



# CHCCCS036

Support relationships  
with carer and family



# **CHCCCS036**

## **Support relationships with carer and family**

**Release 1**

**Learner Guide**

Aspire Version 1.1

## CHCCCS036 Support relationships with carer and family, Release 1

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# Before you begin

This Learner Guide is based on the unit of competency *CHCCCS036 Support relationships with carer and family*, Release 1.

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

## How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	



## Foundation skills

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

These skills are listed below:

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



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

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

## What do you already know?

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

Topic	Key outcome	Rate your confidence in each section
Topic 1: Include carers and family members as part of the support team	1A Assess and acknowledge the role and importance of carers and family members	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Work in a manner that recognises and supports the carer's relationship and knowledge	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Recognise the knowledge and skills of the carer	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Involve carers and families in the design and delivery of support	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Assist carers and family to determine assistive technologies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



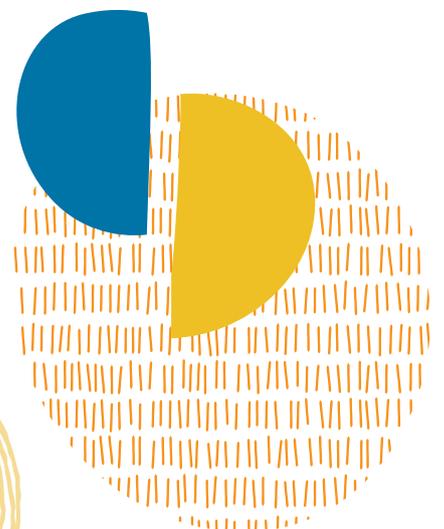
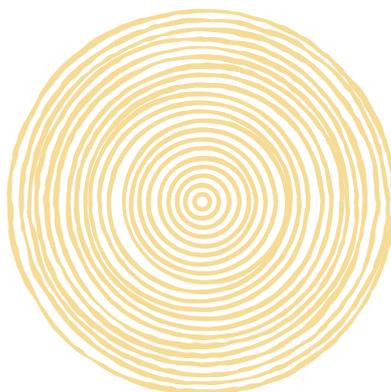
Topic	Key outcome	Rate your confidence in each section
Topic 2: Assess and respond to changes in the care relationship	2A Assess potential risks when there are changes to the care relationship	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Use strategies to address risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Support the family to maximise the positive aspects of change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Provide support to maintain ongoing care and involvement	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3: Monitor and promote carer rights, health and wellbeing	3A Respect privacy and confidentiality	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Recognise and respond to the need for other support services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Support the physical and emotional health of the carer and family	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Provide information about accessing carer support services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





## Topic 1: Include carers and family members as part of the support team

- 1A Assess and acknowledge the role and importance of carers and family members
- 1B Work in a manner that recognises and supports the carer's relationship and knowledge
- 1C Recognise the knowledge and skills of the carer
- 1D Involve carers and families in the design and delivery of support
- 1E Assist carers and family to determine assistive technologies



# 1A

## Assess and acknowledge the role and importance of carers and family members

**Over the past few years, people who care for friends and family members have been trying to reclaim the word ‘carers’ to mean unpaid carers.**

### Carer

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

Most aged and disability services are attempting to phase out the term **carer** to describe paid workers. This Learner Guide uses ‘carer’ to describe people such as family members who provide unpaid support.

Carers are people who care for a person due to age, illness or disability. They can be the person’s partner, child, parents, sibling, friend or neighbour. They contribute an enormous amount to the person, the community, and to the Australian economy in the work they do. It can be exhausting and frustrating work, but also rewarding and fun. It is estimated that they save the government and Australian taxpayers millions of dollars per week. With a shortage of workers in support roles, we could not do without them.

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. They might provide support to a person in their own home, out in the community or in a residential setting. Regardless of the amount or location of the care being provided, carers are a valuable part of the support team.

### Carer statistics

**Carer statistics are the numbers and characteristics of people who care for family members or friends.**

These numbers are calculated in different ways, including from the census collection surveys across the whole of Australia every few years. Carers Australia is an association that supports carers and collects statistical information to use for advocacy and lobbying.

There are nearly 2.7 million unpaid carers in Australia (nearly 11% of our population!).

More than 860,000 of those carers are primary carers.

7 out of 10 primary carers are women. This is a significant number.

The average age of carers is 54.

1 in 11 carers are under the age of 25.



Primary carers earn nearly \$200 a week less than other people their own age, based on median income.

Over a third of people who are primary carers also have a disability or age-related medical condition themselves.

Source: Carers Australia. [www.carersaustralia.com.au/about-carers/who-is-a-carer/](http://www.carersaustralia.com.au/about-carers/who-is-a-carer/)

Carers can be just about anyone. A primary carer means a person who gives the most care to the person. Some people might have several unpaid carers, but there is often one person, the primary carer, who makes decisions and takes on a bigger role than others.

Here are examples of common primary carers.

Spouses	Many people care for a spouse, such as a husband or wife, when the spouse becomes unwell, when they are ageing or have a disability. People with dementia are frequently cared for in their own homes by their spouse.
Parents	Parent carers often support a child with a disability. Some disabilities are lifelong, and some parent carers continue this role well into their retirement years and older age.
Adult children	Adult children frequently take on the role of carer to their parents, especially as their parents become older.
Siblings	Siblings, both children and adults, can also take the role of carer, especially when their parents are no longer able to be the carer because of age, disability and frailty.
Young carers	Some carers are very young and may still be attending school. For example, many Australian children care for a parent or sibling with a disability or a mental illness. Young carers need special support and consideration.
Others	The carer role can also be taken on by other people, who may or may not live with the person. This can include neighbours, relatives and friends.

## The role and responsibilities of carers

**Carers support people with a wide range of simple and complex conditions and disabilities, in many different ways.**

Carers can support people who have disabilities and conditions such as:

- dementia
- intellectual disability such as Down syndrome
- mental illness
- physical disabilities such as spinal cord injuries or multiple sclerosis
- being older and frail.



### Video: What being a carer entails

Watch this video from the Carer Gateway: [aspirelr.link/carer-gateway](https://aspirelr.link/carer-gateway)

Pay attention to the people who have become carers. What types of situations led to them taking on carer roles? And what does being a carer mean to them?



Carers perform a wide range of tasks. They can include simple tasks such as shopping or cleaning for the person, or more complex care such as helping the person to shower, go to the toilet, dress, eat and move around. Carers might give the person assistance with medications, take them to appointments, and make decisions about the person's day-to-day care if they are not able to do this themselves. Some carers, such as those who care for a person with dementia, might spend a lot of their role supervising the person to keep them safe, and preventing or managing behaviours of concern.

Not everyone who is a carer chooses to be one. Some people feel they have no choice but to care for the person. Others enjoy and appreciate the role. Whatever the circumstances, the carer's role can place significant physical, emotional and time demands on their life.

Carers might work in a paid job as well as caring. Others find it difficult to work, or even to find time to socialise.

Rights, roles and responsibilities in the care relationship	
<b>The person</b>	<ul style="list-style-type: none"> <li>• The person who is receiving care and support should be able to direct and plan their own care as much as possible. They have the right to speak up if they feel they are not being treated well. This might include talking to their GP, to another friend or family member, to the police, or to a service provider.</li> <li>• They have the right to be free from abuse and neglect.</li> <li>• They have the right to see other people socially where possible.</li> <li>• They have the right to have their needs met, and to be given what they need to live their life to their best potential.</li> </ul>
<b>Family members</b>	<ul style="list-style-type: none"> <li>• Family members have the right to have a break from caring where possible.</li> <li>• When the person being cared for lives in a residential aged care or disability service, or when they are receiving home and community services, family members have the right to make a complaint or speak up if they are unhappy about something. They must never be treated differently because they have made a complaint, or a series of complaints.</li> </ul>



Rights, roles and responsibilities in the care relationship	
Family members (cont.)	<ul style="list-style-type: none"> <li>Family members should be included in discussions about and planning for the person if the client or resident themselves wants them to be included. They have the right to be included in decision-making about the person if they are no longer able to make decisions for themselves. They have the right to receive information about the service and the person's care in a way they can understand, and to be kept informed about changes in care.</li> <li>Family members have the responsibility to protect the vulnerable person from harm, neglect or abuse where they can do so.</li> </ul>
Friends	<ul style="list-style-type: none"> <li>Friends often have a less formal role and different rights and responsibilities within a caring relationship. Friends can offer social and recreational support and friendship, and this can be vital in maintaining the primary caregiver relationship.</li> <li>The person being cared for has the right to maintain friendships wherever possible. If the person lives in a residential service, they have the right to have visits from friends whenever they like.</li> <li>If friends care for the person in a carer role, they also have the responsibility to protect them from abuse and neglect. Friends have the responsibility to speak up if they see or suspect abuse.</li> </ul>
Support worker	<ul style="list-style-type: none"> <li>The support worker must respect the role of family and friends in the person's life. You must never imply or act as if you are just as important as one of their family members.</li> <li>Your role is secondary to the primary carer, especially when the person still lives in their own home. You are there to assist with physical tasks, provide support, and report problems as they occur to your supervisor.</li> <li>Your role is not to argue with the carer, or to override or make decisions for or about the person, even if you don't agree with those decisions. Family relationships are often complex, and support workers must respect their place outside of the family circle.</li> <li>You have the responsibility to report unsafe or abusive practices that you see or suspect.</li> <li>You have the right to a safe workplace, even if this is inside a person's home. You should report anything that makes you feel unsafe, or when service policies are not being followed. This includes smoking while you are in their home or being treated with aggression or abuse.</li> </ul>

## Myths about carers

Here are some common myths about carers.

### Myth: All carers are paid for their time and effort by the government

While there is a Carer Allowance paid by Centrelink every fortnight, this money is well below what many carers would earn if they were able to work. Only some carers



can receive it. Support must be given daily to someone who meets a high score test for disability or care needs. The supplement is not given to people who share care for a short time, such as someone who cares for an older parent part-time. Many carers do this job seven days a week, something that most of us would not think was acceptable in paid work.

### **Myth: All carers do the job because they love it**

This is not true for all carers, all the time. Caring for someone who needs help can be exhausting. It can sometimes be unpleasant. Often, it is a job that they are on call for 24 hours a day, without a break. The carer might feel stress, anxiety and depression. They might miss the life they used to have or wish that they could be doing the things that other people enjoy instead.

### **Myth: All carers choose to care**

Many people who are carers make a choice to care for the person. But that is not true for everyone, and it is not always that simple. They might care because there is simply no one else to do it. Waiting lists in Australia for home care and residential care are very long, especially in aged care. Many people care for months or years while they wait for their approved aged care package, or for a bed in a facility. Even when paid home care is provided, the carer often still needs to care for the person the rest of the time.

Many carers feel a sense of duty to care for their loved one, friend or neighbour, even if they do not want to. They might be a carer because they would feel guilty asking for or receiving help. They might refuse to put the person into a residential service or a day service, because they feel they are letting their spouse, parent or child down. This is sometimes more common in cultures where this might be seen as shameful. In some cultures, it is still expected that the daughter (or daughter-in-law) of older parents must care for them as they age.

For some people, such as children who care for a parent, the care role comes from habit and necessity. It might be the only thing that child has ever known.

### **Myth: All carers do a great job at caring**

For the most part this is true. However, there are some people who take financial advantage of the person they care for. In some circumstances, the carer can be an abuser. Physical and emotional abuse between family members in a care relationship can be more common than society realises. Some people who are cared for are neglected, or not given the basic things that they need to be happy and survive.

#### **Stereotype**

A fixed, over-generalised belief about a particular group or class of people.

## **Stereotypes about carers**

The problem with **stereotypes** is that it causes other people to make assumptions that may not be true.



Some stereotypes are statistically true. Many people think of carers as women. Seven out of ten primary carers in Australia *are* women. However, this stereotype means that men who are carers are more likely to be misunderstood, ridiculed or ignored. They might be less likely than women to receive support from their workplace to take time off work to care. They might be seen as ‘soft’ or ‘under the thumb’.

People often think of carers as devoted to the task of caring. They might be left out of previous friendship circles because they are assumed to be fulfilled in their carer role, or too busy or too tired to socialise.

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 do not know what to say or do around someone who is a carer. This can lead to social isolation.

Most people do not think of children as carers. So, when children care for their parents, the time taken by this role is often not understood by teachers and other children. This can mean that children are not given the support they might need.

## The impact of caring

### **Caring can be rewarding, but it can also have negative effects on the carer over time.**

Caring for a friend or family member can have negative effects on the carer themselves, especially if they do not get the support they need, or if they also are older or have a disability.

Here are some examples.

Mental health
Some carers experience depression and other mental health conditions. This can also affect other members of the family, too. Depression and anxiety can be the result of stress and worry, and because the person may not have time or energy to follow their own interests and spend time with friends.
Physical health
Some types of caring can affect the carer’s physical health. This can be due to stress, injury from physical tasks such as transferring the person, and not having time to look after their own health.
Finances
Being a carer can mean having less money. This can be because the carer gives up work or cannot seek work because of their carer commitments. It can also be due to the cost of equipment, home modifications, and other things related to the care of the person.



**Relationships**

Caring can be a time-consuming and mentally exhausting job. It can have a significant impact on the carer's other relationships. A child with a sibling who has a significant disability can feel neglected or forgotten by a parent who is a carer. The carer can also sometimes feel resentful of their role as carer. This can lead to conflict, mistrust, and even abuse.

## Example

### The role of a carer

Cara is 17 years old and cares for her mother, Michelle. Michelle is a single mother with very few family supports. She has had bipolar disorder for many years, but her illness has become worse over the past few years. Cara gradually took on a caring role of her mother without thinking of herself as a carer. The role became more involved as Michelle became more unwell. When Michelle is in the manic stage of her illness, she is paranoid and aggressive to her daughter and to others. Cara tries to keep her mother at home to avoid her getting into a public scene. Last time this happened, Michelle was arrested for threatening a shop owner with a weapon.

Cara is trying to finish her schooling but even though she has always been good at school, she is not doing well in Year 12. After Michelle's recent hospitalisation, a social worker was the first professional to realise that Cara was her mother's full-time carer, and that she needed support.

