



CHCAGE013

Work effectively
in aged care



CHCAGE013

Work effectively in aged care

Release 1

Learner Guide

Aspire Version 1.2

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



Before you begin

This Learner Guide is based on the unit of competency *CHCAGE013 Work effectively in aged care*, Release 1.

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

How to work through this Learner Guide

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

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



Foundation skills

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

These skills are listed below:

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



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

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

What do you already know?

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

Topic	Key outcome	Rate your confidence in each section
Topic 1 Meet aged care job role requirements	1A Identify aged care work requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify and confirm scope and expectations of aged care role	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Refer tasks outside of your role to the appropriate person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Work within organisational requirements	2A Comply with legal framework requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Comply with ethical and human rights requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Communicate and cooperate with interdisciplinary team members	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 3 Work within an aged care context	3A Read individualised plans to identify tasks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Use appropriate workplace communication techniques	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Recognise and report signs of abuse	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Record, maintain and store workplace information	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Implement self-care strategies	4A Monitor your own stress levels	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Use self-care strategies and seek support if required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Meet aged care job role requirements

- 1A Identify aged care work requirements
- 1B Identify and confirm scope and expectations of aged care role
- 1C Refer tasks outside of your role to the appropriate person



1A

Identify aged care work requirements

Australia has an ageing population of diverse people from various cultural, religious and ethnic backgrounds and with different genders and sexualities.

Aged care services are responsible for providing support and care to older people in a range of settings. Aged care staff need to be responsive and flexible regarding the support and care provided to older Australians. Your role working in aged care must always meet the requirements of the aged care industry.

Aged care settings and services in Australia

Various organisations and settings are available to support older Australians with their living and care needs.

In Australia, the aged care sector supports people over the age of 65 years (or over 50 years for Aboriginal and Torres Strait Islanders) who need help with meeting their social needs or looking after themselves or their homes.

There are three main settings where this support is provided:

- in the person's home
- in the person's community
- in residential aged care facilities.

Home and community services

Not all older people need full-time care. Some older people can remain in their own home or community and stay highly independent when given the support to do so.

This type of support is usually provided by organisations known as **home and community (HAC) services**. In some states these are referred to as home and community care (HACC) services.

The Australian Government provides entry-level support for older people who need help to stay at home through the Commonwealth Home Support Programme (CHSP). Some local councils provide support using this funding, as do some private, **not-for-profit** and public organisations.

Here are the most common examples of HAC services:

Home and community services

Services that provide support for a range of needs in the person's own home or community.

Not-for-profit organisation

An organisation that contributes all of its income back into staff wages and new services.

Type of service	What is involved	Examples
Home help or domestic assistance	<p>Help with ensuring the cleanliness and safety of a person's home and garden.</p> <p>This is performed by workers who visit the person's home on a regular or occasional basis.</p>	<ul style="list-style-type: none"> • Cleaning bathrooms and bedrooms • Preparing meals • Home maintenance services, including basic gardening
Personal care	<p>Tasks that we perform every day or most days to keep ourselves healthy and safe. Personal care can be provided in the person's own home by workers who have completed a Certificate III in Individual Support or higher qualification.</p> <p>Personal care tasks are more personal and intrusive than home help and can pose a greater safety risk to the older person and the worker. Workers who perform these tasks must be specially trained.</p>	<ul style="list-style-type: none"> • Showering and bathing • Shaving • Transferring from a bed to a chair and back • Eating and drinking • Going to the toilet • Using or changing continence aids
Community and social visits	<p>Workers help older people travel to and take part in community life.</p>	<ul style="list-style-type: none"> • Helping the person to go shopping for groceries or other items • Socialising with others • Taking part in hobbies and activities the person enjoys • Meeting in cafes or other leisure spots to talk with and be around others
Home modifications	<p>Government funding is available for some older people to have their homes modified to help them remain independent.</p>	<ul style="list-style-type: none"> • Can include free or low-cost modifications: <ul style="list-style-type: none"> - rails in the bathrooms and other rooms - wheel-in shower spaces - ramps - built-in mobility hoists
Planned activity groups (PAGs)	<p>Day activity programs that are often run by local councils or other local settings, such as local halls – they help older people to get together. Some programs specialise in supporting only people with dementia.</p>	<ul style="list-style-type: none"> • Socialise • Enjoy activities • Exercise • Learn and practise new skills • Eat healthy meals

Planned activity groups
 Day activity programs run in the community for older people and people with disabilities.



Type of service	What is involved	Examples
Delivered meals	Some older people can qualify for a regular delivered meal service (e.g. Meals on Wheels). These services provide older people who have difficulty cooking for themselves with a regular hot, healthy meal.	<ul style="list-style-type: none"> Cooking and delivering meals

Residential aged care

When an older person can no longer cope safely in their own home, they may be eligible for residential aged care. These services were once called ‘nursing homes’ but are now called **residential aged care** facilities.

Residential aged care

Care for older people living in buildings and facilities owned or leased by an organisation.

Respite care

Some older people stay in residential aged care or other settings for a short period only so that family carers can have a break from caring. This is called **respite care**. Respite care can range from a few days to a few months.

Respite care

Giving unpaid carers a rest by providing care for a short time.

Aged care funding models

Funding is provided to people and services who are eligible to receive money from the government and other services to help them with their care and support needs.

Funding helps services to provide appropriate care and support to clients and residents. Older people must meet **eligibility criteria** to access different types of funding. The older person may have to provide additional funds to fill the gap between funding and service costs.

My Aged Care is a government portal to help older people and their families learn about and apply for different types of funding. My Aged Care is the first place to visit when you want to know more about Australian aged care services, funding and supports.

Eligibility criteria

Specific age, ability and income criteria that a person must meet before they can access aged care funding and supports.

You can find out more information on their website: aspirelr.link/my-aged-care

Commonwealth Home Support Programme

A government-funded program providing home and community care and support to older Australians.

Commonwealth Home Support Programme

HAC services and supports are usually funded by the Australian Government under the **Commonwealth Home Support Programme** (CHSP). This program provides assessment of people with low-level needs and allocation of funding for in-home support services and respite.



To learn more about the CHSP, go to: aspirelr.link/mac-home-support

Home Care Packages

Home support for people with higher-level needs is allocated according to the person's needs and level of independence. A Home Care Package (HCP) is the term used for this type of funding.

HCPs provide people with a certain number of hours per week that can be used for personal or other types of high-level care in the home.

Here are the different levels of eligibility and support for HCPs:

Level 1: Basic needs	Provides 2.5 hours of support per week and includes the following services: gardening and maintenance, domestic cleaning, social support, personal care, transportation and meal preparation.
Level 2: Low care needs	The person is eligible for up to 4.5 hours a week of support. Services are the same as those in Level 1.
Level 3: Intermediate care needs	At this level, the person is entitled to receive 9–10 hours of assistance per week and includes clinical nursing, medication management, allied health support, home help, help with shopping and personal care and support with changes to cognitive functioning and behaviour.
Level 4: High care needs	Clients with high-level needs (e.g. those with dementia or Parkinson's disease) can receive 14–15 hours of support per week. In addition to the supports provided from Levels 1–3, people with these diagnoses have qualified support workers to provide care and support.

