspirelr.link/companion-card

Help carers identify factors that may negatively affect them

You need to use effective communication skills to discuss the negative impact the caring role can have on carers. Such discussions can be confronting and upsetting for carers, and must be approached gently and with a focus on solutions. Have these discussions when there is adequate time to explore the issues and when the person needing care is not present. This allows the carer to openly discuss negative impacts without feeling they are causing distress or feelings of guilt for the care recipient. There are a number of ways that you can assist carers to identify the negative impacts the caring role is having on their own lifestyle.

Observation

Watch for signs that the carer is experiencing negative effects from their caring role.

Discussion

Have conversations with the carer about things they have done or not done, or challenges they are facing.

Questioning

Use targeted questioning to ask carers about how the caring role has impacted their life and lifestyle.

Document and report negative impacts

When negative impacts of the caring role are identified these should be documented and reported according to your workplace policies and procedures. By documenting and reporting negative impacts you make it easier for appropriate support and assistance to be provided to a carer. For example, careful and accurate reporting might indicate the need for additional respite services to be provided at particularly high stress periods during the week. Members of your work team or your supervisor should be able to guide you in the appropriate recording and documentation needed for your workplace.

Methods for reporting impacts

▶ Report directly to your supervisor by phone, in writing or face to face, to seek advice or referral to another service.

▶ Document your observations about negative impacts to the carer's lifestyle in client progress or care notes.

▶ Complete an incident report form documenting potential or actual dangers to the carer, care recipient or others

Record and report information effectively

All changes you observe in a care recipient or the carer must be recorded according to your organisation's policies and procedures. Information must also be stored securely and should only be shared with authorised personnel according to privacy and confidentiality requirements. Always follow your workplace policies and procedures.

When you record information you should:

▶ be factual

▶ be accurate

▶ be clear

▶ be brief but be complete

▶ follow organisational requirements

▶ check what you have written.

You will also need to store information, either manually or on a computer system.

Information must be kept safe and you are bound by law to keep client information private and confidential. Always read, understand and follow your procedures, particularly WHS and emergency procedures. Ask for help if there is anything you don't understand. If you are working in a person's home, you should call your supervisor.

v0097

Example

Respond to issues that may impact on the carer

Cameron is a support worker at a recreational program for teenagers with mild to moderate intellectual disability. The program takes the teenagers away on camps for weekends.

Cameron asks Kallie's father about what he will do this weekend while Kallie is away on camp. Kallie's dad tells Cameron that last time she went away for a weekend he spent the first day asleep and the second day worrying about whether Kallie was happy, or whether she would be homesick or scared. He said he had planned to go to the garden centre and buy the plants and equipment to overhaul one of his garden beds – a project he had planned for a long time but had not managed to find time to do.

Cameron assures Kallie's dad that many carers feel this way the first time they use respite and that the carers he has spoken to say it becomes easier each time. He suggests that Kallie's dad head straight to the garden centre to buy his plants and equipment, then go home and rest for a while before getting into the project. Cameron tells Kallie's dad that the last time she came on a weekend away she had a great time and did not appear worried at all.

Practice task 10

1. Provide one example of a situation where a carer might experience discrimination and explain how you might act in response.

2. What is one reason for discussing negative impacts that caring is having on the carer when the person for whom they provide care is not present?

3. You need to learn more about your work role boundaries. List at least two places you could look for this information.

4. Sometimes carers may be unwilling to accept assistance. What are two reasons they might do this?

Click to complete Practice task 10

3D Provide carers and families with information about carer support services

Some carers you support will have to deal with an array of issues. For example, they may have had to give up work to take on the caring role. This may have led to the carer having less disposable income and they may then experience financial difficulties. They may have become socially isolated due to the amount of time it takes to care for the person with care needs or the costs of socialising. All the issues impacting the carer will have a detrimental effect on their health and wellbeing. It is not surprising to find that some carers will die before the person they care for, due to the stress related illnesses they develop in their caring role. It is essential that you provide the carer with information that will support them in their role and assist in maintaining a standard of health and wellbeing.