Think about how you would have approached this situation.

## Practice Task 1

### Question 1

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Statistics about carers are unclear because carers do not usually make themselves known to authorities.	Yes / No
b. Approximately 11% of Australians are carers.	Yes / No
c. Carers are more likely to be in a better financial position than other people.	Yes / No
d. Carers are likely to be fit and healthy.	Yes / No



**Question 2**

Match each role in a care relationship to its definition/description.

Friends	Should be able to direct and plan their own care as much as possible. They have the right to speak to a GP, family member, service provider or police if they feel they are not being treated well.
Support worker	Should be included in discussions, decision-making and planning for the person's care. They also have the right to have a break from caring responsibilities where possible.
The person	Can offer social and recreation support and friendship.
Family members	This role is secondary to the primary carer and involves assisting with physical tasks, providing support, and reporting problems as they occur to workplace supervisors.

**Question 3**

Match each of the following statements as either a myth or a fact.

Carers can access government payment no matter who they are.	Myth
All carers choose to be a carer.	Fact
Some carers take advantage of the person they care for.	Fact
More women than men are carers.	Myth

# 1B

## Work in a manner that recognises and supports the carer's relationship and knowledge

**Carers and family members are an important source of knowledge about the person, and often one of the most important things in the person's life.**

The carer does not stop being a carer when the person enters a residential service. They are still an important person in the person's life and have the right to continue to care for the person in a way that is safe and that they both agree to.

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, parent and child, brother and sister and so on.

### Gather information about family relationships

When you are at the beginning of a support role, or when a person is new to a service or residential facility, it is helpful to find out about the person's key relationships and how they work.

Information about family relationships is often documented in the person's personal profile and individual plan.

Ask questions sensitively. The person might have experienced the death or illness of their carer, and entered care because of that. The person might not have contact with family members due to conflict. They might be embarrassed that they depend on a person who is not paid to care for them.

Do not make assumptions about family members. You might assume that an older couple in a gay relationship are just friends, and it can be insulting to the person's partner if you and other support workers treat them with less importance than you would any other spouse.

Assure the person that you are not prying. Do not ask for more information than you need. Respect their feelings and level of comfort when discussing issues.

The person you support may prefer that only certain members of their family are involved in planning their care. They may wish to make changes to who provides support, especially if they have not received paid care in the past.



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 can be documented in different ways.

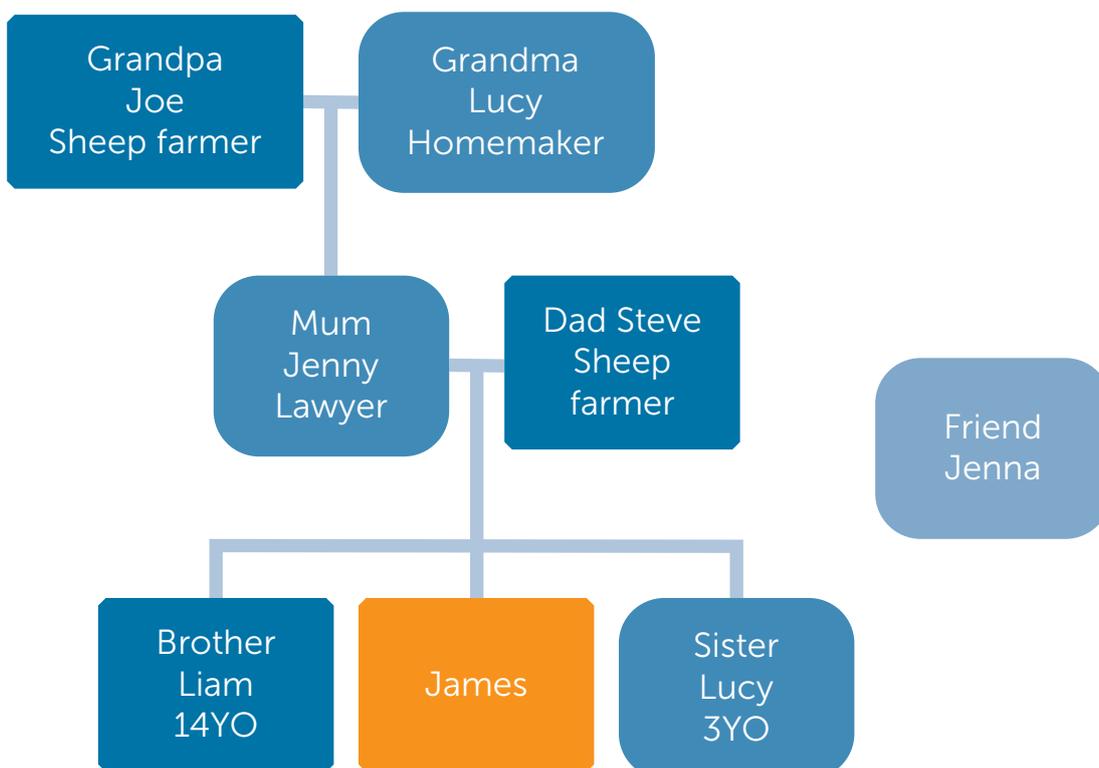
This information can sometimes be shown using a diagram called a genogram.

Genograms can be useful for many reasons. They can:

- help support workers to understand who is important to the person
- be a source of information for medical and allied health professionals to access if they want to speak to families
- help a person with an intellectual disability or dementia to remember who is who in their network
- help you to start conversations with the person about their family or social network.

Remember that a family is who the person says it is. A diagram of the person's social network does not have to be blood relatives. It may be useful to include photos of the people as well as text.

The following is an example of a genogram showing the relationships of a young client called James.





## Family patterns and their effect on the person

In Australia, families come in many different shapes and sizes, and often change over time.

Not all families fit within a conventional model of what you may think a family ‘looks’ like. Being aware of family relationships and dynamics means you can provide care in a way that is sensitive to the carer, and be alert to any potential problems or concerns.

Families are complex. It is unlikely that anyone else could understand the relationship that you have with your own individual family members, and how and why you react in certain ways during times of stress or conflict.

Some examples of family types and patterns include:

Single parent families
Generations of families living in the one house
Families from cultures where there are different expectations on roles of each family member, such as expectations of husband and wife or duty towards parents
Same-sex couples
Families that are spread across the country or across the world
Families that rarely see or speak to each other, but still care for each other
Families where there is estrangement or conflict
Families where there is co-dependency (you will read more about what this means shortly)
Families that see each other frequently and know everything about each other
Families that have lived through trauma, such as domestic violence or substance abuse
People who regard people who are not blood relatives as their family

## Meanings of family

First Nations peoples often use the term ‘family’ to mean ‘extended community’. They might call people they know and respect Uncle or Aunt, even if they are not blood. If you become a trusted member of a First Nations community, especially if you work in rural areas, you might be considered a member of the family. In many Indigenous cultures, extended family members can all come together to help make decisions for and about the person’s care. This must be respected.

Co-dependency between family members can be an especially complex pattern. Co-dependency means that both family members need each other for different things. Their needs can become intertwined and can make the care relationship complex and difficult.



## Example

### Co-dependent and complex care relationships

Lin is single and in his late 50s. Lin lives with his mother. He is one of three adult children, and his two siblings are both married with their own families. Lin has bipolar disorder and alcoholism. He has been unable to hold down a job for many years and receives a disability pension. If he did not have his mother's home to live in, he might well be homeless. He resents his situation, and so does his mother. She pays for all his food and other expenses, as she feels she has no choice. Lin's siblings also resent what they see as their brother getting a free ride through life. As Lin's mother has become older and more frail, she has needed him to help with her personal care needs, and other things like shopping.

Because both Lin and his mother need each other, and both feel that they owe each other, they do not seek or want outside help. When the siblings arrange for a support worker to visit once a week, they are both resentful of and grateful for the help. At times they see it as an intrusion, and at other times a much wanted break from each other. The support worker, Paul, often finds Lin and his mother arguing. Paul has no way of understanding their complex feelings of guilt, dependence and care, or the complexity of their needs. If Paul suspects neglect or abuse, he must report this to his supervisor. But otherwise he has the responsibility to work without judgment and to do his job sensitively and kindly.

How would you respond to a similar situation?

## Recognise the relationship between the carer and the person

Being respectful of the relationship means putting yourself outside of the family circle.

Some workers try to take over. This can make some carers resentful. Other carers feel unappreciated if the worker does not include them in discussions.

It is important to understand when complex family roles are not your business. You cannot come between spouses and family members to tell them they are doing the wrong thing in the same way that you should respond when you think another worker is doing the wrong thing. Unless it is abusive, how family members communicate is not your business.

- Avoid intruding on personal conversations between the person and their family members.
- Take a secondary role. Be there for support but remember that you are not a member of the person's family.
- Never judge the relationship between family members. It is not your business how often the family member visits, what they say or how they interact with the person, unless you suspect abuse.

## Example

### Respecting family relationships

Read the following example to learn about respecting family relationships when you provide care.

Louise is a support worker in an aged care facility. She loves her job and has a special relationship with a number of the residents. Betty is one of her favourites. Louise doesn't like Betty's daughter, Joan. She finds Joan bossy and cold. Betty does whatever her daughter tells her to do. Louise is always upset when Joan comes to visit, and sometimes deliberately stays in the room with them just to make sure that Joan doesn't boss her mother around. She sits with Betty and holds her hand while Joan spends time with her mother. This makes Joan uncomfortable, and she feels that she and her mother miss out on time together during the visits.

No matter what Louise thinks of Joan, her relationship with her mother is none of Louise's business. Louise has no way of understanding the complexity and history of the mother–daughter relationship. She is not respecting the importance of the relationship between mother and daughter.

## Recognise the carer's knowledge about the person

Most people feel a tie to their family that is like no other relationship.

Our family are our connection to our past, to our culture and to who we are. Family members often know more about the person than anyone else. They are likely to have known the person through their entire lives. This makes them a key source of information about the person's likes, dislikes, past history, hobbies and preferences than anyone else, especially if the person is unable to speak for themselves.



- Always respect the family member's knowledge of the person by asking questions when you cannot collect information from the person themselves.
- Include the family member in making decisions about the person, especially when the person cannot make these decisions themselves.
- Include the family in care planning meetings with the permission of the person being cared for.
- Let the family member know if you are concerned about something.

## Example

### Recognising the carer's knowledge

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.

Consider ways you might introduce additional knowledge to improve your capacity to provide care.

## Support the care relationship

By knowing how to support the person with care needs, you can assist the family carers in the work they do, and most importantly, be another source of support for the older person or person with a disability.

It is important to be sensitive in your role and ask about what you can do to be supportive.



Here are some ways that you can support family members.

- Get to know the family member and gain their trust. When they like you and trust you, they are more likely to accept help.
- Provide the care that is included on the care plan, but allow and encourage the carer to do this themselves, or to even take over, if they and the person would prefer and if it is safe. If the task is unsafe for the carer or client, gently remind the carer that you are there to help them with the physical tasks. It can be useful to let them know that they are not helping themselves or the client if they injure themselves.
- Ask questions and listen to what the family member tells you. Let them retain some control over the support that is given. Do things the carer's way, unless it is unsafe or against policy, or unless the client wants something else.
- Be aware of signs of stress in the carer or the care relationship. If the carer is not coping, or is struggling with feelings of resentment, tiredness or depression, the carer is more at risk of injuring themselves. There can also be a greater chance of neglect and abuse to the client. Report any concerns you have to your supervisor.
- Be kind and understanding of the carer. Let them talk about how they feel but do not be intrusive.

## Supporting the relationship bond

A healthy relationship between the carer and client is important for the care team and for their emotional and physical health.

It can also be embarrassing and emotionally difficult for a family member or friend to perform complex and intrusive personal care such as managing incontinence or helping the person to toilet and shower. These intimate but personal tasks can change the relationship between spouses from romantic and loving to practical and dependent. When a parent or sibling has to perform these tasks for an adult child or sibling, this relationship can be unnatural and difficult for both. Some adults with disabilities might need support to meet their sexual needs, and this is something that some family carers struggle with managing for them.

While these problems are not your responsibility to manage, there are some things that you can do to help support the carer and client or resident to keep a healthy relationship.

- How to help support a healthy relationship**
- Offer to take over roles that are more intimate or embarrassing for the relationship, such as changing incontinence pads, while the carer does other tasks such as helping the person to dress.
- Give privacy and respect when they are talking.
- Encourage the carer to pursue their own interests, if possible, and to take a break from full-time caring.



### How to help support a healthy relationship

If the person lives in a residential facility, encourage family and friends to visit often. Never make them feel they are in the way or visiting at an inconvenient time.

Manage your workload around visits from family and friends or around the carer's needs if possible.

## Understand the pathway into care

A pathway into care means the route that the person took before receiving paid care supports, or before entering residential care.

The pathway can have an impact on the way the care relationship works and continues. This can be important to understand for many reasons.

### When the person enters full-time residential care

The family member might feel a mixture of guilt and relief if they no longer care for the person, or no longer care for them full-time, such as when they enter residential services. Guilt can sometimes make people seem demanding, controlling or angry. When you remember this, it is easier not to take these reactions personally.

The family member might grieve for the person who they lived with until recently. They might feel concerned, anxious, depressed or teary. This will require you to be sensitive, kind and supportive. Encourage the person to visit whenever they want, and to continue the good parts of the relationship as much as possible.

### When the family member begins to receive paid help in the home

The family member or carer might suddenly feel at a loss with time on their hands and uncertainty of how to use it. They might visit constantly or try to continue the full-time care with the home care workers. You can help by making the person feel acknowledged for their contribution, and worthy of taking a break or pursuing their own interests as well.

## Practice Task 2

### Question 1

Which of the following should you apply when asking questions about the person's family? Tick all that apply.

- It's better to make assumptions rather than asking questions in case you upset the person.
- You should only ask for the information you need.
- You should remind the person that family only means blood relatives.
- Avoid making judgments about the person's relationships.



Read the case study and answer the questions that follow.