To learn more about HCPs, see: aspirelr.link/mac-home-care-packages

Short-Term Restorative Care Programme

The Short-Term Restorative Care (STRC) Programme provides funding for older people who only need help for a short period. This may be following a hospital visit or surgery or to help with recovery from a medical condition such as a broken bone or minor stroke.

This program provides support and care for up to 8 weeks. The goal of this type of short-term care is to support the person to regain their independence to look after themselves.

For more about the STRC Programme, visit: aspirelr.link/strc-programme

National Aboriginal and Torres Strait Islander Flexible Aged Care Program

The purpose of this program is to assist and support First Nations Australians to receive services close to their home and community. It offers unique, culturally diverse services specifically for First Nations Australians.

For more about this program, visit: aspirelr.link/flexible-aged-care

Example

Applying for aged care funding

Darcy and Eileen are both 64 years of age and have been married for 40 years. Darcy has an acquired brain injury from a work accident that occurred 10 years ago, and Eileen has been his full-time carer ever since. Darcy receives funding from the National Disability Insurance Scheme (NDIS) for various supports. The NDIS funding also provides weekly respite for Eileen. However, because Darcy is nearly 65, he will lose all of his NDIS funding and supports. Both Eileen and Darcy are concerned about what the future will look like while they are transitioning to other funding and services. Eileen relays her concerns to Darcy's NDIS coordinator, who refers them to a service that specialises in aged care case management. Eileen and Darcy attend the appointment with their new case manager, Maureen. Maureen explains all of the funding available for aged care services that Darcy is eligible for. Maureen shows them how to use the My Aged Care and Carer Gateway websites.

Regulatory bodies in aged care

Aged Care Quality and Safety Commission

The governing body of the aged care sector.

Accreditation

Formal confirmation of a service compliant with national standards.

A regulator is a safeguarding body that ensures that all services in that industry understand and comply with the law and other requirements.

The industry regulator for aged care services is the **Aged Care Quality and Safety Commission** (ACQSC), which is part of the Australian Government Department of Health. The ACQSC oversees the recognition and **accreditation** of all aged care services in Australia. It plays a role in:

- providing information to aged care services when there are changes to legislation or other requirements



- taking and managing feedback and complaints from older people, families and workers in aged care services
- making sure that services comply with all of the requirements for government funding
- visiting services to ensure they are meeting the minimum standards for accreditation (a service is accredited when it shows it has met the standards of care at a high level).

You can read more about the ACQSC and accreditation process here:

aspirelr.link/aged-care-quality

Aged Care Quality Standards

To be fully accredited, all aged care service providers need to show on a regular basis that they are meeting the Aged Care Quality Standards.

Sometimes called the 'Quality Standards' for short, these are the minimum requirements for a range of different types of support. All aged care workers must have a good understanding of these standards. ACQSC officers can visit a service with or without warning and ask questions of workers to ensure that they are familiar with these minimum requirements.

There are eight standards. Each standard covers a different area of client or resident needs:

Standard 1	Consumer dignity and choice
Standard 2	Ongoing assessment and planning with consumers
Standard 3	Personal care and clinical care
Standard 4	Services and supports for daily living
Standard 5	Organisation's service environment
Standard 6	Feedback and complaints
Standard 7	Human resources
Standard 8	Organisational governance

You can read more detail about each of the standards here:

aspirelr.link/aged-care-quality-standards

Ombudsman

Ombudsman
An official who is appointed to investigate an individual's complaint against an organisation.

An **ombudsman** takes complaints about the quality of care received. The aim of the ombudsman is to investigate and resolve complaints about poor-quality care and services. States and territories have their own ombudsmen. The ombudsman acts as an impartial mediator between the person making a complaint and the service being complained about. They investigate poor service quality and unethical, immoral and illegal acts across an industry.

The ACQSC also plays an important role in receiving and managing complaints about private and not-for-profit aged care services. Complaints can come from clients or residents, their families, workers or members of the community.

The Commonwealth Ombudsman receives complaints about Australian Government departments. There are many federal government-run residential aged care service providers. The Commonwealth Ombudsman can be contacted about problems in public aged care service providers (those run by the government).

You can learn more about the Commonwealth Ombudsman here:
aspirelr.link/commonwealth-ombudsman

Each state and territory also has an ombudsman and a separate health commissioner or service that addresses complaints from health, ageing, community services or disability organisations:

State/territory	Ombudsman website
NSW	<ul style="list-style-type: none"> Ombudsman NSW: aspirelr.link/nsw-ombudsman NSW Health Care Complaints Commission: aspirelr.link/nsw-complaints-commission
Vic.	<ul style="list-style-type: none"> Victorian Ombudsman: aspirelr.link/vic-ombudsman Health Complaints Commissioner: aspirelr.link/vic-complaints-commissioner
Qld	<ul style="list-style-type: none"> Queensland Ombudsman: aspirelr.link/qld-ombudsman Office of the Health Ombudsman: aspirelr.link/qld-office-health-ombudsman
WA	<ul style="list-style-type: none"> Ombudsman Western Australia: aspirelr.link/wa-ombudsman Health and Disability Service Complaints Office: aspirelr.link/wa-health-disability-complaints
SA	<ul style="list-style-type: none"> Ombudsman SA: aspirelr.link/sa-ombudsman Health and Community Services Complaints Commissioner: aspirelr.link/sa-health-complaints-commissioner



State/territory	Ombudsman website
Tas.	<ul style="list-style-type: none"> Ombudsman Tasmania: aspirelr.link/tas-ombudsman Health Complaints Commissioner: aspirelr.link/tas-health-complaints
ACT	<ul style="list-style-type: none"> ACT Ombudsman: aspirelr.link/act-ombudsman ACT Human Rights Commission: aspirelr.link/act-health-services
NT	<ul style="list-style-type: none"> Ombudsman NT: aspirelr.link/nt-ombudsman Health & Community Services Complaints Commission: aspirelr.link/nt-health-complaints-commission

Key issues facing aged care services in Australia

There are many problems and issues in aged care that workers in the industry should be aware of.

The Royal Commission into Aged Care Quality and Safety was a complex and in-depth government inquiry into aged care that was completed in 2021. The Royal Commission uncovered widespread problems that the industry must work hard towards overcoming.

Some of the key issues exposed by the Royal Commission included:

- widespread abuse and neglect of older people in residential aged care
- factors making it difficult for older people to find and access in-home and residential funding and services
- poor funding of aged care
- staff shortages, partly because of undervalued and poorly paid workers
- inadequate training and qualifications of workers
- lack of accountability when laws are not followed because of problems with the regulatory body and the management of services.