Carers Australia

A service system that supports carers in Australia is headed up by Carers Australia. Their role is to advocate nationally for carers, and to lobby Governments and peak bodies to bring about change to the service system to better meet the needs of carers. Carers Australia collects statistics on carers in Australia and has input into policy development to ensure the vast growing number of carers have better supports available to them to ensure they can continue to take on a caring role. You should ensure you keep up to date as part of your regular professional learning about carer issues. Information is available through the website for Carers Australia and your State/Territory Carers Association.

You can learn more about Carers Australia at:

▶ http://aspirelr.link/carers-australia

Carer associations

Carer support is available in all states and territories through specific carer associations, and also through mainstream services such as Lifeline and Beyond Blue. Carer Associations provide a range of services including phone counselling, information provision regarding services carers can access in their local area, information about specific care needs; access to resources; education and training around carer issues and they also act as a lobby group to get a better deal for carers.

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

Queensland	http://aspirelr.link/carers-qld
New South Wales	http://aspirelr.link/carers-nsw
Australian Capital Territory	http://aspirelr.link/carers-act
Victoria	http://aspirelr.link/carers-vic
Tasmania	http://aspirelr.link/carers-tas
South Australia	http://aspirelr.link/carers-sa
Western Australia	http://aspirelr.link/carers-wa
Northern Territory	http://aspirelr.link/carers-nt

Provide information

The type of information a carer will benefit from will vary depending on their needs, as well as factors such as whether they are in a full time or part time caring role. The information required will also depend on the age of the carer. Australia has a significant number of young carers whose needs vary from older carers. Often carers are time poor, and find it difficult to locate and read information so be sure to provide all the details which are needed by the carer and in a form which is readily accessible and does not require extensive reading or research.

Some of the information a carer will require may include:

▶ available financial assistance, such as the carers payment through Centrelink

▶ home support services and eligibility criteria

▶ in-home respite services

▶ facility based respite services

▶ out-of-home community access respite services

▶ local general carer support groups

▶ local specific carer support groups for example, for a carer who supports a person with Parkinson's disease or dementia

▶ places where the carer can obtain resources such as information on specific conditions. For example, Multiple Sclerosis.

Provide support that assists carer to achieve positive lifestyle outcomes

You can help and support the carer to achieve positive, preferred lifestyle outcomes. Support will depend on the carer's needs, the person needing care and what resources are accessible. Respite care in the person's home, at a day program, overnight respite house or in a residential care facility may be available. There may be other programs, such as recreational or community access programs, which take the person with care needs out of their home for a day or longer. There are also services which can be used in times of emergency or crisis, such as when a carer becomes suddenly ill or experiences a mental health episode, such as a period of acute anxiety or a panic attack.

If you provide support in the person's home, you could suggest that the carer use the time you are there to participate in those activities they are unable to do when they are providing care. If you provide support or activities for the care recipient outside the home, talk with the carer about the things they plan to do while the care recipient is away from the home. You could also provide information about contact phone numbers, websites and services which can be accessed in times of emergency or out of regular hours.

Encourage carers to pursue their own lifestyle choices

It may be difficult at first for carers to use the time they have away from their caring role to pursue their own lifestyle choices. You can encourage carers to plan how they might use the time to best achieve those things they want to do to meet their lifestyle needs. Reassure carers that although the first few experiences of respite can be daunting and difficult, taking a break is essential to maintaining their own health and wellbeing. If time pressures are limiting, explore ways the carer could maintain their interests without using up a lot of their time each week. For example, they could join a club or group close to home or join an online network as well as a face to face one.

Carer health and wellbeing

You can also reassure carers that maintaining a positive lifestyle for themselves will also help in their caring role by giving them time to rest and feel rejuvenated, with positive benefits to the person in their care. Remind carers that if they are in better physical and emotional health, they will be better able to continue providing care in the longer term. Sometimes situations may arise where a carer is in an extreme situation and is unable or unwilling to provide care, or is experiencing a significant physical or mental health issue. At these times you may need to take action and perhaps breach confidentiality to ensure the safety and wellbeing of the carer and the person for whom they care.

Here are some examples of choices carers can make.