## Case study

Kiara is a support worker who visits an older man, Lucien, in his home to help him to shower every second day. Lucien's wife, Paula, tells Lucien what to do. "Lucien, you must wear these clothes today," she says. "Lucien, I don't like your radio station. I want to listen to mine." Lucien just nods at these directions. They have been married for 50 years, and this is the way it has always been. Kiara thinks it's important that Lucien be given opportunities to make decisions and speak up for himself. She is outraged at Paula's constant directions to her husband.

### Question 2

Which of the following statements are correct? Tick the correct response.

- Kiara would be right to stand up for her client in this case. She should tell Paula not to order Lucien around.
- This is none of Kiara's business. She should say nothing.
- Kiara should report this to her supervisor.
- Kiara should call the aged care abuse hotline.

### Question 3

Now that they are receiving paid help in the home, what impact might Kiara's presence have on Paula?

# 1C

## Recognise the knowledge and skills of the carer

**When a carer has skills to support the person they provide care for, these can complement your own skills and knowledge.**

Good care planning will ensure that support is provided to the person with care needs and the 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.

You can find out about the carers' skills and knowledge in several ways.

### Referring to the assessment and care plan

The care plan will often contain information about what tasks the family member or carers can do. It might also direct you to ask the carer to give help and information about the person if you are unsure of something.

### Asking them

Some carers might feel that they are intruding on your work if they offer to use their skills or knowledge to help you. Ask and encourage them to help where they would like to, and where the person would like them involved.

### Observing them

If you have concerns about the health and safety of tasks that the carer is performing, you can make observations and report these to your supervisor. For example, you can watch how the carer uses their back and shoulders to transfer the person. You might observe signs that an older carer is forgetting or overlooking certain important tasks.

## Using the carers' skills and knowledge to complement your own

**The carer and support worker roles can complement each other when you recognise and make use of each other's skills.**

Part of your role can include supporting the carer to learn new skills, as well as learning from them. Sometimes a carer may not have the skills or knowledge to perform a task. For example, the carer might not know how to:

- use transferring equipment
- use a safe posture when transferring or moving the person
- recognise when the person needs medical help
- perform technical skills such as using a blood sugar machine.



You might be given one of two roles to support this. You might be asked to help teach the skill to the carer. Or you might be required to take over or supplement this task so that it is done safely.

On the other hand, there are some tasks that you are not permitted to do, but that carers can do without the same legal requirements that you have. These can include:

- some medical procedures such as inserting a catheter
- giving medication
- performing a wound dressing
- helping with physio exercises.

Carers often receive specific training in these tasks. When the carer can do tasks that you cannot, or that you are not permitted or qualified to do, your roles can complement each other.

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 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. Report these concerns to your supervisor. You might also offer suggestions or answer questions about better and safer work practices, such as showing a carer how to avoid twisting their spine during a transfer.

## Strengths-based approaches

A strengths-based approach uses the skills that a person already has and builds on them.

This approach can be used for clients and carers. When you use a strengths-based approach with a carer, you make use of both the client's and carer's strengths, and work together around them.

### Example Identifying strengths

Francine supports Ahn, a young adult with cerebral palsy. Ahn's speech is difficult to understand, and this is complicated by the fact that he has an accent as well as cerebral palsy. Francine is finding it challenging to communicate with him. Ahn dislikes having to use a word board or other type of assistive device to communicate.



He is frustrated by Francine when she misunderstands him. Francine doesn't want to have to keep asking him to repeat what he is saying. Ahn's mother, Jin, understands every word he says.

Together they decide to work on the strengths of each team member to solve the problem. Ahn is good with technology. Ahn's mother understands his speech. Francine learnt about communication dictionaries in a recent course she took at work. Using a strengths-based approach, here is how they solved the problem:

Francine talks to them both about the option of creating a communication dictionary using their smartphones. Ahn gets to work looking for an app into which they can input his speech. Jin starts writing down the meaning of certain sounds that Ahn makes, so that they can input these sounds into the app, along with their meaning.

Now Francine uses the app on her smartphone to quickly translate Ahn's sounds into words that she can understand. She is beginning to learn his language, and when she doesn't understand, she simply looks at the app for a translation.

Reflect on how you might identify the strengths of those you provide support for.

## Help carers develop their skills and knowledge

**You can help carers to make use of supports in the community by suggesting where they can get help to learn new things.**

Many support organisations, such as Dementia Australia, offer free training sessions for carers in areas such as:

- performing personal care or manual handling tasks
- supporting a person with dementia
- looking after their own health
- understanding more about the person's medical condition or disability.

Other services, such as the Australian government's Carer Gateway Network, can provide information and advice on particular problems such as managing behaviours of concern.

For more information on supports available for carers, visit:  
[aspirelr.link/carer-gateway-support](https://aspirelr.link/carer-gateway-support)

## Example

### Complementing the knowledge and skills of the carer

Fiona is a support worker for Bill, a 56-year-old man with multiple sclerosis. Bill uses a wheelchair and has a urinary catheter attached to a bag. He takes a number of different tablets and one injection every day. 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 supports Bill with some of his needs. 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 out for a coffee in his wheelchair. Maria is back by the time Bill requires his next dose of medication.

Reflect on the reasons for support being complementary to a carer's needs as well as the person you support.

## Practice Task 3

### Question 1

Which of the following methods can you use to find out about a carer's skills and knowledge? Tick all that apply.

- Ask the person's friends and family about the primary carer's skill levels.
- Observe the carer providing support.
- Refer to the person's care plan, which often contains information about what tasks the family member or carers can do.
- Ask and encourage carers to help provide support to the person where they would like to.
- Video record the carer providing care when in their home or when visiting the person in residential care.

**Question 2**

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Carers can do some tasks that support workers are not legally allowed to do.	Yes / No
b. Support workers are more qualified than carers, so they will do more complex tasks.	Yes / No
c. Support workers are not qualified to teach skills to carers.	Yes / No
d. A strengths-based approach is a way to focus on the knowledge and skills that the carer already has.	Yes / No

# 1D

## Involve carers and families in the design and delivery of support

**When planning care and support for an older person or a person with a disability, a team of workers and professionals can contribute. This is called a multi-disciplinary approach.**

A multi-disciplinary approach is useful because it can draw on the skills and knowledge of many different professional areas. This team should have the client or resident at the centre. If the person agrees, their family or friends should be included as well.

### 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.

When the person themselves cannot communicate information, a carer will often have detailed knowledge of:

- the person's history and experiences, such as the things they enjoy
- the work they did if they worked in the past
- their everyday care needs and preferences, such as when and how they like to shower
- triggers and strategies to manage behaviours of concern
- how the person communicates and what different behaviours might mean
- cultural needs such as diet and traditions
- the person's preferences for social activities such as whether they are shy or outgoing.

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

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



When the support will be given in the person's own home, the carer or family member can contribute information about their own abilities and knowledge, so that care can be planned to supplement these skills rather than replace them.

## Involve families in support services

Family can be involved in many parts of the person's life, even if they are in residential care. Involvement in care and activities should be encouraged and supported as much as possible.

### Ways the family can be involved in residential services

- They can be encouraged to visit regularly and take part in activities.
- They can be supported to take the person out as often as they would like, to places in the community, to groups and activities that they have always enjoyed, to visit friends or to attend cultural or religious activities.
- They might provide food and treats that the person loves, such as home baking.
- They can help the person to decorate their room with the furnishings and colours that they like.
- They might like to assist their family member at mealtimes or with personal care tasks.
- They should be encouraged to be part of life in the facility, such as being involved in lifestyle activities and helping to choose them.
- They might help the person to continue the interests that they had before, such as bringing in the family dog for the person to spend time with, helping support hobbies and interests, and keeping up hair and makeup routines.
- They can take part in committee, resident and family meetings.
- They should be encouraged and supported to make suggestions, contribute to decisions that affect the service, such as changes to decor and meals, and make complaints.

## Example

### Involving families

Eleni is an older Greek lady who is about to enter residential aged care. She is in the early stages of dementia and has been cared for at home until now by her two daughters, who live close by, with the help of neighbours.



Eleni and her daughters arrive at the facility feeling emotional and upset. Eleni is uncertain of where she is and is upset by how unfamiliar everything is. She does not speak a lot of English. Georgia, the support worker, welcomes them all warmly. She talks directly to Eleni and allows the daughters to translate for her. She encourages the daughters to stay with Eleni for the day, or for as long as they would like, and help her to settle in.

When they have had some time to unpack, Georgia talks to Eleni about how they can decorate the room with Eleni’s belongings in any way that they would like. The daughters mention that Eleni has always loved gardening and that she will miss her plants most of all. Georgia helps them to come up with some ideas about how Eleni can continue with this hobby. Together they decide to bring in some of Eleni’s favourite plants and keep them on her windowsill with drip trays underneath.

They take a walk out to the garden, and Georgia shows them where the vegetable garden is. She tells them that the residents who are interested in gardening help to look after this area. Georgia suggests that this could be a great activity to help their mother to get involved in.

Consider how you might involve families in your own care, and think about the benefits this might promote.

## Practice Task 4

### Question 1

Match each of the scenarios to the best way for you to respond.

The client states that they do not want the carer present at a care planning meeting.	This is the carer’s choice and you must respect it.
The care plan asks you to use a hoist to transfer the client, but the carer wants you to help him transfer the client without the hoist instead to save time.	This is the carer’s choice and you must respect it.
The carer wants to make a complaint about the care the person has been receiving from your service.	This is not the carer’s choice.
The carer doesn’t visit their family member very often after the person enters aged care.	This is not the carer’s choice.



**Question 2**

Which of the following statements relate to good care planning? Tick all that apply.

- The care plan should be built around the client’s needs and preferences.
- Tasks in the care plan should be built around family relationships and activities with family where possible.
- Tasks in the care plan should be built around the needs of the worker first.
- Care plans are directions for the person’s care, and don’t include information about family members.

**Question 3**

Which of the following statements are correct? Select ‘Yes’ or ‘No’ for each one.

a. When a person enters aged care, the family must abide by visiting hours to ensure that staff routines can be completed.	Yes / No
b. Family members should be encouraged to take an aged care resident out of the facility whenever they and the resident would like.	Yes / No
c. Family members cannot continue to provide personal care in an aged care facility because this is the support worker’s role.	Yes / No
d. Family members can help to suggest activities run by occupational therapists in the facility.	Yes / No

# 1 E

## Assist carers and family to determine assistive technologies

### Assistive technologies

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

**When carers use the right equipment and technologies, they are less likely to be injured, and are more likely to be able to provide care in the home for longer.**

Sometimes you may be able to recommend technology, such as useful apps, to the family. Digital technology is increasingly finding new ways to help people with disabilities to help overcome communication barriers and increase their independence.

For examples of current tech innovations that support people with disabilities to work from home, visit: [aspirelr.link/we-forum-tech-innovations](https://aspirelr.link/we-forum-tech-innovations)

You might also suggest other physical aids and technologies that you know about that could help the person, such as hip protectors or hearing devices.

There are specialists and services that can also help provide professional help and advice in accessing aids and equipment. These include:

- occupational therapists, who can help the person choose the right technology
- assistive technology advisors available through the NDIS or My Aged Care
- Independent Living Centres throughout Australia, where the person can trial the aids
- private medical suppliers and equipment suppliers, in stores or online
- services like Dementia Australia or Arthritis Australia, who can give advice and sell equipment and technology.

Some aids are simple and inexpensive, while others are complex and expensive. Funding for assistive technologies and home modifications can be available through the NDIS or through state or territory funding programs. However, not all people qualify for funding, and not all types of technology are covered by these programs.

### Types of assistive technology

Aids and technology that help the person to care for themselves can take physical and emotional pressure off the carer. They also provide the person with a sense of self-determination or control over their own personal care needs.

People who are able to use computers and other devices independently can find it easier to find employment. This digital access can also help people to learn and study in formal and informal settings.



Independent Living Centres can provide advice, support, trials, rental and sales of equipment designed to help the person live independently.

Here are some examples.

<p><b>Help to perform everyday tasks independently</b></p>	<p><b>Adaptive aids</b></p> <ul style="list-style-type: none"> <li>• These are particularly useful for people with conditions such as arthritis, cerebral palsy and other conditions that affect fine motor skills or hand strength.</li> <li>• Long-handled reachers can help the person to pick up items from the floor without bending.</li> <li>• Toilet reachers can help the person wipe themselves after using the toilet, even if they can't reach themselves. The paper is loaded onto the holder, and the long curved handle allows the person to wipe and release the paper into the toilet.</li> <li>• Adapted handles on cutlery, hairbrushes, taps and other household appliances can help the person to hold items or turn knobs that would be difficult otherwise.</li> <li>• Kettle tippers tip the kettle without picking it up.</li> <li>• Adaptive clothing includes shoes with Velcro rather than laces.</li> <li>• Plate guards and sipper cups minimise accidents.</li> </ul>
<p><b>Help to use computers, phones and electrical equipment</b></p>	<p><b>Adaptable switches and buttons</b></p> <ul style="list-style-type: none"> <li>• Large switches can be easily installed onto everyday electrical items such as lamps, computers and televisions to help a person with a vision impairment or reduced fine motor skills turn on the power more easily.</li> <li>• Mobile phones can be purchased with large buttons that can be seen and handled easily.</li> <li>• Computer equipment can be upgraded with head wands that can be used by the person moving only their head to press keys, or adaptable key strokes that allow the person to type with one hand.</li> </ul>
	<p><b>Remote and voice controls</b></p> <ul style="list-style-type: none"> <li>• Many electrical items can be controlled by hand-held or voice-controlled remote devices. Examples include televisions and radios, robot vacuums, light switches and power switches.</li> </ul>
	<p><b>Timers</b></p> <ul style="list-style-type: none"> <li>• Timers can be used to control equipment that is turned on or off at the same time each day, such as lights and televisions.</li> </ul>



<b>Help to use computers, phones and electrical equipment</b> (cont.)	<b>Voice-activated digital technology</b> <ul style="list-style-type: none"><li>• Nearly all digital devices can be used and controlled by voice commands and speech interaction.</li><li>• Home digital hubs can be voice activated to turn on devices, create a shopping list, phone or text people, read the news or set a reminder.</li><li>• Mobile phones and tablets have voice applications that help navigate and use the device, as well as read books, play audio and create lists and word documents.</li></ul>
	<b>Interactive digital text and images</b> <ul style="list-style-type: none"><li>• Phones, tablets and computers often come with features that allow the person to increase the size of text, or screen readers that read text aloud, or describe pictures using alt-text technology. These can be useful for people with vision impairments.</li></ul>

## Aids and technology to support communication

Communication technology can help the carer to communicate better with the person they care for, with better outcomes and less frustration for both.