In response to the findings of the Royal Commission, the Australian Government is now reforming the industry. Aged care reform is founded on the principles of respect, care and dignity.



Cultural diversity in Australian aged care

Cultural diversity is the term used to describe the existence of many diverse cultures in society.

The word 'culture' refers to the many aspects of society that influence a person's way of living. Culture includes:

- values and beliefs (e.g. religious and spiritual beliefs)
- customs, rituals and traditions
- behavioural rules, norms, laws and morals
- language and communication
- the expression of ethnic, class, gender and sexual identities.

Cultural competency

Cultural competency

Learning about different cultures, respecting people's cultural knowledge and needs and overcoming your personal biases and assumptions about people from diverse backgrounds.

Cultural competency means learning about different cultures, respecting people's cultural needs and overcoming your personal biases and assumptions about people from diverse backgrounds.

Demonstrating cultural competency in aged care settings requires you to pay particular attention to the different experiences people have and helping to reduce barriers for people from culturally diverse backgrounds.

Making an active and conscious decision to respect everyone you are caring for or supporting does not mean that you have to share their beliefs.

Rather, it means:

- showing respect for all clients, irrespective of their culture, ethnicity, background or unique individual differences
- allowing your clients to express their culture in any way they wish, as long as they are not hurting others with their words or actions
- not pushing your own personal opinions about clients' ethnicities or backgrounds onto them
- finding ways to help clients meet their cultural needs.

If you feel uncomfortable around a particular person, ask yourself why. If the answer is because of their ethnicity or culture, make a conscious decision to respect them anyway, regardless of your personal feelings. This is what personal and professional maturity looks like.



Supporting people from diverse backgrounds

You will need to think about the cultural background of each person you support. Differences in culture can mean different expectations of you as a support worker. Always attempt to find out how the person's culture might affect the way you provide support. For example, there may be differences in:

- what is considered respectful language
- how the person dresses
- religious practices
- what the person believes.
- food preferences

Culture can also affect a person's attitudes to privacy. People from some cultures may not wish to have a person from the opposite sex helping them with the most personal types of support. This should be taken into account by your manager when rostering staff.

If the person does not speak English, you may need an interpreter to help communicate, or you might learn a few words of their language. You may need to find other ways to communicate with the person about their needs and preferences. For example:

- watching their body language carefully
- using pictures or gestures
- using communication aids such as translation apps or iPads
- asking family or friends to help you understand the person's preferences.

The Centre for Cultural Diversity in Ageing is the organisation in Australia that addresses how aged care staff and service providers must address cultural diversity. They have released the Inclusive Service Standards to help workers in aged care.

You can access the guide here: culturaldiversity.com.au/inclusive-service-standards

Community attitudes towards ageing

Ageism and discrimination against older people in our society are common and widespread.

There are widespread negative attitudes and common misconceptions in our community about older people. These misconceptions and stereotypes are known as **ageism**.

Ageism in Australia has led to older people being undervalued by many in society. It also leads to feelings of low self-worth and **discrimination**. These perspectives have possibly even led to aged care services being underfunded and neglected by governments.

Ageism

A set of negative attitudes, stereotypes and assumptions commonly held about older people.

Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

Ageism and common misconceptions

Ageism is a set of commonly held attitudes, stereotypes and assumptions about older people in our society. Ageism comprises many myths and attitudes about older people that are negative and often incorrect.

In the media and in the way we talk or joke about older people, we imply or believe that they are no longer useful and are a burden to society, with little to contribute to Australia's future.

The following are some common misconceptions:

- Older people put a strain on the Australian economy because of their pensions and healthcare needs.
- All older people socialise in the same way, so games like bingo are all they need.
- All older people are sick or unwell.
- All older people struggle with memory loss and senility.

We frequently display 'casual ageism' when talking to each other without realising it. The media and advertising often portray a world comprising only beautiful, ambitious and energetic young people. While this may seem harmless, ageism adds up and creates negative generalisations and misconceptions about being older.

Example Casual ageism

- "Get off the road, Grandpa!"
- "I forgot to do that; I must be ready for the nursing home!"
- "You bunch of boring old farts!"
- "OK Boomer."

Paternalism

Paternalism is an attitude that older people should allow others to make decisions for them for their own good. This practice takes control and **autonomy** away from older people in order to help them.

Paternalism automatically assumes that older people cannot make informed decisions for themselves. Paternalism can lead to the people around them making decisions *for*, not *with*, them.

Autonomy

A person's ability to make their own decisions.



Stigma

Stigma is the result of these negative attitudes. People often carry these negative attitudes into older age. They may feel a sense of shame rather than pride about being older. They may believe that they can no longer learn new things or that they are not useful to anyone. When you believe something negative about yourself, your actions and behaviours often follow.

Stigma

Seeing someone in a negative way, due to a particular circumstance or quality.

This can lead to:

- feelings of worthlessness, depression and anxiety
- a lack of interest in pursuing hobbies, work or other interests or pursuits
- a lack of interest in the future
- withdrawing from the community.

Discrimination

Discrimination means to treat someone unfairly or unequally because of an irrelevant trait such as being older. Discrimination can be direct or indirect.

The following are examples of direct discrimination:

- Older people are more likely to be overlooked when applying for jobs, even if they have a great deal of experience and ability.
- Older people are often spoken down to or treated like children in the community and can find it harder to be taken seriously by businesses.

Many of society's structures are set up in a way that indirectly excludes older people. This is called indirect discrimination.

The following are examples of indirect discrimination:

- Many companies require people to go online to contact them or use their services, meaning that older people, who may not be computer or internet savvy, are accidentally (and sometimes deliberately) excluded from services or find it harder to access them.
- Transportation can be difficult for older people to access because of barriers such as stairs and steps.
- Some hospitality venues consider it bad for business to have older people visible, so deliberately use strategies such as loud music or inaccessible spaces to discourage them.



Practice Task 1

Question 1

Provide two common misconceptions that Australians hold about older people and aged care.

Question 2

List three findings of the Royal Commission into Aged Care Quality and Safety.

Question 3

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

a. The Aged Care Quality and Safety Commission oversees the accreditation of all aged care services.	Yes / No
b. The National Disability Insurance Scheme provides government funding to eligible older people (over the age of 70).	Yes / No
c. Funding for residential care for older Australians is provided through the Commonwealth Home Support Programme.	Yes / No
d. An aged care consumer is an older person who is using aged care services.	Yes / No



Question 4

What is the ombudsman's role?

Question 5

Identify three potential impacts of stigma on older people.

Question 6

Explain paternalism and how it affects older people in residential aged care.



Question 7

Explain ageism and how it can affect older people in the community.

Question 8

Give two examples of how you can overcome a language barrier when providing support to a person from a different cultural background.

Question 9

List three ways you can support a person's cultural identity.



Question 10

List three issues facing aged care and community support in Australia.

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

1B

Identify and confirm scope and expectations of aged care role

Understanding the requirements of your job role and how you are expected to perform your duties is essential to delivering quality support and care.