Meet goals

Some carers never get the chance to do the things they have planned around their home because of the daily demands of caring. During respite, the carer can focus on those tasks they have wanted to achieve. For example, they might choose to do a spring clean or put in a vegetable patch.

Socialisation

The carer could be encouraged to spend time re-establishing social connections that may have subsided because of their ongoing carer role. Feeling connected leads to a healthier lifestyle and can be vital in maintaining mental health

Recreation

A number of carers give away their sporting interests or recreational activities when they become full time carers. Re-engaging in these activities results in healthy outcomes by allowing time for the carer to focus on themselves and their own needs.

Relaxation

Carers who care fulltime rarely get the chance to just do nothing. Relaxation through yoga, meditation, garden visits, or heading to see a movie or show will support the carer's wellbeing. Just staying at home and enjoying their own space can be beneficial to their health.

Example

Provide information about carer support services

Jose cares full time for her father who has dementia. His condition has deteriorated and Jose finds she is unable to sleep soundly because she is worried he might go outside and start wandering and possibly hurt himself. Jose's health is suffering and finally she decides to ask for support.

Jack works with the aged care assessment team/service and as part of his assessment, suggests to Jose that she may need to look at having some respite. Jack provides Jose with a list of services in her area that provide a range of respite options. Learning that Jose's father had fought in Vietnam, Jack suggests she needs to also look at services offered through Veteran's Affairs.

Jack gives Jose the 1800 number to phone the Carer's Association who provide Jose with a carer's kit that includes a range of up-to-date information about carer support services and the contact details for a local support group. The kit also includes information about caring for herself. Jose tells Jack that she had no idea that there was any information or support out there to which Jack replies that no matter how well services might be advertised, people do not see them until they hit a crisis point and then start looking.

Practice task 11

1. Where can carers find information about carer support services?

    .
    .
    .

2. Carers will require various sources of information to assist them in their caring role. What are two examples of the types of information carers need?

    .
    .

3. What are some positive choices a carer could make about the time they have available while you are providing support to a person in their home?

    .

    .

<div>

Click to complete Practice task 11

</div>

Summary

1. Confidentiality and privacy are important legal and ethical concepts and it is important to understand how they apply to your work, and where to find additional information about your role in meeting requirements.

2. There are some situations where you might need to breach privacy and confidentiality requests made by a person and disclose information to another person, agency or organisation.

3. Education, peer support and respite are all services which can help a carer to meet their own needs and help reduce the potential negative impacts of caring, once these have been identified.

4. Discrimination and other issues can affect carers and their ability to continue to provide care. It is important you understand discrimination and how to avoid discriminating against carers and also to think about what you can do to advocate and provide information to help reduce the effects of discrimination.

5. Many carers experience poor physical and emotional health during their role providing care for others, and as a group they tend to have reduced wellbeing across many areas compared with the rest of the population.

6. Assistance and information about meeting personal goals and maintaining lifestyles can be useful in helping carers achieve better personal outcomes for themselves.

Learning checkpoint 3
Monitor and promote carer rights, health and wellbeing

This learning checkpoint allows you to review your skills and knowledge in monitoring and promoting carer rights, health and wellbeing.

Part A

1. Describe one situation where you might need to breach confidentiality.

2. What are two ways you could ensure the confidentiality and privacy of a carer or the person requiring care are protected?

3. You are working with a person who is a primary caregiver and who is moving to Western Australia. Which organisation may be able to help them once they arrive?

4. Provide an example of one physical and one emotional impact that caring might have upon a carer.

Part B

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

Case study

Magda is a carer for her son, Joshua. She complains to you, as support worker, that a theme park they have recently visited charged her an entrance fee even though she showed them her Companion Card which stated that she was his carer. She asks you to help her deal with the situation as she does not want other carers to have the same experience, and feels she should not have to pay for entry when she is just there to look after Joshua.

1. What should you check before you contact the theme park?

2. Has the theme park possibly discriminated against Magda and Joshua? Why or why not?

3. What could you do to help the theme park management act in a way which is more supportive of people with additional needs and their carers in the future?

4. You are unsure if taking action to advocate for Magda is outside your usual job role. What could you do to find out?

5. What is one benefit for Magda of advocating on her behalf in this situation?