Communication difficulties can be the result of:

- hearing impairments, where the person can have trouble hearing and understanding speech, radio or television or cinema audio
- vision impairments, where the person might have difficulty reading and communicating through writing
- speech disabilities, such as when the person has trouble being understood after a stroke or because of a condition like motor neurone disease or cerebral palsy
- intellectual or cognitive disabilities, where the person might have trouble understanding the spoken or written word
- language differences.

Technology is creating new ways for people with hearing, vision, speech and other communication disabilities to communicate. Many of these are also used to support learning in schools, universities or the home, as well as in workplaces.

There are several funded services across Australia that can assist in creating and recommending communication technologies, such as Hearing Australia, Vision Australia, and Scope Communication Resource Centre.



Communication technologies for people with hearing impairments	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Teletext phones</li> <li>• Hearing loops</li> <li>• Subtitles on television</li> <li>• Smoke alarms that vibrate and flash lights</li> </ul>
Communication technologies for people with speech impairments	<ul style="list-style-type: none"> <li>• Speech output devices such as lightwriters</li> <li>• Apps for computers, tablets and phones that convert speech to text</li> <li>• Apps like <i>Speak It</i>, with artificial intelligence that can slowly learn and interpret the patterns of a person's unintelligible speech</li> </ul>
Communication technologies for people with intellectual or cognitive disabilities	<ul style="list-style-type: none"> <li>• Aids like Dynavox, a program that uses pictures to help the person communicate</li> <li>• Compic, a universal 'language' of simple pictures that can be used in books, labels, community request cards and many other formats</li> </ul>
Communication technologies for people with language differences	<ul style="list-style-type: none"> <li>• Translation apps, readily available on phone or tablet, that translate and speak single words or entire sentences between two languages</li> </ul>
Communication technologies for people with vision impairments	<ul style="list-style-type: none"> <li>• Screen readers and text-to-speech software that help a person with a vision impairment take part in social media and other text-based communication</li> </ul>

## Aids and technology to help the carer to provide care

Helping the person to move and transfer between chairs, beds, wheelchairs and cars is one of the riskiest tasks for the carer. Technology to make this task safer and easier can help the carer to continue in their role for longer, and can reduce the physical load for them.

Technologies such as monitoring systems can help the carer feel able to leave the home for even a short time.



### Technology to help the carer and the client with transfers and mobility

- Manual handling equipment such as ceiling hoists, mobile hoists or standing machines
- Four-wheel walkers and other walking aids
- Adjustable beds and chairs, including chairs that help the person into a standing position
- Electric wheelchairs or scooters with powered controllers
- Shower chairs
- Slide boards and swivel boards
- Mayfield belts
- Home modifications such as ramps and rails
- All-abilities playgrounds for children who have physical disabilities

### Technology to reduce pressure injuries

- Gel, eggshell foam and sheepskin cushions and rugs
- Electronic mattress overlays that send waves of air or movement through the mattress
- Timers and alarms to alert carers to perform pressure care
- Pressure-relieving electric beds and chairs

### Technology to support continence and hygiene

- Continence aids including pads and pants
- Toilet-seat raisers
- Digital nodes that can be used with continence aids to alert the carer when they become wet
- Machines that exercise the pelvic floor muscles to help bladder control

### Safety and security

- Hip protectors
- Sensor lights
- Personal alert systems that the person can wear to call for help
- Monitoring systems that run through call centres
- Home cameras that are monitored by a relative in another place
- Stove-top locks to stop a person with dementia from using the stove
- Car battery immobilisers to prevent a person with dementia using the car
- Vinyl door murals to disguise exits



### Technology to help and support the carer

- The Dementia Friendly Home app, to help the carer design a safe environment
- Online communities and social media platforms to meet other carers and find information
- Apps to help the carer to remember to administer and keep track of medications
- Sensors that alert the carer to movement and other conditions
  - a temperature plug changes colour to bright pink if the water is too hot
  - gas shut-off devices detect gas, shut off the supply and raise an alarm
  - fall detectors worn on the person's wrists can sense the person falling
  - movement sensors alert the carer if the person is standing or walking so that they can assist
  - pressure-mat sensors by the bed or door activate an alarm when a person stands on the mat
  - GPS trackers help find a person who has wandered away

## Aids and technology to support people with dementia and their carers

People with dementia can create physical and emotional challenges for the carer. There are many exciting technologies being developed to help people with dementia to be independent; to trigger memory; and to keep them safer and help them to be engaged and fulfilled. Technologies that help the person to reminisce, or to be occupied and entertained, help take some pressure from the carer and can reduce the emotional stress of the person's confusion and distress.

### Technology to support reminiscence

- Digital picture frames, talking photo albums and photos on USB
- Music-streaming and movie-streaming apps that let the carer create a playlist that suits the person's own reminiscences
- Apps that can help users to create a book about the person's life
- Therapeutic interactive dolls and pets
- Portable Light Box for reminiscence
- Sensory blankets, cushions, aprons
- Photo transfer technology such as a blanket printed with family faces



Memory aids
<ul style="list-style-type: none"><li>• Automatic medication dispensers</li><li>• GPS item finders to help locate items like keys</li><li>• Speaking clocks and calendars</li><li>• Coloured toilet seats</li><li>• Signs and labels</li><li>• Motion-activated place and time reminders give a personalised recorded message when they sense movement at a certain place or time, such as in the middle of the night.</li></ul>
Technology to entertain and encourage intellectual stimulation
<ul style="list-style-type: none"><li>• Brain games and puzzles, online or in apps</li><li>• Virtual reality games, such as Wii, or dementia-specific virtual reality worlds such as The Enchanted Forest</li><li>• Drawing and colouring apps</li><li>• Programs such as Skype and social media to increase contact with others</li></ul>

## Confirm understanding of the use of assistive technologies

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

Some families might also need help to understand the features and use of equipment, such as hoists or specialised beds. You can help by:

- helping them to understand instructions, especially if the family or client speak limited English
- showing them how to use the equipment
- letting them know about professionals who can help, such as occupational therapists
- reporting to your supervisor that the family needs help to learn how to access or use equipment.



## Example

### Assisting carers with assistive technology

Read the following example to learn about using assistive technology in the workplace.

Deepal is a home and community support worker who visits a client called John, who has dementia. John's wife Val cares for him and he is becoming increasingly dependent on her for his needs. Val is much smaller than John and she is finding it more and more difficult to provide personal care.

Deepal researches some assistive technology on the Dementia Australia website. He finds out that there may be some state funding available to help Val to access equipment such as a multi-lift chair and a bed with controls that helps John to sit up.

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

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

## Practice Task 5

### Question 1

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

Translation apps on a phone or tablet	Mobility
Standing machines	Mobility
Motion activated place and time reminders	Communication
Signs and labels	Communication
Alarm mats	Memory aid
Speech output devices	Memory aid



**Question 2**

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

- Occupational therapists
- Movie streaming services
- Dementia Australia
- Independent Living Centres

**Question 3**

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. Assistive technology can be funded through NDIS.	Yes / No
b. There is no funding for assistive technology unless the person lives in residential services.	Yes / No
c. Everyone can access funding for assistive technology.	Yes / No
d. Assistive technology designed to help use a computer can only be funded if the person needs it for education or employment.	Yes / No

**Question 4**

Match the assistive technology to its definition/description.

Sensors that detect moisture
Automatic light sensors
Adapted handles
Gel pads

Helps a person with a vision impairment to see better at night
Used on a chair or bed to relieve pressure
Alerts the carer that the person has passed urine
Helps a person with arthritis to eat independently

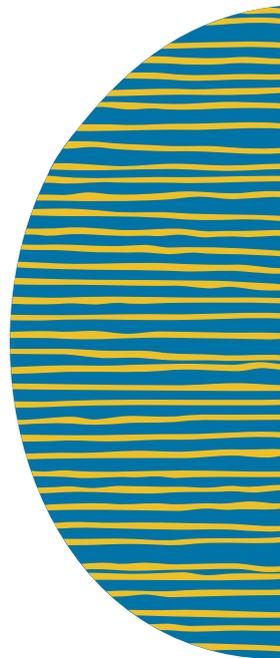
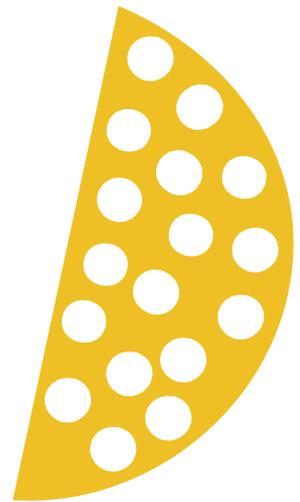
**Question 5**

List three assistive technologies that can be used to support the activities of the person, their family and their carer.



## Summary

- Family members and carers contribute in a major way to the Australian economy and to our community.
- It is important for support workers to acknowledge the important role that carers play, and to consider the context of the care they provide in order to maintain and support existing relationships.
- By working together with carers, support workers can help build carers' own skills and knowledge, and ensure the needs of the client are met safely and appropriately.
- The knowledge and skills of the carer can complement the role of the support worker.
- Carers should be active participants in the planning process, as they are able to contribute important information and support.
- There are many types of assistive technologies available to help with the person's and carer's range of needs.
- Support workers can assist carers and family to access and learn to use assistive technologies that can help the person and the carer.





# Learning Checkpoint 1

## Include carers and family members as part of the support team

### Part A

1. Which of the following statements relate to the role of carer? Tick all that apply.

- Primary carers are usually the person’s spouse, child or parent.
- Primary carers are predominantly male family members.
- One in five carers also have a disability.
- Providing care can take a physical and mental toll on the carer.
- Many carers take on this role because they feel a sense of duty to the person or because of cultural expectations.

2. Identify one example of each of the following:

- a negative attitude commonly experienced by carers
- a common myth or false belief about carers
- a stereotype about carers.

3. Which of the following statements are correct? Select ‘Yes’ or ‘No’ for each one.

a. Support workers have a right to a safe place of work unless they work in the person’s own home.	Yes / No
b. The person who requires support has the right to participate in planning and decision-making processes where possible.	Yes / No
c. Family members must make sure the client agrees before they make a complaint about a service.	Yes / No
d. Friends have the right to be able to visit the client whenever the client wants them to, even if they get in your way.	Yes / No



4. Which of the following statements relate to how you can include the carer and family in the design and delivery of a care plan? Tick all that apply.

- Listen in to as many conversations as possible between the carer and the client so that you can include that information in the care plan.
- Let the family member know when they are overstepping their role in contributing to the plan.
- Ask the family member to be present in the care plan meeting, as long as the client would like them there.
- Include information about the skills and knowledge of the carer so that their care is planned to complement the support worker's job role.

5. Give an example of an assistive technology that helps the person to be more independent in eating and drinking.

6. Give an example of an aid or technology that helps the carer to manage incontinence.

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

Computer screen readers
Electronic air mattresses
Interactive pets
Vibrating smoke alarm
Large switches to turn on an electronic toy

People with dementia
People with a hearing impairment
People who cannot turn themselves in bed
People who have vision impairments
Children with physical disabilities who have trouble with fine motor skills

## Part B

### Video: Jane's Story

Watch the video 'Jane's Story' from the Disability Services Commissioner: [aspirelr.link/janes-story](https://aspirelr.link/janes-story)



After you have watched the video, answer the questions that follow. A synopsis of the video has been provided below.

### Case study

Nick is a 23 year old who has cerebral palsy, epilepsy and an intellectual disability. Growing up, his mother, Jane, struggled with being his primary carer. She would see that her son wasn't developing at the same rate as other children and began to question whether it was because of things she was doing. These feelings of inadequacy then led to avoidance. She didn't want to be around other parents whose children were developmentally on track.

As Nick grew into a young man, he wanted to be more independent. Jane struggled with this idea as Nick wasn't able to attend to his personal care needs like other young men. For example, Nick needed support to use the toilet, shower, brush his teeth and cut his nails. Jane's hesitation led to Nick becoming increasingly angry and frustrated with Jane. His behaviour turned aggressive as time went on and he wasn't able to live with the kind of independence he wanted.

This led Jane to make the tough decision to put Nick's name down for accommodation. This decision caused Jane to feel like she was letting him down and abandoning her responsibilities.

After a steady transition period, Nick moved into care and his relationship with Jane improved immediately. He was no longer angry or frustrated with her, which made Jane realise it was the right decision.

However, during his first year living away from home, Nick began displaying very challenging behaviour. Jane also struggled as she saw her very social, very happy son become increasingly frustrated and isolated. Due to numerous staff changes at his care home, no one really took the time to understand Nick or how to communicate with him. When Jane tried to give advice, they saw her as meddling in their practices. They didn't respect her knowledge of Nick and that she had a very detailed understanding of what he could do and what he found challenging.



They thought she was overestimating his communication abilities and ‘making it up’ when she said they could communicate with each other. After all, Jane had 23 years of experience learning to recognise and interpret Nick’s facial expressions, verbal forms of communication and body language.

When Michelle, a new manager, came on board, things began to improve. Michelle took the time to speak to Jane, and to get to know her story and Nick’s. Michelle listened and began to see that Nick was more than just the challenging behaviour he displayed. The workers at the care home also got on board and began seeing him for the social and happy person he was. Michelle encouraged Jane to develop communication tools in conjunction with the staff to support Nick’s communication. They also worked together on Nick’s support plan.