When you are new to aged care work, there will be many new things to learn about the industry and your job role. You must ask questions and find out as much as you can about your role and expectations. Doing this will help you to work to a high standard, safely and within the law.

Identifying your job role

The support you provide will depend on the type of service your organisation delivers, your **position description** and the scope of your role. Entry-level aged care support worker tasks can include a combination of the following:

Position description
Provides details about one's work role (also known as a job description).

- getting to know new clients and residents to determine their support and care needs
- providing varying levels of support and performing personal care tasks
- monitoring the safety and wellbeing of the people you support
- documenting and reporting.

Support practices can include personal care activities, helping the person to eat and drink and supporting their quality of life with social interactions and intellectual pursuits.

You will need extra supervision, support and training when you are new to the role. Many organisations will provide you with a buddy to shadow rather than having responsibilities of your own. Your buddy can show you how to go about the day-to-day role.

Organisations develop policies and procedures that outline their expectations of the quality of support they provide to clients. These policies and procedures work in conjunction with position descriptions. Support workers are responsible for following the organisation's policies and procedures. Your supervisor, colleagues and position description are also good sources of information about the tasks you will perform.

Some managers will go through your position description with you during an orientation and induction session.

You can clarify and confirm your job role requirements by:

- reading your position description
- undertaking induction and orientation when you first begin the job
- asking questions of your manager or supervisor, buddy or other work colleagues.

Reading your position description

Position descriptions outline the work you are expected to do. They specify the tasks and duties you are responsible for when providing support and care to a person. They provide a clear statement about the obligations, responsibilities, boundaries and limitations of your particular role.

The position description will define your role in terms of:

- your purpose or objective – the reason for your role
- your level of responsibility – what you can and cannot do
- your key areas of responsibility – what you are responsible for
- the tasks that must be performed – what you must do as part of your role
- accountability and reporting arrangements – who your supervisor is and how you communicate with them
- any specialist skills or knowledge required – qualifications, experience or other needs that make you particularly suited to this role.

For example, a person may need support with their nutrition. The worker's position description may include a responsibility to:

- help the person plan and shop for their meals
- cook healthy meals
- supervise the person's safe eating
- help the person to clean up the kitchen.

Example

Identify job role requirements from position description

After completing her Certificate III in Individual Support, Josie found employment as an aged care support worker at a day service. Josie was feeling nervous because she had not previously worked with older people.

However, she did have a lot of experience working with people with disabilities. Josie attended the induction with her new supervisor, Aaron. They went through her position description together to clarify the scope of Josie's role. Aaron mentioned that Josie would need to support some clients with dementia. Josie said that she did not feel confident to do this on her own because she had only learned about dementia through her course. Aaron reassured Josie that she would be provided with additional training to help her with completing those tasks. Josie noticed that another task she had to do was to set up activities and games for groups of clients. Josie said that she felt confident in doing that because she had done it a lot in her work supporting people with disabilities. After the induction session, Josie felt confident that Aaron would support her to receive training in the tasks for which she had knowledge but no skills.

The scope of your role

There are limits to the support you are permitted to give. You may not have sufficient skills and knowledge or the specific training to provide all the support a person requires. It is important for your wellbeing, and that of the people you are supporting, that you work within your role.

It is very important that you understand the scope of your role and your limitations. The scope of your role includes the tasks that you are permitted to perform within your training, job role and service policies. It is your responsibility to speak up if you do not feel comfortable or you feel you may need further training or instruction in a particular task.

However, there are some tasks that support workers are not permitted to do, even with further on-the-job instruction and training.

These include:

- some medical procedures, such as inserting a catheter or dressing a wound
- giving medication unless you are specifically trained.

You should also not perform a task using equipment that you have not been shown how to use safely, including hoists. You should not give health, medical, financial or legal advice to a person or their family.

Please see these websites for more information about the role of aged care workers:

- aspirelr.link/acg-duties-responsibilities
- aspirelr.link/acg-jobs-in-aged-care



Clinical care tasks

Clinical care tasks include more intensive support tasks to assist clients and residents. These tasks may be taken on by more experienced aged care workers, enrolled nurses or registered nurses. Examples of clinical care tasks include:

- administration of medication – each state/territory has its own standards and guidelines for who can administer medications in clients' homes, community-based settings and residential facilities. In some states, aged care support workers are allowed to administer medications but only with specific training.
- dressing and redressing of wounds
- feeding clients through a feeding or PEG tube
- basic physiotherapy/rehabilitation exercises to increase mobility and functioning and decrease pain
- managing medical emergencies.

You must never attempt the above tasks unless you have been specifically trained in them. To do one of these tasks without training or supervision means you are breaching your duty of care towards a person or group of people.

Work role boundaries

Boundaries help you and your colleagues to place limits between your personal and professional roles and responsibilities.

Boundaries are guidelines, rules or limits that identify ethical, safe ways for people to behave. They establish acceptable workplace behaviours and help you to establish limits around your relationships with clients and residents. They also help you and other workers to remain honest, avoid false accusations of dishonesty and avoid burnout in your work role.

You will find these boundaries outlined in several documents, including your position description and the service's policies and procedures. You can also discuss boundaries with your supervisor, who will help you understand what they are and why they are important.

Boundaries include:

- not giving personal details such as your home address to your clients
- not talking about your personal problems with clients
- politely declining gifts of money or expensive items from clients
- dressing and speaking professionally

Boundaries
Guidelines, rules or limits that help you to behave in an ethical way and separate your professional from your personal life.



- not speaking about a client outside of the workplace or on social media
- only talking about your organisation in a positive way to clients.

Example

Identifying scope of your role

Sandra is providing HACC to Linda, an older person with low-level support needs who also has a mental health diagnosis. One of Sandra's work tasks is to take Linda for weekly outings to a cafe. Sandra's role is to monitor Linda and provide company in a social setting, but this does not extend to her providing counselling or advice about Linda's mental health issues. If Sandra steps outside of her work role, she may breach her duty of care obligations or cause injury or harm to herself or Linda. Sandra must be able to identify when a person requires assistance beyond her capacity, what type of service is required and how to access that service.

Practice Task 2

Question 1

List three ways you can confirm your job role requirements.

**Question 2**

Which of the following are reasons to have professional boundaries between you and the older people you support? Tick all that apply.

- To ensure all actions you are performing are legal and ethical
- To ensure you do not decide to leave the organisation if the older person dies
- To ensure you are conducting yourself in a professional manner
- To avoid burnout
- To avoid the client becoming too personally attached

Question 3

List three general work tasks an aged care support worker would be expected to perform.

Question 4

List two ways you can clarify your role as an aged care worker.

1C

Refer tasks outside of your role to the appropriate person

There may be a range of different situations and scenarios in which you will need to escalate tasks to your supervisor or a specialist team member.

When you first begin your aged care role, ensure you understand who you must report to when you have concerns or problems. Your organisation will have policies and procedures for how to escalate different work situations and the correct person to whom to escalate.