1. At what point did Jane begin to feel that Nick needed to live a more independent life away from the family home?

2. What feelings did Jane have when he moved through the pathway into more independent support away from home?



**3.** What did Jane know and understand about Nick that the support workers in the house didn't?

**4.** The staff chose not to respect Jane's knowledge of her son. What effect did this have on both Jane and Nick?

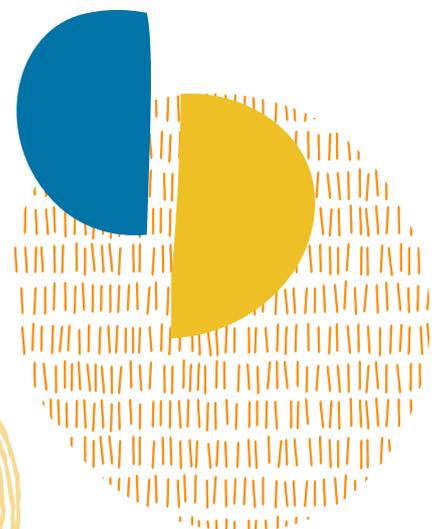
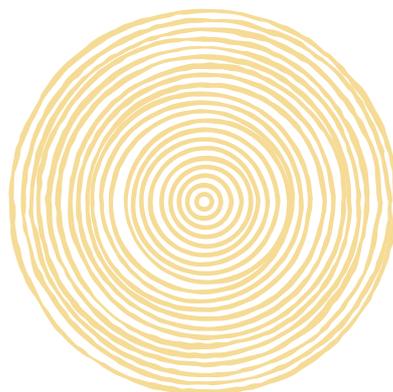
**5.** How did Michelle use Jane's skills and knowledge in a way that the other support workers didn't?

**6.** What examples of a strengths-based approach did Michelle use?



## Topic 2: Assess and respond to changes in the care relationship

- 2A Assess potential risks when there are changes to the care relationship
- 2B Use strategies to address risk
- 2C Support the family to maximise the positive aspects of change
- 2D Provide support to maintain ongoing care and involvement



# 2A

## Assess potential risks when there are changes to the care relationship

**Care relationships can change over time. Some changes can put the carer and the person at increased risk of harm, injury or abuse.**

Change can occur for many different reasons, including:

- moving to a new life stage
- changes in family circumstances
- increased support needs
- changes in the ability of the carer to continue to provide care.

In some situations, the carer might require additional support, such as from personal care workers. You may need to take action or seek advice about how to provide support to help the care relationship. In some circumstances, the carer might need to consider other care arrangements, such as residential aged care.

### Life cycle transitions

A life cycle transition happens when a person moves into the next stage of life.

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 difficulty or a breakdown in current caring arrangements, or when a primary carer elects to make a change. As part of this process, situations and arrangements may need to be altered to ensure continued and appropriate support for the person receiving services.

Life transitions do not just happen to the person being cared for. They also happen to the carer and to the rest of the family. This is important to understand, because you may need to support a carer to help them plan for change, or to help recognise when the carer or the person you support is struggling with a change.

Here are some examples of common transitions:

- beginning mainstream school after attending an early intervention program
- moving out of a family home and into a group home or independent living arrangement
- leaving school and entering employment
- the carer experiencing problems with their own health



- moving into a residential facility such as an aged care setting
- retirement
- leaving hospital after an extended illness or treatment period to begin living in the community.

Not all of these transitions happen to all families. However, they can be important turning points for changes in the care relationship.

## Potential risks with changes to the care relationship

**Times of change can mean that there are new risks for both the family and the person they care for.**

They are often times when risks of emotional or physical harm are at their highest. When you support a family in a stage of transition, it is important that you remain aware of potential risks that may result from the change.

### Risk of physical injury

When a carer is undergoing a life transition such as illness or ageing, they might find it difficult to let go of their care role.

When the carer is ageing or has a new health condition, they are at high risk of causing physical harm to themselves and/or to the person they care for.

They might continue to provide physical care because:

- they feel there is no other option
- they do not want to ask for help
- they do not realise that they are no longer capable of caring.

Injuries can include falls or strains to the carer or the client while they are performing personal care or helping the person to transfer.

### Risk of neglect

Neglect happens when a vulnerable person is not getting their basic needs met by the people who take responsibility for them.

When a carer is not able to care for themselves due to ageing, disability or changes to their mental health, the person they care for might also be neglected. If the carer is going through a significant life transition that causes them stress, depression or bad health, they might lose the ability to focus on the needs of the person they care for. If the transition also involves loss of income, such as retirement or unemployment, this can increase the risk of neglect.



Common examples of this might include:

- the person might be left in the same position in their bed or chair for long periods, leading to pressure sores
- the person might be incontinent and not have their skin or toileting routine attended to
- the person might not be getting enough to eat, or might be cold or lonely.

## Risk of abuse

Some changes to the care relationship can put the person being cared for at greater risk of abuse.

Carers who are experiencing physical or mental health conditions are more likely to become stressed, angry and frustrated by their care role. Some carers are suddenly faced with increased responsibilities that mean they need to spend more time caring. For example, if an older parent who has been caring for their spouse with dementia becomes unwell and can no longer help, an adult child might need to step in and provide that care. This sudden change in the new carer's lifestyle might make them resentful, exhausted and angry. These are known risk factors for physical or emotional abuse.

## Risk of psychological harm

When carers are in a negative head space, they are less able to attend to the emotional and mental health needs of those they care for.

If a family member is not coping, or if they are having physical or mental health problems of their own, they are less likely to be able to give the person they care for a happy, balanced life, with opportunities to socialise or to follow their hobbies and interests.

This can have a psychological impact on the person receiving care.

- The person can become lonely if they are isolated from others.
- The person can become depressed if they have nothing to look forward to, or if they cannot pursue their own interests and hobbies.
- The person can be fearful or anxious if they are being emotionally or physically abused.

### Video: Elder abuse

For information on elder abuse, listen to this video from the Australian Attorney-General's Department at this link:

[aspirelr.link/older-australians-rights](https://aspirelr.link/older-australians-rights)

Make a list of the different types of abuse described in the video.





## Assessing risk of harm

You might be in a unique position to recognise and report signs of risk in the care relationship. This is because support workers are often the only people who see the family up close in times of stress and change.

Here are some risk factors and signs that might tell you that there is a risk of harm, abuse or neglect.

### Risk factors

- A family that is socially isolated from other people
- No close support from extended family
- Families that live a long way from supports, such as in rural or remote areas
- Family members exposed to domestic violence or with a history of domestic violence
- A carer who seems emotionally detached from the person they care for
- A carer who has unrealistic expectations of the person or child
- Recent partner separation or relationship breakdown
- History of previous harm to the person
- The person being cared for being verbally or physically aggressive to the carer
- Significant behaviours of concern in the person being cared for
- A carer with mental health problems or substance abuse problems

### Signs to look for and report

- A carer who is highly critical of themselves
- A carer who says they can no longer cope
- Changes in the client's or carer's behaviour or mood, such as crying, aggressiveness or withdrawal
- Failure to provide basic needs such as food, clothing or medical attention
- Poor hygiene or a strong odour
- The carer describing the person in negative ways
- Threats to cause harm, including self-harm
- The carer becoming physically or verbally abusive
- Rough handling of the person
- Extreme controlling behaviours
- The client being left alone for longer than is safe
- The client being regularly kept from school, medical appointments, day service or social engagements
- Injuries that cannot be explained
- Injuries with unlikely or suspicious explanations
- The client becoming withdrawn or frightened of the carer



## Example

### Assessing potential risks of change to the care relationship

Prisha visits her client Penelope once a week to provide 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. The house is usually very clean and Penelope has always been very tidy and well presented.

In the past few weeks, Prisha has noticed the family home is far more untidy than usual, and Penelope is wearing stained and creased clothes. Prisha talks to Penelope’s mother and learns that she has some mental health problems and that she is having difficulty coping. Prisha worries that there is a significant risk of harm to both Penelope and her mother unless they receive additional support.

Consider why it is important to investigate risks like the one described above.

## Practice Task 6

### Question 1

Match each sign to the risk it might indicate.

The carer is frail and is trying to transfer a client from between the bed and chair by carrying her.
The client has a bad odour and the sheets are stained with old urine.
The client has a series of unexplained bruises.

Physical abuse
Neglect
Physical injury

### Question 2

Which of the following are types of life cycle transitions that can create risk to the care relationship? Tick all that apply.

- Entering employment
- winning a lot of money
- moving into a residential facility such as an aged care setting
- retirement
- getting a pet

# 2B

## Use strategies to address risk

**If you suspect that a client or their family carer is at risk of physical or emotional harm, your first response should always be to report your concerns to your supervisor.**

Risk management is the process of assessing and evaluating the level of potential harm a risk presents, and putting in place strategies that will reduce the risk.

When selecting strategies to deal with the risk, you need to keep in mind work health and safety legislation, industry standards and your organisation's policies and procedures.

### Policies and procedures for reporting risk

Depending on your type of workplace, your report might require that you complete a form or report to formalise your observations or the information you have been given so the management team can follow up and take action to reduce or eliminate the risk. This might include:

- telling a supervisor in person what you have seen or heard
- contacting an offsite supervisor to tell them your concerns in an email or phone call
- completing an incident report
- completing a monitoring form such as a care plan.

Your organisational policies and procedures will outline the requirements and frequency of risk assessments. A **risk assessment** usually includes a five-step process to identify and then manage risks.

1. Identify hazards.
2. Assess risk.
3. Control risks.
4. Monitor and review risks.
5. Complete documentation.

A risk assessment matrix is used to assess the level of risk and the seriousness of the harm that the risk can cause. This determines the urgency and action required. For example, some concerns will be more urgent than others. If you feel that the situation puts someone at immediate risk of harm, report the problem immediately,

**Risk assessment**  
Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.



in person (or on the phone if you work in Home and Community). For example, you should let your supervisor know as soon as you become aware or suspect that a carer might be abusing the person.

If your concerns are not as urgent, your policy and procedures might require you to document your concerns in an incident report or monitoring form. For example, a carer might have told you that they are exhausted or feeling frustrated in their carer role. You might document this so that your supervisor can consider whether the family might need additional support or advice.

WHS hazard identification form			
Report number		Area of work	
Date		Specific hazard location	
Reported by		Contact details	
Hazard description			
Part 1 – Risk Assessment			
<p><i>Use this section to estimate the level of impact and likelihood of this hazard causing issues. It will help your managers and WHS teams to prioritise the hazard and its control. Calculate the expected impact and likelihood and match below in the matrix.</i></p>			
Risk impact/consequence legend		Risk likelihood legend	
Grade	Level of impact	Grade	Level of likelihood
1	Insignificant	A	Expected (will occur regularly)
2	Minor	B	Probable (will occur at some stage)
3	Moderate	C	Possible (could occur)
4	Major	D	Improbable (could occur but unlikely)
5	Catastrophic	E	Rare (may occur but in limited situations)



WHS hazard identification form (cont.)					
Risk Categorisation Matrix					
Level of likelihood	Level of impact				
	1 (Insignificant)	2 (Minor)	3 (Moderate)	4 (Major)	5 (Catastrophic)
A (Expected)	High	High	Extreme	Extreme	Extreme
B (Probable)	Medium	Medium	High	Extreme	Extreme
C (Possible)	Low	Medium	High	High	Extreme
D (Improbable)	Low	Low	Medium	Medium	High
E (Rare)	Low	Low	Low	Low	Medium
<b>Level of risk – record your recommendation here:</b>					
Explain why you arrived at this level of risk					
<b>Suggested controls</b> (hierarchy of control: elimination, substitution, isolation, engineering, administration, PPE):					
Insert required control		Description/notes and actions to be taken			
Elimination					
Isolation					
Once Part 1 is completed, forward this form to your HSR and/or your supervisor.					
<b>Part 2 – Actions taken to be completed by HSR</b>			Name of supervisor		
Job request raised		<input type="checkbox"/> Yes		Job number	
		<input type="checkbox"/> No			
Person responsible					
Date controls to be completed by					
Approved by manager		Signature		Date	
Verification by HSR		Signature		Date	



## Legal requirements for reporting risk of abuse or neglect

Workers in all aged care and disability workplaces must comply with strict legislation relating to reporting abuse.

This includes recognising and reporting abuse that you merely suspect, as well as abuse that you have seen or heard.

In disability services, the Zero Tolerance Framework requires you to report any concern you might have about emotional, sexual or physical abuse straight away, and to follow up with your managers to make sure it has been acted on. Police must be involved if there is any suspicion that a crime has been committed.

In aged care services, you must report suspected or actual abuse to your manager, who in turn must comply with the Serious Incident Response Scheme. This requires your manager to report abuse or suspected abuse committed by staff, family or visitors to the police and to the Aged Care Quality Commission.

## Suggesting other support options

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

If you feel that a carer needs additional supports, let your supervisor know. The supervisor might be able to help the carer to access other options.

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

### Video: Support options

Watch the following video about Dolly's story: [aspirelr.link/dollys-story](https://aspirelr.link/dollys-story)

Pay attention to the support Dolly uses to maintain her own health and happiness.





The carer might also be able to access subsidised equipment that can help to make their role easier. This can include commercially available equipment and assistive devices; modifications to their bathroom to make showering the person easier, or having handrails or hoists installed.

For more information about support available to carers in Victoria, visit:

[aspirelr.link/better-health-vic-carers-support](https://aspirelr.link/better-health-vic-carers-support)

## Example

### Suggesting other support options

When Prisha learns that Penelope's mother is having difficulty coping, she mentions to Penelope that it is common for carers to show signs of stress or inability to cope. Sometimes they need a break from caring, and sometimes they need temporary or permanent help. Prisha contacts her supervisor and tells the supervisor her concerns. The supervisor agrees to send a case manager to assess the changes, so that more support can be given to the family.

Reflect on why it's critical to provide alternative options when caring for others.

## Practice Task 7

### Question 1

Which of the following actions should you take if you suspect that a carer might be abusing a client? Tick all that apply.

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



**Question 2**

Give two examples of supports you could recommend to reduce the risk of harm if the carer is not coping.

**Question 3**

Suggest two strategies that you should follow when you suspect a person is at an increased risk of abuse or neglect by their carer.

# 2C

## Support the family to maximise the positive aspects of change

**Transitions can have all sorts of impacts on the person and their carer. Some of these can be positive, and others much more difficult.**

The transition can also have an impact on you, the support worker, because you might find that your own role has changed when working with this family. You might now need to help the family or the person prepare for more independence, or a change in the way or the place they are cared for.

### Positive and negative aspects of change

Times of transition can be challenging and confronting for both the primary carer and the person receiving care and support.

Change is not always easy, but there can also be positives in the transition for both the carer and the client.

Transition	Positive impacts	Negative impacts
A young person with a disability might want independence from their parents and feel ready to move to an independent or supported unit.	The young person might be excited as this is a step towards independence.	This might cause tension if the parents are not sure if their child is ready. The young person might be at greater risk of harm in the community if they are not prepared.
An older carer might become unwell or need care themselves.	This can be a turning point for them both to get more help and care.	They may no longer be able to continue their caring role.
An adult with Down syndrome might have parents who have recently died or entered aged care.		This can be traumatic for the person and mean that new care arrangements must be found.
A child with a disability might be commencing school.	The child's parents might suddenly have more free time, and need to adjust to this.	The parents might feel anxious and fearful for their child.



Transition	Positive impacts	Negative impacts
A person with an intellectual disability might have worked in a supported workplace for most of their life and are nearing retirement.	The person might be looking forward to more free time.	They might find it difficult to cope without the routine, familiarity and social advantages their work gave them. The person's family might have to make new care arrangements or find ways to support the person during the day.

At times of transition it can be useful to focus on the positive aspects, even though the negative aspects must still be managed.

## Example

### Managing change

Genevieve's daughter, Maeve, is 18 years old and has Down syndrome. Up until this point Genevieve has cared for Maeve at home. Maeve attended a school for children with intellectual disabilities. She has just finished school and wants to get her first job. She wants to work in a shop, but Genevieve feels that her daughter should look for work in a supported workplace especially for people with disabilities. Maeve wants to be more independent, but Genevieve finds it hard to let her go out into the world. She is concerned that Maeve might be bullied. She worries that her basic skills will not be enough for a mainstream job. She is frightened that Maeve might be abused or assaulted.

David is a disability support worker who has been working with Maeve and her mother for six months. He helps Genevieve to think about how she felt at 18, and how the world was such an exciting place.

Together they write a list of all the potential positive aspects of Maeve getting a job.



### Positives

- Maeve will have her own money to spend on herself and the things she likes.
- Genevieve will have more time to herself.
- Maeve might make some new friends.
- Maeve will have the chance to learn new skills that will be useful throughout her life.
- Genevieve will have more financial freedom. She will have more money to spend how she wants.

David suggests that they progress slowly towards a goal of Maeve working in a mainstream job. He reassures Genevieve that they can work together to help prepare Maeve to learn skills of independence, and to teach her how to stand up for herself and to say 'No' or get help if she finds herself in a situation of risk.

David lets Genevieve know about some community supports that can help Maeve to learn the skills she will need. They look at options for training, and find a certificate in work-ready skills for people with intellectual disabilities.

Why must you be open to change? How could you manage and help facilitate change in your role?

## Strategies to work positively with the carer and family

A positive approach to conflict happens when you are able to recognise tension, and try to discuss, understand and work through each other's concerns.

It is important that you recognise when these tensions are there. Do not simply ignore them, because this can lead to more resentment and misunderstanding.

Where families and service providers have conflicting ideas about what is right for the person, the family should feel able to:

- talk about their concerns in a safe, respectful and supportive environment
- work with you to put the person's best interests first.



## Example

### Involving family members

Read the following example to learn more about involving family members in your capacity as a support worker.

When Sophie first entered a residential disability service, the support workers treated her primary carer, her sister Annette, as if she had little or no role in decisions affecting Sophie's life anymore. The support workers were all busy, and they saw Sophie as an adult who needed to make her own decisions.

Annette resented this deeply. She had been a major part of Sophie's life for the past 10 years, and she knew that Sophie could not simply begin to make independent decisions straight away. Tensions between Annette and the support workers grew. They saw her as interfering, always wanting to be involved and having the last say, and she saw them as uncaring and unwilling to draw on her knowledge to help them to understand Sophie.

Luke was the first worker to try to manage the conflict in a positive way.

He talked to Annette openly and respectfully over many different conversations. He recognised Annette's knowledge about Sophie and kept conversations to the one thing they had in common – Sophie's best interests. Luke allowed Annette to talk and feel heard. Once Annette began to feel that she was respected, they were able to understand each other. They talked through each other's concerns. Luke took on Annette's feedback and helped the other support workers to understand why it was important to include Annette in Sophie's life. Annette also began to see how some of her inflexible approaches were not working for Sophie. Annette and Luke worked together on a plan that helped make positive changes for Sophie.



## Practice Task 8

### Question 1

Match each transition to the positive impact it can have on the person or their carer.

A child with a disability starts school	A step towards independence
A person with a disability moves into a new home on their own	A break from caring responsibilities
A person with autism who lives with her parents gets her first job	A chance to make new friends
An older person who is cared for by his wife moves into an aged care facility	Financial freedom

### Question 2

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

a. When you are working with families, the family are always correct.	Yes / No
b. Many conflicts can be avoided by allowing the carer to talk about what is upsetting them.	Yes / No
c. It is important that the carer listens to what you are saying because you have studied a qualification in personal care and they haven't.	Yes / No
d. Some carers can resent the approaches taken by support workers.	Yes / No
e. Trying to understand the carer's point of view is a positive approach that can make a difference when there is tension.	Yes / No

# 2D

## Provide support to maintain ongoing care and involvement

**When relationships between the person and their carer, family and friends are maintained, the person can continue to live and enjoy active participation in their own community.**

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.

### Active support

**Sometimes called the Active Service Model, active support means encouraging the person to be independent in as many activities and tasks as possible.**

Your role is to help with the things the person cannot do, while encouraging them to do the things they still can. The idea behind this is that if you do everything for them, they will begin to lose those skills over time.

Active support uses these principles:

- Help the person and their carer to find aids and equipment that can help them to continue to be independent.
- Do not step in every time the person is slow to do something. Speed is not important, but maintaining the skill is.
- Build on skills the person already has and teach new ones step by step.

Some carers will struggle with this principle when it applies to your work. They might feel that you are being paid to care, and they can be resentful if they see you standing back and watching the person do the tasks instead. They might think that you are taking too many risks if you allow the person to make their own choices. It is important to have conversations with the carer about this, so that they can understand the importance of active support rather than taking over. Remind them that you are there to 'support' the things the person cannot do, rather than taking over the things they can. Let them know that you are not simply being lazy, rather, you know that independence is one of the most important ways that you can support the person. If you use the right approach, you can help to model active support to the carer as well, so that they can see the benefits of encouraging the person to continue to be as independent as possible.



## Person-centred approaches

**A person-centred approach places the person receiving services at the centre of all the thinking, planning and design of their care.**

The person is in charge of all of their supports, and they are actively involved in the services they receive. It means adapting your work to suit the person's individual needs and requirements, rather than offering a 'once size fits all' approach.

You use a person-centred approach when you:

- ask the client what type of support they want from you each day
- allow the person to make choices about their own care routines, including when and how they are done
- encourage the client to speak up about what is working, and what they would like done differently
- speak to the client as an expert on themselves, rather than as if you are in charge.

Some families have settled into long-established patterns that work against person-centred practice. For example, the parents of an adult child with a disability might still treat the person like a child who cannot make decisions on their own. Some people who care for their spouse or family member might act like they are in charge, taking over decisions from the person who is being cared for.

While it is not your role to interfere with these patterns, you can chip away at them by modelling good person-centred practices. If you are able to show the family that the person *can* make decisions for themselves, you can help them to see the importance of putting the person's preferences first.

For more information on person-centred approaches and a link to additional resources, including videos and fact sheets, visit: [aspirelr.link/health-nsw-person-centred](https://aspirelr.link/health-nsw-person-centred)

### Example

#### Maximising ongoing support and involvement

Jasper is a young man who has recently turned 19. Jasper uses a wheelchair after a car accident that occurred when he was 14. 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. She worries that his additional needs might 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 9

### Question 1

Which of the following statements relate to person-centred support? Tick all that apply.

- Person-centred supports put the client at the centre of all decisions.
- Person-centred supports put the carer at the centre of all decisions.
- Person-centred supports put the support worker at the centre of all decisions.
- Person-centred supports put the manager of the service at the centre of all decisions.

### Question 2

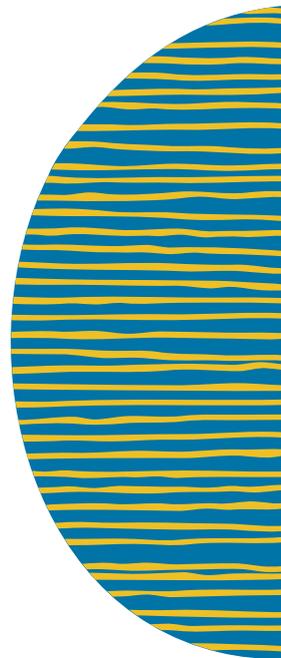
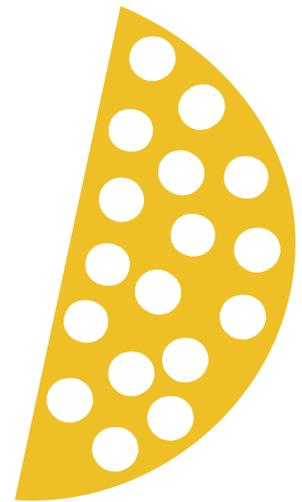
Which of the following statements are correct? Select ‘Yes’ or ‘No’ for each one.

a. Active support means that you do everything you can for the client and the carer whenever possible.	Yes / No
b. Active support means that the client should be involved in a fitness program whenever possible.	Yes / No
c. Active support means that you should encourage the client to do what they can do, rather than doing it for them.	Yes / No
d. Active support is an old model of care that is no longer used.	Yes / No
e. Active support is the same as person-centred practice.	Yes / No



## Summary

- Care relationships can change over time due to life stages, changes in family circumstances, increased support needs and changes in the carer's ability to provide care.
- Some changes can put the carer and the person at increased risk of harm, injury or abuse.
- Life cycle transitions can occur when there is a difficulty or breakdown in current caring arrangements, or when a primary carer elects to make a change to the current situation.
- Actual or suspected abuse of a person by their carer or a family member must be reported to your supervisor.
- Risk assessment tools are important in identifying and addressing factors that put the person at increased risk of harm, injury or abuse.
- Families sometimes need help to understand approaches that are in the best interests of the client.
- You can model best practice support behaviours, including person-centred approaches, and active support.
- Person-centred approaches put the person at the centre of all decisions and planning.
- Active support means that you should encourage the client to do what they can do, rather than doing it for them.





## Learning Checkpoint 2

### Assess and respond to changes in the care relationship

#### Part A

1. Which of the following actions can reduce physical risk when a carer is not coping with their role because of poor health? Tick all that apply.

- Purchase a hoist for the carer with your own money.
- Suggest aids that could help them to transfer the person more easily.
- Report your concerns to your supervisor.
- Suggest that the carer apply for funding to get additional supports.
- Ring an aged care facility and try to organise a bed for the person.

2. Provide two examples of a risk assessment tool or strategy that organisations may require support workers use to manage risk to a client.

3. What signs might tell you that a person is at risk of harm? Give three examples.



4. What is the difference between person-centred support and active support?

5. List three types of life cycle transitions.

## Part B

Read the case study and answer the questions that follow.

### Case study

Vadeep cares for her partner Anjalee in their home. They are both in their seventies and have been together since their early thirties. Anjalee is in the middle stages of Alzheimer's disease. She is beginning to forget who Vadeep is, and needs a great deal more care than she did previously. Anjalee is becoming aggressive and sometimes lashes out at Vadeep. Vadeep has arthritis and is exhausted. She is struggling to care for Anjalee. Vadeep is starting to forget to do things that are affecting Vadeep's hygiene. However, she feels a great deal of guilt and worry about placing Anjalee into an aged care facility. She worries that because they are a lesbian couple, the other residents might discriminate against them. She also worries that Anjalee will be angry and depressed in aged care. The couple have many friends, and have been very involved in an LGBTI social group that provides older people who identify as LGBTI with information and support, as well as social activities.



- 1. List three negative impacts this transition is having and might continue to have on Vadeep and Anjalee.**

- 2. List three positive impacts that this transition might have for Vadeep and Anjalee.**

- 3. What physical harm might Vadeep and Anjalee experience if the transition to aged care does not take place?**

- 4. What psychological harm might be caused to Vadeep if she continues in the care role?**



- 5.** Vadeep becomes frustrated with you, as the support worker, because she feels that you are trying to take over with care that she wants to provide. You are trying to follow the care plan, and you didn't realise that she felt this way until now. How can you respond to this in a positive way?

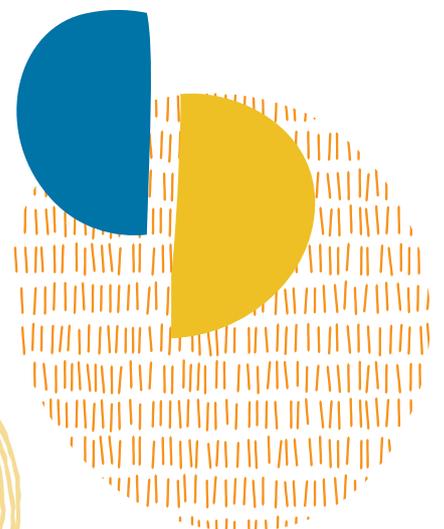
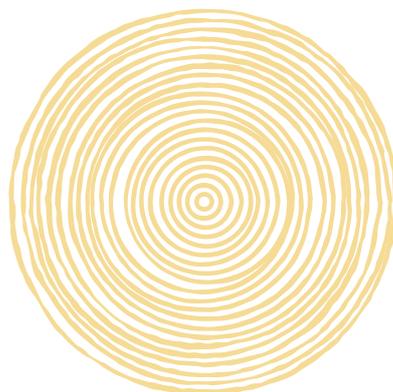
- 6.** What could you suggest to Vadeep that she and her friends do to continue to help Anjalee once she is in aged care?





## Topic 3: Monitor and promote carer rights, health and wellbeing

- 3A Respect privacy and confidentiality
- 3B Recognise and respond to the need for other support services
- 3C Support the physical and emotional health of the carer and family
- 3D Provide information about accessing carer support services



# 3A

## Respect privacy and confidentiality

**Privacy means respecting the family's need to say and do things without you or others watching or disturbing them. Confidentiality means that you take steps to protect personal information about the client and their family.**

When you work closely with a family in a support role, you might be exposed to personal information and private situations.