Asking for help

Always ensure that any decisions or actions you make are appropriate to your level of responsibility and in line with the organisation's policies and procedures that apply to your role. Situations may arise if you are asked to perform tasks that are beyond the scope of your role, such as by a client or family member. For example, they may ask you to:

- help with giving an insulin injection
- provide financial or relationship advice
- make a referral to another service for them
- perform a dangerous task in their home, such as climbing a ladder to clean high windows.

You are never permitted to perform tasks like these. In these situations, let the person know that you are not permitted to perform this task but that you will find a way for it to be done by a person who is qualified or permitted to perform it. Then, let your team leader or supervisor or an enrolled or registered nurse know about the request.

Example

Escalate tasks to your supervisor

A person may have fallen in the bathroom. Lifting the person could cause additional harm to the person or yourself. In this situation, the worker should call for help from a supervisor so the person can be transferred safely and have any injuries treated. If you are working alone in the community, your policy may require you to call an ambulance.

Example

Refer tasks outside your role

Depression and anxiety are common in older people. These conditions need to be assessed and treated by a professional such as a psychologist. If you are concerned that a person seems sad or anxious for longer than a few hours or days, report your concerns to a supervisor rather than trying to advise or counsel the person yourself.

Reporting concerns

Some concerns and problems can be solved by talking to your supervisor or other members of the team. Other concerns or problems may need to be referred to a professional such as a doctor or physiotherapist.

You should report to your supervisor:

- any concerns you have about the safety and wellbeing of a person you support
- any sign or suspicion of abuse or neglect
- any changes in the person's condition, such as a deterioration in their cognitive abilities or signs of illness
- pain or other symptoms that must be managed by a nurse
- requests that you know are not permitted to be performed by you or that are outside of policy.

Example

Refer tasks to the appropriate person

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

Meryl's plan requires Kimmy to perform the following tasks:

- help Meryl to have a shower
- help Meryl to prepare meals for the next two days.



When she arrives today, Meryl tells Kimmy that she has already washed and does not want to shower today. She says that she would like to use her two hours of support to go shopping for some new clothes. Kimmy knows this is outside of her regular work tasks, so she calls her supervisor and obtains approval for this task. The supervisor helps Kimmy access a taxi voucher. The supervisor also records the change in Meryl’s file as well as in her plan because this variation can now be included as an option for future visits without additional permissions needed.

Practice Task 3

Question 1

List three examples of situations you would need to escalate to a supervisor.

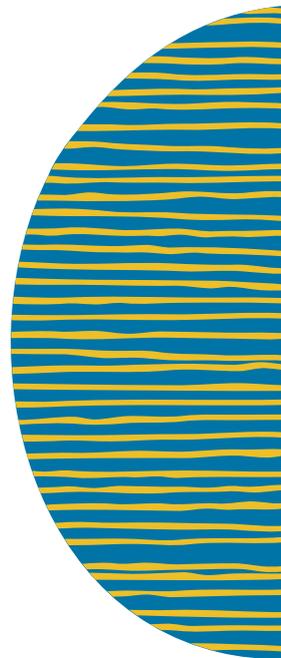
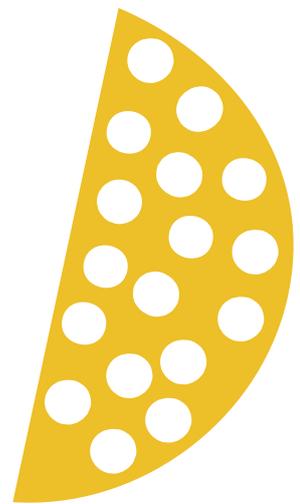
Question 2

List two tasks you must never perform in the role of an aged care support worker.



Summary

- The aged care organisation you work for must be accredited with the Aged Care Quality and Safety Commission.
- A range of funding packages and schemes are available to assist older people at home and to access residential services.
- Checking and clarifying your position description will help you to understand your aged care role and the scope of your position.
- Current issues in the aged care sector include the segregation of older people from society, negative community attitudes, cultural issues and abuse.
- The Royal Commission into Aged Care Quality and Safety (2021) has revealed many areas that need improvement.
- Ageism can lead to stigma and discrimination.
- You can clarify your role with your supervisor by discussing and asking relevant questions.
- Understand when you need to escalate workplace issues to your supervisor or a more experienced work colleague.





Learning Checkpoint 1

Meet aged care job role requirements

Part A

1. Which of the following parts of your position description would you refer to when identifying your job role requirements? Tick all that apply.

- Level of responsibility – what you can and cannot do
- Key areas of responsibility – what you are responsible for
- List of referees – professionals who can provide evidence of your skills and knowledge that are suited to your role
- Tasks that must be performed – what you must do as part of your role
- Accountability and reporting arrangements – who your supervisor is and how you communicate with them

2. List two actions you could take to discuss and confirm your job role requirements with your supervisor.

3. Match the aged care service below with its correct description.

Planned activity groups
Delivered meals
Home help
My Aged Care

Help people who cannot cook or prepare food
An information, referral and assessment service that helps older people access community aged care supports
Day services that provide activities for people, such as those with dementia
Help with housework and shopping



4. List three current issues facing aged care in Australia.

5. List three ways that you as a support worker could demonstrate cultural competency and respect for diversity in aged care.

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

a. The Aged Care Quality and Safety Commission oversees the accreditation of all aged care services.	Yes / No
b. The National Disability Insurance Scheme provides government funding to eligible older people (over the age of 70).	Yes / No
c. Funding for residential care for older Australians is provided through the Commonwealth Home Support Programme.	Yes / No
d. An aged care consumer is an older person who is using aged care services.	Yes / No



7. List three examples of work tasks that are outside of your job role and that you would need to refer to your supervisor.

8. Which organisation is responsible for the accreditation of aged care services?

9. Which of the following statements about attitudes and stereotypes are correct? Select all that apply.

- Older people in Australia prefer to live in aged care facilities.
- Paternalism and ageism both assume that older people cannot make healthy informed decisions for themselves.
- It is more common in Australia than in some other countries for older people to be in aged care.
- Stigmas about older people typically stem from paternalism and ageism.
- A common misconception about older people is that they like socialising in a variety of ways.



Part B

Read the case study and answer the questions that follow.

Case study

After working in an entry-level position for 18 months, you have just been employed in a new role as a support worker at a day service. Older people come to the day service every weekday to socialise and undertake leisure activities. The activities available for people include craft sessions, knitting and crocheting sessions, pet therapy sessions, cooking sessions, no-impact exercise sessions, community walks and watching movies and TV.