Legislation about personal and health information in community services includes:

- *Freedom of Information Act 1982*
- *Health Records Act 2001*
- *Information Privacy Act 2000.*

### Respecting the family's need for privacy

Try not to intrude on the life of the family. No matter how long you have been working in a person's home, you are not a part of the family, and you are not a part of the client's natural friendship group.

You are already likely to have learnt about how to provide personal care to an older person or a person with a disability in a way that protects their privacy. When you work in a person's own home, or when working closely with their family, you will need to extend your respect for privacy to the family and carers as well.

#### Close doors

- Some support workers consider that a spouse or parent has already seen the client naked before, so closing doors to the bathroom or other areas of the house might not seem important. However, you must always shut the door and curtains when you provide personal care, even when you are in the person's own home. Most of us prefer to perform private functions away from even our closest family members, and you should always follow this rule.

#### Knock first

- In the past, workers in residential services have assumed that all spaces, including the person's bedroom, is a public space that they are free to enter or leave as needed. This is not true. The person's bedroom is their own private space. Always show that you respect this by knocking before you enter and waiting for a reply.



### Give space

- If you work in a facility, it can be difficult for couples or partners to show affection or even just be together in private. It is now recognised that private space and time together is a basic human right, and you must respect this right. This is true for both younger people and older people, regardless of their sexual orientation.
- Actively encourage and respect private space and time together by using Do Not Disturb signs, letting other staff and visitors know that they are not to be disturbed, or encouraging the spouse or partner to lock the door.

### Respect boundaries

- Give the family and friends space and time to be together and try to recognise the times when your presence in the background is not appreciated.
- Stay out of a family's private business unless you have concerns for the safety or wellbeing of the client. Stay out of conversations about finances, future plans, relationship problems and other personal discussions.

## Respecting confidentiality

Confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen.

You will have access to a great deal of private information about a client and often about their family. This can include:

- information that you are given in the care plan or in handovers or meetings to help you support the person, such as medical conditions and family history
- conversations that you might overhear while you are with the client and their family
- things that you are told by someone who might not understand the need for personal boundaries, such as a person with dementia or an intellectual disability telling you personal things about their family members.

Personal information can include:

- names, addresses, emails
- a medical condition, mental health condition or disability
- relationship or LGBTI status
- financial information.

You should treat any information you have about a client and their family and friends with a great deal of care. Do not share information you know about the family with anyone apart from other workers or managers, and only if they need to know.

Keep the client's own personal information secure from their family and friends. In most cases it is not up to you to decide what they share with their family and what they would prefer to keep to themselves.



Here are some important ways to protect confidentiality.

<b>Protect written information</b>	Keep file notes, care plans, communication books and handover notes closed and secure, according to your service policy and procedures. This can include keeping files and care plans in a locked room in a facility, or in a locked phone or tablet with password protection if you are in the person's home.
<b>Be aware of who can hear</b>	Be conscious of where you are if you are talking about personal client or family information. Do not talk about them in a public place, or in an open area of a facility. You do not have to mention the person's name to breach confidentiality. If you are using any details about a person that could be overheard and identified by others, this is in breach of the family's and client's rights.
<b>Get consent</b>	You generally need the person's consent if you wish to talk about their situation with external services, such as when you are talking to a professional or making a referral to another agency. You also need consent if you wish to use a person's name, photo or personal details for any other reason, such as a project you are doing during your course. When a person cannot give consent, such as a child or a person with dementia, you must gain consent instead from their legally appointed decision-maker.

## Disclosure

There are some situations where you might be legally required to pass on information that the person or family member has told you in confidence.

You must pass on information that makes you genuinely fearful for their safety and wellbeing. This is called your duty of disclosure. Your service will have policies and procedures relating to your duty of disclosure.

You must tell a supervisor, or the police, if a person gives you information about any of the following, even if they have asked you to keep it to yourself.

<b>Information that is your duty to disclose</b>	<b>Example</b>
Any information that makes you suspect that the client is being abused or has been abused. This also applies to any information or suspicions that you have that a child is being abused, even if they are not your client.	<ul style="list-style-type: none"> <li>A client hints to you that she is being sexually abused by her father. She tells you not to say anything to anyone.</li> </ul>



Information that is your duty to disclose	Example
Anything that you think might cause harm to the client or to someone else if you don't pass on this information	<ul style="list-style-type: none"> <li>• An older client tells you that he has been driving without his licence, after it was taken away because of his disability.</li> <li>• A client tells you that they are considering self-harm.</li> <li>• A family member tells you that they are using practices that could cause harm to the client, such as transferring them without suitable equipment.</li> </ul>

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

- [aspirelr.link/aacqa-privacy-policy](https://aspirelr.link/aacqa-privacy-policy)
- [aspirelr.link/law-handbook-privacy-confidentiality](https://aspirelr.link/law-handbook-privacy-confidentiality)

## Example

### Respecting the confidentiality and privacy of the carer

Tony works for the local council home-care service in a small country town where everyone knows each other. He has started a new support worker role with a family who care for their older father Ernie, who has dementia. The family members run a small business from home.

One day while Tony is standing in the queue at the local store, he takes a call from his supervisor. Tony chats to his supervisor about his day at work, and lets her know that he thinks Ernie's family are having financial problems. He overheard them saying this while he was walking past the door to the family office. He tells the supervisor this concerns him, because he thinks Ernie is losing weight. While he does not mention the name of the family, it is clear to the person standing in the queue behind him that Tony is talking about her next-door neighbours. The neighbour goes home and tells Ernie's family that she heard all about their financial difficulties.

When they ask her how she knew this, she tells them she overheard Tony talking about it on the phone. Tony gets a call from his supervisor, and is given a warning that this is a breach of confidentiality. The family refuse to allow Tony to return to their home.

How might you handle a similar situation? Why is it vital to maintain confidentiality and privacy? What possible repercussions could you experience in your role if you failed to work with integrity?



## Practice Task 10

### Question 1

Match each term to its definition.

Personal information	Respecting a person's need to say and do things without you or others watching or disturbing them
Disclosure	Taking steps to protect personal information about the client and their family
Privacy	Your duty to pass on information that makes you genuinely fearful for their safety and wellbeing
Confidentiality	Details about a person such as their medical condition

### Question 2

Which of the following actions demonstrate respect for the confidentiality and privacy of the person, their carer and their family? Tick all that apply.

- You must report confidential information if leaving it unreported might cause harm.
- You should inform your manager about the family gossip you hear while providing in-home care.
- You must disclose a person's medical information to their family.
- If a client tells you that they are being abused, you must report this, even if they tell you not to.
- If a young client tells you that his father is having an affair, you should keep this to yourself.

# 3B

## Recognise and respond to the need for other support services

**When you are aware of specialised services and supports, you can help the carer to make use of them.**

Sometimes your own service might not have the resources or the legal authority to give the support that the client or the family needs. The family might not even be aware that specialised services exist in the community that could be of help to them.

Families who care for an older person or person with a disability can sometimes have complex social and financial problems that are often linked to each other in a cycle.

Care responsibilities can reduce a carer's income significantly, and poverty is often linked to other problems, such as isolation and depression. In turn, this can mean the family has less contact with supports that could help them.

Professionals such as social workers are trained to link people who are disadvantaged to other supports in their community. Other allied services such as occupational therapists specialise in helping people with disabilities to access aids and equipment to help them be more active in their community. There are many other professionals, services and supports in your community that can help people experiencing difficulties.

It is not always easy to know what the family might need, especially when their needs are complex. You can help identify the needs of the family by asking questions that help you and the carer or client to unravel these needs.

You might ask or consider:

- What is the problem?
- Why is there a problem?
- Who might be able to help?
- How can I help the family to find out more?

### Responding to need

In some situations, you can help a family to contact a service or support by giving them the information and encouraging them to use it.

In other cases, you might need to talk to the family about options and then refer these needs to your supervisor. Some services need a formal referral from a GP or other professional, or from your manager.



Why supports might be needed	Mainstream or specific services that might help
<ul style="list-style-type: none"> <li>The person and/or family is having financial difficulties.</li> </ul>	<ul style="list-style-type: none"> <li>Centrelink’s financial assistance</li> <li>Paused payments or payment plans for utility costs</li> <li>Public housing and emergency accommodation</li> <li>Social workers</li> <li>Charitable organisations such as St Vincent de Paul can provide money, food and clothing</li> </ul>
<ul style="list-style-type: none"> <li>The person has difficulty accessing the community because of their disability.</li> </ul>	<ul style="list-style-type: none"> <li>Transport services such as Traveller’s Aid offices at major city train stations</li> <li>Guide dog and assistance animal services</li> <li>Licensing authorities to provide disabled parking permits</li> <li>Sports and aquatic centres with disability access</li> <li>All-abilities playgrounds</li> <li>Job Access and employment services</li> </ul>
<ul style="list-style-type: none"> <li>The person or their family have experienced discrimination.</li> </ul>	<ul style="list-style-type: none"> <li>A complaint to the Human Rights Commission</li> <li>Community services such as Aboriginal health and support services, LGBTI collectives and other community services</li> </ul>
<ul style="list-style-type: none"> <li>The person with a disability or older person needs someone to help them to speak up for their rights or to speak up on their behalf.</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy services</li> <li>The Office of the Public Advocate</li> <li>Legal Aid services</li> <li>National Translation and Interpreter Service (TIS) services to help a person to access community supports in their own language</li> </ul>
<ul style="list-style-type: none"> <li>The family or carer needs additional funded supports.</li> </ul>	<ul style="list-style-type: none"> <li>National Disability Insurance Scheme supports for people under 65 with a disability</li> <li>My Aged Care services for people 65 and over who need support</li> </ul>
<ul style="list-style-type: none"> <li>The client with a disability is struggling with unmet sexual needs.</li> </ul>	<ul style="list-style-type: none"> <li>Sex workers who specialise in working with people with a disability</li> <li>Dating sites</li> </ul>
<ul style="list-style-type: none"> <li>The client or carer has health needs that are not being met.</li> </ul>	<ul style="list-style-type: none"> <li>GPs, including bulk billing services</li> <li>Other allied health services such as physiotherapists or occupational therapists</li> <li>Quitline for support to stop smoking</li> </ul>



## Example

### Identifying support services

Margaret is in her fifties and cares full-time for her son Wayne, who is 33 and has severe autism. Margaret and her son live in public housing, and Margaret struggles to get by financially, because she is unable to work. She doesn't leave the house often because they do not have a car, and because she cannot afford the cost of transport or the entrance fees to attractions in her city for both herself and her son.

Ginny is an NDIS support worker who visits Margaret and her son to assist with personal care such as showering. As she gets to know Margaret and Wayne, she notices that they are isolated from their community, and a great deal of this is due to financial difficulties.

One day Margaret tells Ginny that tinned spaghetti is all that she can afford to eat, because she is overdue with paying her bills and the power company have threatened to turn off the electricity.

Ginny looks for services in the local community that could help. After an internet search, and with help from her supervisor, Ginny shows Margaret how to apply for a reduction in her electricity bill through the power company. This takes some pressure off Margaret in the short term. Ginny's supervisor helps to link Margaret to St Vincent de Paul, who are able to help with weekly food hampers and vouchers. St Vincent de Paul also help Margaret with second-hand clothing in good condition to keep Wayne warm. Ginny suggests that Margaret apply for a companion card so that she and Wayne can access public transport and enter local services for the price of only one admission.

Margaret is now taking Wayne on the bus to the local aquatic centre once a week. With a reduced admission price because of the companion card, she is able to enjoy this treat, and is making new friends at the pool.

Consider why a support worker should keep their options open and try to identify alternative support services.



# Practice Task 11

## Question 1

Match each of the following professionals or services to the financial, community access or health needs they can help address.

St Vincent de Paul	Financial
Social workers	Financial
Traveller's Aid	Accessing the community
Employment services for people with a disability	Health
Physiotherapists	Health
Quitline	Health

## Question 2

Which of the following services might support workers need to connect carers and families with? Tick all that apply.

- Licensing authorities – to process disabled parking permits
- National Translation and Interpreter Service – to provide free phone translation in order to access communication supports in the family's own language
- National Disability Insurance Scheme – to provide financial support to people under 65 with a disability
- Retail clothing store – to purchase brand new clothes for the person or themselves
- Utility companies – to pause payments or set up a payment plan

# 3C

## Support the physical and emotional health of the carer and family

**The impact of caring is far-reaching and can have a significant effect on 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 support them to seek additional help from the community. You may need to talk to carers about other services that can help them address issues, and to help them to stay physically and emotionally healthy.

### Issues that can affect the carer's health and wellbeing

Some carers experience difficulties with their physical or emotional health, and wellbeing.

Many factors related to poor health and wellbeing are linked, with one factor often leading to another. For example, a carer might have fewer employment opportunities, which reduces their income, which makes it expensive to keep up their gym membership, which means they might experience lower levels of fitness.

Physical health effects	Emotional health effects
<ul style="list-style-type: none"><li>• Decreased physical fitness</li></ul>	<ul style="list-style-type: none"><li>• Limited social contact</li></ul>
<ul style="list-style-type: none"><li>• Higher rates of disability</li></ul>	<ul style="list-style-type: none"><li>• Higher incidence of mental illness</li></ul>
<ul style="list-style-type: none"><li>• More long-term health conditions</li></ul>	<ul style="list-style-type: none"><li>• High unemployment rates and financial hardship</li></ul>
<ul style="list-style-type: none"><li>• Poor nutrition</li></ul>	<ul style="list-style-type: none"><li>• High school dropout rates</li></ul>

Some carers' health and wellbeing might deteriorate because they are reluctant to ask for support. The carer may at times seem unwilling or unable to accept support.



**Some reasons carers may be reluctant to accept support include:**

- family and community expectations of them
- a sense of duty or obligation to the person
- 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 that the person they care for may be put at risk
- pressure from the person or from others to not seek assistance
- concern that their privacy will not be respected or that information will not be kept confidential.