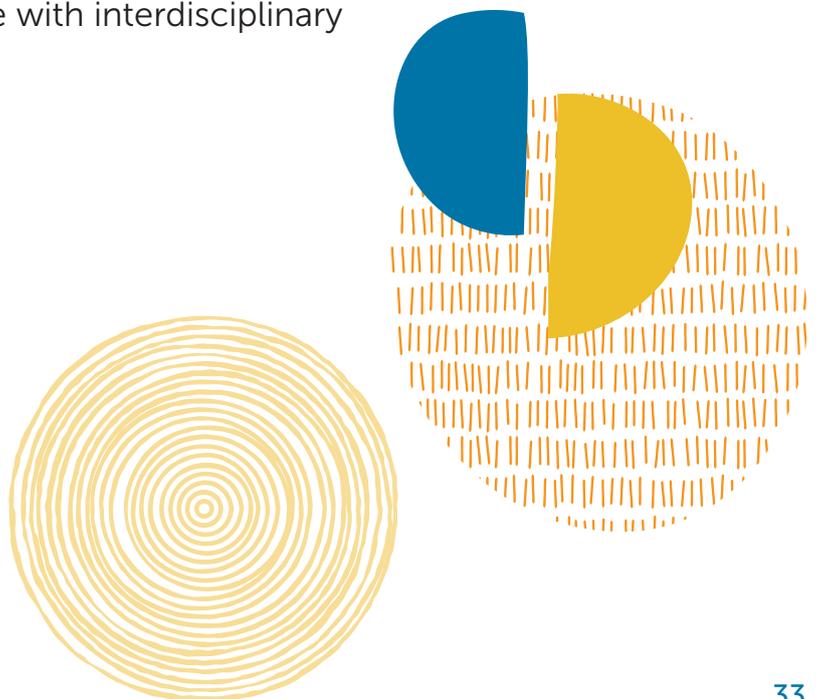
1. Explain the scope of your job role and who you would report to.

2. List two issues that aged care day services may face in Australia.



Topic 2: Work within organisational requirements

- 2A Comply with legal framework requirements
- 2B Comply with ethical and human rights requirements
- 2C Communicate and cooperate with interdisciplinary team members



2A

Comply with legal framework requirements

Australia has both national and state/territory laws that must be followed when you work in an aged care setting.

Legislation outlines the legal requirements that you must follow when working in aged care. Laws are written into legislative Acts, which are updated by the government from time to time to reflect changes in society and industry.

Some legislation that relates to your role also covers other industries and workplaces, while others are specific to aged care and aged care workers. Here are some examples:

Name of the Act	Legal requirements
<i>Aged Care Act 1997 (Cth)</i>	<ul style="list-style-type: none">• Protecting the interests, rights and freedoms of older people• Obtaining consent before proceeding with a work task• Reporting any concerns you may have that an older person is being abused
<i>Occupational Health and Safety Act 2004 (Vic.)</i> <i>Work Health and Safety Act 2011 (Cth, ACT, NSW, Qld)</i> <i>Work Health and Safety (National Uniform Legislation) Act 2011 (NT)</i> <i>Work Health and Safety Act 2012 (SA, Tas.)</i> <i>Work Health and Safety Act 2020 (WA)</i>	<ul style="list-style-type: none">• Working safely and reporting hazards and risks
<i>Privacy Act 1988 (Cth)</i>	<ul style="list-style-type: none">• Protecting the privacy and confidentiality of older people

Risk assessment frameworks

Risk assessment frameworks are legal processes that must be followed by all staff. Different staff members have different levels of responsibility in assessing risk.

Physical risk can happen because of hazards in the environment, which can lead to injury. There are other types of risk that you must also be aware of, including the risk of harm caused by clients' or residents' behaviours, the risk of abuse and neglect, health risks and psychological risks.



Duty of care

Your **duty of care** refers to your responsibility to act in a reasonable way, within your job role and training, to protect others from harm. If you identify that an individual or another person is at risk of harm, you are legally obligated to act in a way that minimises this risk. Supervisors, managers and more experienced staff will have a higher level of responsibility than less experienced staff.

Duty of care

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

Your duty of care includes the following:

- Be proactive to prevent hazards, such as cleaning up a wet floor as soon as you notice it.
- Use the techniques and equipment outlined on the plan when performing any manual handling tasks.
- Be alert to changes in the person's condition so that you can be prepared for additional risks to yourself and the client during a transfer.
- Report risks and hazards to your supervisor as soon as possible.
- Do not perform tasks that you think are unsafe, even if they are written in the plan. Talk to your supervisor when you have these concerns.

Identifying common risks in residential aged care

As you work, be alert for problems that could pose a risk, such as looking for hazards and changes in the person's behaviour or condition that could lead to physical or emotional harm.

Common risks in residential services include the following:

- People with reduced mobility are at higher risk of falling.
- Older people and people with disabilities are often more prone to catching and can become sicker from transmissible diseases, such as gastroenteritis, influenza or COVID-19, compared with others in the community.
- Many older people can be at risk of loneliness and depression.
- Frail older people can be at risk of dehydration and malnutrition.
- People who have physical health needs or who are frail can be at risk of pain and illness.
- Some people, such as those with cognitive disabilities and dementia, can be at risk of infection resulting from not attending to their personal hygiene or because of medical conditions.
- Many older people with swallowing difficulties are at risk of choking or aspirating their food or drinks, leading to pneumonia.
- When people are not able to move or turn themselves in a bed or chair, they are more likely to develop pressure injuries.



Here are some strategies to assist in identifying risk:

Hazard inspections	A hazard inspection involves the use of a checklist to help you locate certain types of hazards in the environment. For example, if you begin working in a person’s home, you may be asked to complete a hazard inspection first to help you identify any dangers in the home.
Making daily informal observations	Watch for changes, no matter how small, in the people you support and document or report what you see. This can include: <ul style="list-style-type: none"> • changes in skin colour • marks, injuries or bruises • changes in behaviour • changes in appetite • weight loss • changes in body language that might indicate pain or discomfort • changes in gait or mobility.
Asking questions and listening	Some people do not think it is important to volunteer information about how they are feeling or changes in their mood or health. Practise asking questions that show the person that you care and explain that it is important for you to know about any changes. For example: <ul style="list-style-type: none"> • I’ve noticed you are very quiet today. Is there anything you need?
Listen to your instincts	If you feel something is not quite right, pay more attention to why you might be concerned. Sometimes vague concerns about a person’s health or wellbeing can turn out to be important clues that they might be at risk of depression, abuse or illness. Talk to your supervisor about any concerns you have.

Respond to risks

How you respond to risk will depend on the type of risk and the harm that could be caused.

Some risks are not urgent and can simply be documented in the person’s file notes. For example, if you have noticed that a resident has not eaten well today, you should ask them about it and then document and monitor their appetite further.

Other risks are more urgent and should be reported as soon as possible. For example, if a resident or client has a fever and headache, it is important to report this to your supervisor so that action can be taken.

Your workplace policies and procedures will provide guidance on how risks are reported and managed in your workplace.



Here are some examples:

<p>Risks in the environment</p>	<p>Remove the hazard</p> <p>If you see a hazard that could result in injury, such as water on the floor, you can fix the problem straightaway.</p> <p>Isolate the hazard</p> <p>Isolating the hazard involves keeping it away from people so that it can be addressed later. For example, if you notice that a piece of equipment is broken, you can tag it as broken, store it in a storeroom and write a report for maintenance to repair it.</p> <p>Report the hazard</p> <p>Some hazards in the environment may be beyond your control. For example, if you notice slippery garden paths that are used by an older person, you might report this to your supervisor or complete an incident report.</p>
<p>Urgent risks to the person's health or wellbeing</p>	<p>Call emergency services</p> <p>When a person is in an emergency situation, such as sustaining a serious injury, you might need to call for:</p> <ul style="list-style-type: none"> • an ambulance (if you are in the community) • urgent help from a nurse (if you are in a residential aged care facility).

You will often be given information in an individualised support plan or a handover when there is a new risk you need to be aware of, such as when a person has been assessed as being at high risk of falls. You will also be provided with strategies for managing the risk to prevent injury or harm to the person.

Example

Managing risk

Paul is an 89-year-old man with dementia. His dementia has progressed, and he spends a lot of time walking around the facility and talking to staff. Paul has become at greater risk of falling. He stumbles occasionally as he walks and often forgets to walk with his frame.

Paul wants the freedom to walk. He has always been active and doesn't like to sit still. The staff are concerned about his safety. These two factors need to be carefully balanced.



A meeting is called with Paul, his son, the care manager and a support worker. They discuss some options for Paul’s safety that could help him maintain his freedom to walk wherever he would like:

- The physiotherapist will be asked to assess Paul’s walking frame and determine whether it still suits his needs.
- An alarm mat will be placed next to Paul’s bed and chair. When the alarm goes off, the staff will know to go to him quickly and remind him to use his walker, then supervise him where possible.
- Paul will wear hip protectors to prevent serious injury if he does fall.

Visit the following link to learn about the Dementia-Friendly Home app, which can be used to help family carers make their homes more accessible to people living with dementia: aspirelr.link/dementia-friendly-app

Risk assessment in the person’s home

An older person experiencing frailty, mobility issues, dementia or other cognitive impairments and who is living in their own home may encounter a range of risks, as described below.

Food safety	<p>People may forget or be unable to safely store and prepare food and drinks.</p> <p>They may leave items out of the fridge for long periods (because of dementia or the inability to physically lift and move items) or keep items well beyond their use-by dates.</p> <p>They may eat food that is uncooked or prepared in an unsafe manner. They may forget to eat or drink.</p> <p>You may need to check that the person requiring support is storing their food safely and that they have access to and are eating regular healthy meals.</p>
Water temperature	<p>People with dementia may be unable to judge water temperature or forget that they need to check it.</p> <p>They may enter a shower or bath when the water is too hot and sustain burns.</p> <p>They may enter when the water is very cold and become sick.</p> <p>These risks can be minimised by ensuring that people are supervised in these situations. It can also help to have a water temperature limit in homes and aged care facilities to reduce the risk of burns and scalding.</p>



<p>Personal and home security</p>	<p>Memory and judgment play important roles in personal and home security. A person with dementia may find it difficult to judge who is a 'safe' person and who is not.</p> <p>Some techniques for ensuring that people with dementia are safe in their own homes include:</p> <ul style="list-style-type: none"> • using signs to remind them to lock doors and windows • talking to them about installing self-locking doors that can be opened from the inside • having a list of emergency phone numbers by the person's phone or pre-programming numbers into their mobile phone.
<p>Appliance safety</p>	<p>Household appliances such as toasters, ovens, hotplates and kettles can cause fire and injuries if they are used incorrectly.</p> <p>Strategies for managing risks associated with household appliances include:</p> <ul style="list-style-type: none"> • having appliances with a cut-off switch or alarm • placing signage around the home to remind people how to use equipment • turning off gas or electric stoves or using locks to limit their use.
<p>Falls</p>	<p>There are a number of reasons why older people are at increased risk of falling, including:</p> <ul style="list-style-type: none"> • muscle weakness • changes in vision or feeling • balance issues • unsafe shoes • side effects from medication • trip hazards such as rugs, poor lighting or uneven surfaces. <p>Some techniques for improving safety inside the home include:</p> <ul style="list-style-type: none"> • removing clutter from walkways and corridors • adequate lighting • adhesive strips on mats and rugs • avoiding clothing that is too long • wearing comfortable shoes that fit well • not wearing socks or loose slippers.

Visit the following webpage for information about falls and the services available for older people to reduce the risk of falling in their homes: aspirelr.link/vic-falls-prevention



Example

Identify and respond to situations of risk in the home

Mrs Richmond is a 71-year-old woman. She has always cooked her own meals and baked cakes and scones for herself, her family members and her friends. Lately she has been experiencing some memory loss. Staff recently discovered that she had forgotten to remove something from the oven, and it burned and set off the smoke alarm.

Her current supports involve some assistance with cleaning and shopping. When supporting Mrs Richmond, the support workers talk to her in a way that is sensitive and understanding. She admits to them that she is starting to forget things more often and that it is worrying her. The workers notify their supervisor that there may need to be some changes made to Mrs Richmond's individualised plan and supports. A meeting is arranged with Mrs Richmond to discuss the possibility that she may need further help at home. The supervisor asks her questions about what she would like help with, and Mrs Richmond tells them that baking has always been a part of her life and she would be lost without it. The supervisor arranges a GP visit so that her funding can be increased to include more support from the service as well as some additional safety aids being fitted to her kitchen.

Safely planning a community activity

If the person you are supporting would like to attend a community activity or setting, you may be asked to first perform a hazard inspection or basic risk assessment to determine the level of risk to both them and you. These are then documented in a community support plan, which is commonly used to help document risks and methods to reduce risks.

The risk assessment framework might include checking for risks such as:

Safety factor	Planning considerations
What temperature is forecast?	<ul style="list-style-type: none">• Avoid community visits on very hot or cold days.• If the weather is warm, ensure the person has regular sips of water and other liquids.• Make sure that the person is dressed for the weather.
Is there adequate shade?	<ul style="list-style-type: none">• Take a hat for the person to wear if it is an outdoor activity.• Provide sunscreen.• Do not stay outdoors in full sun for long periods.



Safety factor	Planning considerations
What transport will be used to travel to the activity?	<ul style="list-style-type: none"> Consider the person's safety if they have mobility issues. Does the transport involve walking up steps? Can it be accessed in a wheelchair?
Does the person have behaviours of concern that might put them or others at risk?	<ul style="list-style-type: none"> Do you have adequate supervision for the number of older people who will be attending? Do staff know how to reduce the risk of aggression or other behavioural issues?
Will the person need to cross busy roads?	<ul style="list-style-type: none"> People with dementia can become confused in situations where there is a lot of noise and fast-moving objects, such as a busy road. They may find it difficult to judge the speed and direction of a car. You may need to ensure that the person you are supporting is supervised near busy roads. Similarly, a person who is frail or has mobility issues may need additional support when crossing roads or in high-traffic areas where many pedestrians are walking or rushing by.
Is the person at risk of wandering away?	<ul style="list-style-type: none"> The person may wander away or go looking for a person or place that is familiar to them. People who are likely to wander away need to have personal information and emergency contact numbers in their pockets, on bracelets or in their wallet or purse.