## **Helping identify factors that may negatively affect the carer**

Support workers can help by talking to carers about how they are feeling and being alert for signs indicating that they are struggling or uncomfortable in their role.

Signs of physical or emotional problems might include:

- comments made by the carer
- fatigue or exhaustion
- difficulty completing tasks they could once do
- neglecting their hygiene
- untidiness and disorganisation
- not meeting their own needs such as seeing a doctor
- not wanting to take part in social activities with friends.

## **Discussing health and wellbeing issues**

You need to use sensitive communication to discuss the negative impact the caring role can have on carers. Such discussions can be confronting and upsetting for carers and should be approached gently. Have these discussions when there is time to talk and, if possible, when the client is not present. This might allow the carer to be more open, without feeling they are causing distress or guilt for the client.

Start discussions with questions like:

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

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



Here are some ways that you or other supports could help.

#### Respite

- Taking a break from caring responsibilities is important. Respite is a type of service 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.
- Recreational or community access programs can support the client out of the home for a day or longer. The carer 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 that 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. You can make them aware of online supports such as Beyond Blue.
- Counselling services like Relationships Australia can help with personal or emotional problems. If the carer also has a job, their employer might provide access to an Employee Assistance Program (EAP).
- A GP can provide a mental health plan to allow for subsidised (funded) visits to a registered psychologist.
- Lifeline or other phone counselling services provide free 24-hour counselling services.

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

## The need for affirmation and recognition

### **You might be the only person who gives a carer recognition of the work they are doing.**

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 be so busy that they forget to stop and think about how much they are doing. You can help by making the carer feel acknowledged and valued, which can have a positive impact on their self-esteem and confidence.

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



Affirmation and recognition strategies
• Remind the carer that they are skilled in many tasks, and are likely to know more about the client than you do.
• Make positive comments about how 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 and nods, to show that you understand the carer and their situation.

## Example

### Responding to the carer’s need for services

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 multiple severe disabilities. One option she has voiced has been to take him to overnight respite and then not 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 he knows that has experience providing activities for people with severe disabilities. These strategies all help to get the family functioning again, and assist the mother to continue to provide care while also being able to take care of her own physical, social and mental health needs.

## 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 interests.

You can encourage carers to plan how they might use the time to best achieve those things they want to do to meet their needs. 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 person outside of the home, talk with the carer about the things they plan to do while the person is away from the home.



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

Reassure carers that maintaining a positive lifestyle themselves will also help the client. When the carer rests and feels rejuvenated, there will be positive benefits to the person they care for. 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.

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
Some carers give away their sporting interests or recreational activities when they become full-time carers. Exercise and sport can be good options to help them release frustration, stay fit and improve mood.
Relaxation
Carers who care full-time might not often get the chance to just relax. Relaxation through yoga, meditation, garden visits, or going out to see a movie or show will support the carer's wellbeing. Just staying at home and enjoying their own space can also be beneficial to their health.

## Social and emotional wellbeing framework

Many Aboriginal and Torres Strait Islander peoples use the term social and emotional wellbeing (SEWB) to describe the social, emotional, spiritual and cultural wellbeing of a person. The term recognises their connection to land, sea, culture, spirituality, family and community; these are often important to people who believe that taking the time to recognise the significance of each might have a positive impact on their wellbeing. It also recognises that a person's SEWB is influenced by policies and past events.



Programs that use this framework often support culturally appropriate, community-led, primary mental health services for Aboriginal and Torres Strait Islander peoples.

## Carers and discrimination

Discrimination means to treat someone unfairly or to exclude them because of an irrelevant trait or characteristic. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, or political or religious beliefs. People who provide care to others are sometimes discriminated against because of their carer role.

They might find it harder to gain and keep employment because prospective employers assume or worry that they will be unreliable. It is against the law for employers to directly discriminate against a person because of their responsibilities to care for a family member. It is also against the law to discriminate against a person because they care for a person with a disability. This means that employers are breaking the law if they dismiss someone, reduce someone's hours, or refuse someone a promotion because of their care responsibilities.

The Human Rights Commission provides help to carers and employers to help with ideas for providing flexible work arrangements, such as allowing the employee to work from home if possible, and to work part-time when they need to.

Visit this link for more information about discrimination against carers:  
[aspirelr.link/AHRC-carers](https://aspirelr.link/AHRC-carers)

You can help to advocate for a person or their carer if they have been discriminated against by helping them to understand their rights, suggesting they approach their employer or the service that discriminated, or by helping them to make a complaint to the Human Rights Commission.

Some services and programs can help reduce the impact of discrimination and lack of access for carers and the people they support. These include:

- companion cards to help reduce the cost of having to accompany a person who cannot use services alone
- disabled parking permits, which can help the carer to park closer to a service, and to enable plenty of space to help a person who uses a wheelchair out of a car
- subsidised taxi services to help with transport costs for the carer and client
- accessible toilets.

You can learn more about the Companion Card Scheme here:  
[aspirelr.link/companion-card](https://aspirelr.link/companion-card)



## Document and report negative impacts

When you write detailed records of what you have observed, it is easier for your supervisors to refer appropriate support and assistance when it is needed.

Document and report negative impacts of the caring role according to your workplace policies and procedures. For example, careful and accurate reporting might show higher stress periods during the week. Your supervisor can then recognise the need for additional respite services to be provided at these times.

### 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 on the carer in client progress or care notes.
- Complete an incident report form documenting potential or actual dangers to the carer, care recipient or others.

## Example

### Responding to issues

Read the following example to learn about responding to issues that may impact carers in the workplace. Cameron is a support worker at a recreational program for teenagers with mild to moderate intellectual disabilities. The program takes the teenagers away on camps for weekends.

Cameron asks Kellie's father, Jack, about what he will do this weekend while Kellie is away on camp. Jack tells Cameron that last time she went away for a weekend he spent the first day asleep and the second day worrying about whether Kellie 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 reminds Jack that the last time Kellie came on a weekend away she had a great time and did not appear worried at all. He reassures Jack 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. Cameron suggests that he could give Jack a text update every now and then so that he knows everything is going well. Jack smiles, and agrees that this would help him to stop worrying.



## Practice Task 12

### Question 1

Match each support strategy to the health and wellbeing issue it can help address.

Encouraging peer support	Learning about what services might be available to them can help them address personal or emotional problems.
Emotional and social wellbeing (SEWB) framework	This can be useful in helping carers to relax, meet goals or do something for themselves.
Providing recognition and validation	This can be useful in helping carers feel less alone and isolated.
Providing respite	This can help make the carer feel acknowledged and valued, which can have a positive impact on their self-esteem and confidence.
Providing referral information	Programs using this support culturally appropriate, community-led, primary mental health services for Aboriginal and Torres Strait Islander peoples.

### Question 2

Which of the following statements relate to discrimination? Tick all that apply.

- It is against the law to discriminate against a person because they support a person with a disability.
- People who provide care to others are sometimes discriminated against because of their carer role.
- Employers sometimes have to dismiss people who work in a carer role because they are more likely to be unreliable.
- It is harder for many people who are carers to gain and keep employment.
- It is against the law for employers to directly discriminate against a person because of their responsibilities to care for a family member.

# 3D

## Provide information about accessing carer support services

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

They can help to provide advice, advocacy and support to carers. They also play a role in lobbying governments to help raise awareness and promote initiatives that help carers to continue to care.

Carers Australia advocates nationally for carers, and lobbies governments and peak bodies to bring about change on behalf of carers.

Carers Australia collects statistics on carers in Australia. They contribute to policy development to ensure the growing number of carers have better supports available to ensure they can continue in caring roles. Information is available through the website for Carers Australia and your state/territory Carers Association.

You can learn more about Carers Australia at: [aspirelr.link/carers-australia](https://aspirelr.link/carers-australia)

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

Visit this link to learn more about the Carer Gateway:  
[aspirelr.link/carers-australia-carer-gateway](https://aspirelr.link/carers-australia-carer-gateway)

The Carer Gateway can provide information on:

- options for financial assistance, such as the carers payment through Centrelink
- home support services and eligibility criteria
- respite options
- out-of-home community access services
- local carer support groups
- details of where to obtain resources and information on specific conditions; for example, multiple sclerosis.

### Carer associations

Carer support is available in all states and territories through carer associations.

Carer associations provide a range of services including phone counselling, information about local services for carers, help with specific care needs, access to resources, and education and training. They also act as a lobby group to help improve community access for carers.



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

Australian Capital Territory	<a href="https://aspirelr.link/carers-act">aspirelr.link/carers-act</a>
New South Wales	<a href="https://aspirelr.link/carers-nsw">aspirelr.link/carers-nsw</a>
Northern Territory	<a href="https://aspirelr.link/carers-nt">aspirelr.link/carers-nt</a>
Queensland	<a href="https://aspirelr.link/carers-qld">aspirelr.link/carers-qld</a>
South Australia	<a href="https://aspirelr.link/carers-sa">aspirelr.link/carers-sa</a>
Tasmania	<a href="https://aspirelr.link/carers-tas">aspirelr.link/carers-tas</a>
Victoria	<a href="https://aspirelr.link/carers-vic">aspirelr.link/carers-vic</a>
Western Australia	<a href="https://aspirelr.link/carers-wa">aspirelr.link/carers-wa</a>

## Supports specific to the person's condition or disability

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

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

Some examples:

Autism Spectrum Australia	<a href="https://aspirelr.link/autism-spectrum">aspirelr.link/autism-spectrum</a>
Cerebral Palsy Alliance	<a href="https://aspirelr.link/cerebral-palsy-alliance">aspirelr.link/cerebral-palsy-alliance</a>
Dementia Australia	<a href="https://aspirelr.link/dementia-aus">aspirelr.link/dementia-aus</a>
MS Society	<a href="https://aspirelr.link/ms-society">aspirelr.link/ms-society</a>
Spinal Cord Injuries Australia	<a href="https://aspirelr.link/scia">aspirelr.link/scia</a>
Vision Australia	<a href="https://aspirelr.link/vision-australia">aspirelr.link/vision-australia</a>



## Example

### Providing information about carer support services

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

Jack, their support worker, gives Josie the number of Dementia Australia. She calls them and they offer her a place in an upcoming free training session for carers. They also send out a carer's kit that includes a range of up-to-date information about technology and aids that can help support Josie and her father, including a large face clock. The kit also includes information about caring for herself. Josie 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.

Reflect upon the approach you could have taken in this situation. How might sourcing information help support your role?

## Practice Task 13

### Question 1

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

Carer Gateway	A group that supports families who care for people with autism
Carer's associations	A national council that lobbies for change for carers
Autism Spectrum Australia	A group that supports families who care for people with autism
Carers Australia	An Australian Government phone hotline and website that helps carers locate the right local information about caring



**Question 2**

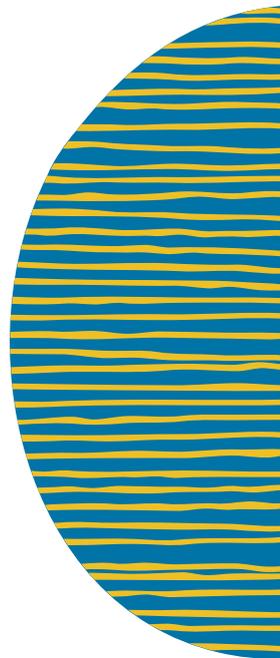
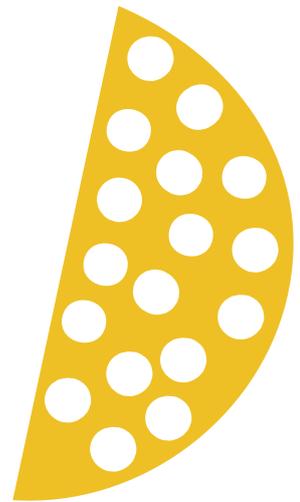
Which of the following statements relate to the Carer Gateway? Tick all that apply.

- It provides web information about services in the carer's local area.
- It includes a phone line that carers can contact for support.
- It is a drop-in centre located in each capital city.
- It is specific to people who care for someone with dementia.
- It is an app that helps people with a vision impairment to find their way in the dark.



## Summary

- You must respect the privacy and confidentiality of the client and family at all times.
- You have a legal responsibility to tell your supervisor information that might otherwise cause harm to the person or other people.
- Education, peer support and respite are all services that can help a carer to meet their own needs and help reduce the potential negative impacts of caring.
- Discrimination and other issues can affect carers and their ability to continue to provide care.
- 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.
- Assistance and information about meeting personal goals and maintaining lifestyle can be useful in helping carers achieve better personal outcomes for themselves.
- Carer-specific support services can help carers connect to networks.





# Learning Checkpoint 3

## Monitor and promote carer rights, health and wellbeing

### Part A

1. List three ways that you can protect the privacy and confidentiality of the client and family when you are in their home.

2. Explain why it is not discrimination for a fully booked restaurant to tell a carer that they cannot enter a restaurant with their client because the restaurant is full.

3. Match each support resource to its correct description.

Companion cards	Consist of state and territory branches that help support all types of carers
Carer associations	Provide specific types of support to carers
Disabled parking permits	Help reduce the cost of having to accompany a person who cannot use services alone
Dementia Australia and MS Society	Help the carer to park closer to a service



4. Briefly outline what social and emotional wellbeing (SEWB) programs recognise.

## Part B

Read the case study and answer the questions that follow.

### Case study

Trixie is a new support worker and has just begun working with a family who is experiencing some significant difficulties. The client is a five-year-old child with severe cerebral palsy. The child's mother, Lou, has indicated she has left her child at home alone several times as she has begun to feel as if she cannot cope. She asks Trixie not to tell anyone that she has done this. Lou 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. Should Trixie report what Lou has told her, or should she respect Lou's confidentiality? Explain your response.



**2.** Name three options for services that might be able to help Lou cope in the short term.

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

**4.** Why might Lou be feeling the way she feels? Give three examples of reasons for her feelings of not being able to cope.

**5.** How might Trixie help Lou realise that her role is valuable?



# Glossary

## **Assistive technology**

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

## **Carer**

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

## **Risk assessment**

Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.

## **Stereotype**

A fixed, over-generalised belief about a particular group or class of people.