Visit the following webpage to learn more about risk assessments and why they are essential when planning activities: aspirelr.link/cdcs-risk-assessment

Example

Planning a community activity

Yachi has been supporting Sidney each weekday with personal care tasks and preparing lunch. Sidney says to Yachi that he would like to have lunch at the local park, which is only a block away from his house. Yachi considers what they will need to have lunch outside as well as the risks that this activity may pose for Sidney. Recently, Sidney has had a couple of near misses when using his walking stick, where he has slipped and nearly fallen over. Yachi recommends to Sidney that they take his walking frame instead of the walking stick. Sidney agrees with this idea. As they walk to the park, Yachi carries the food, and they both keep a careful eye out for uneven surfaces in the concrete. When Sidney feels like he needs a rest from walking, he sits on the walking frame for a few minutes.

Legal requirements for medication administration

You must have specific training before you are permitted to assist a person with medications. During this training, you will be required to learn about and practise using the safeguards that are in place to help you to perform this task safely.

Most states and territories have legislation that provides for some support workers to administer medicines. This means that a trained and competent support worker can help when a resident or client requires physical assistance to administer medicines, such as unscrewing bottle lids or removing tablets from dose administration aids.

Support workers in aged care settings are only able to assist a person with medications that are administered via a pre-packaged device known as a **dose administration aid (DAA)**. This contains medication that has been carefully checked and sorted into the times of the day that it is to be given.

Dose administration aid (DAA)

A package that contains the person's weekly medications, put together by a health professional.

Your organisation will have policies and procedures in terms of a risk assessment framework for medications, such as when a medication error has occurred. A medication error is a serious critical incident, and you may be required to call an ambulance if a client has received the incorrect medication. If your organisation has nursing assistants, enrolled nurses or registered nurses, they may be the ones who take over the management of this incident.

Policies and procedures will also outline the reporting and documentation requirements for situations such as if a client refuses their medication, medications are missing or out of date or the dispensing device appears damaged or tampered with.

Every worker must be familiar with the policies and procedures in their workplace. Policies and procedures may be accessible in hard copy or the staff intranet. If you cannot locate the policies, ask someone to show you where they are kept.

Items included in an organisation's medication policy

- A list of staff responsible for supervising, administering and documenting medications
- Contingencies (or unexpected events) that must be reported and how this is done
- How to deliver medications, such as using a DAA and other resources
- Limitations to your role, such as administering injections or counting Schedule 8 poisons

Here are some examples of the types of rules that may apply to support workers regarding the administration of medication:

- Support workers must complete a three-day, in-house training program prior to any assistance with medication.
- Support workers must always follow the support plan.



- Medication assistance must be recorded in the person's progress notes.
- A person's non-adherence to the support plan must be reported and recorded.
- Support workers may only assist with medications in a Webster-pak filled by the pharmacist.
- Support workers must never administer medication via injection or rectal or vaginal insertion.

Some important things to remember when assisting with medications after you have received your training:

- Always take care to focus only on the task you are doing. Distractions can cause you to make mistakes.
- Take your time and be careful. You will need to be supervised when you first assist with medications.
- Always ask for help if something does not seem right.

The five rights

The 'five rights' are an easy way to help you to remember the steps that you need to check as you administer any medication. It is good practice to learn the five rights and use them systematically and carefully. Being aware of these rights will reduce the risk of medication errors.

Right person	<ul style="list-style-type: none"> • Look at the person's photo and compare it to the person. • Check that the person's name on the package matches the name on the medication chart. • Ask the person their name. Avoid asking 'Is your name X?' because a person with dementia or intellectual disability may automatically say 'Yes'. Instead, ask 'What is your name?' and make sure that this matches the documents.
Right time	<ul style="list-style-type: none"> • Check the medication chart and the DAA. Both should have times that the medications are given. • Check that the date is correct and that the medication is still in the packet for the time you are giving it. • The DAA will often have a broad range of times. These may include 'Breakfast', 'Lunch', 'Dinnertime' and 'Bedtime'. • Make sure that the medication has not been signed off on the medication chart for the current time.
Right medication	<ul style="list-style-type: none"> • The medication chart will tell you the names of the medications that the person is currently taking. • This should match with the drug names on the back of the DAA. You do not need to understand drug names; just check that they match.



Right dose	<ul style="list-style-type: none">• Check the number of tablets in the DAA. Does it match the number of tablets that are prescribed on the medication chart?
Right route	<p>Check how the medication is given. The route might be one of the following:</p> <ul style="list-style-type: none">• Oral (O) – tablets or liquid given by mouth• Sublingual (S/L) – tablets that dissolve under the person’s tongue• Inhaled (inh) – medication that is inhaled through a device• Per rectum (PR) – medication that is administered into the rectum, where it is absorbed into the body• Per vagina (PV) – medication that is administered into the vagina, where it is absorbed• Drops (gutt) – medication that is administered into the eyes or ears• Topical (top) – medication that is administered onto or into the skin or mucous membranes, such as creams or patches.

Example

Following legislation for safe medication administration

As with all personal care tasks, the person has both rights and responsibilities.

Here are some examples:

- The person has the right to know and understand what they are taking and why. This is the role of the GP. You should not give the person advice or information about their medications. If they have questions, refer the person to a nurse or doctor.
- Older people have the right to refuse their medications. If this happens, you can encourage or remind them that it is important for them to take them or try to assist them again later, but you cannot force the person to take them. Let a nurse know that the person has refused and document the refusal.

Restrictive practice

Any intervention or practice that restricts the rights or freedom of movement of a person.

Restrictive practices

The use of **restrictive practices** is closely legislated and monitored in residential aged care.

Under legislation, there are five kinds of restrictive practices:

- **Mechanical restraints:** devices designed to limit freedom of movement, such as



ties, tray tables, princess chairs, cot sides, clothing items, mittens to prevent the person from scratching their face or a tight belt or all-in-one to prevent a person from removing their continence aid

- Physical restraints: for example, holding down a part of the person's body such as their arm to prevent them from hitting you or others or resisting care
- Chemical restraints: such as medications given to prevent the person from being aggressive
- Environmental restraints: for example, limiting the person's movement between parts of the facility or the outdoors
- Seclusion: such as keeping the person in a space or room alone.

Even if restrictive practices are used for the safety and comfort of the person or others, they must now be approved under strict conditions and written into the person's behaviour support plan (BSP). Residents who have ongoing behaviours of concern will have a BSP designed by behaviour support specialists.

Legal requirements for use of restrictive practices

There are legal requirements regarding who can use restrictive practices and when and in what circumstances they can be used.

Restrictive practices should always be used as a last resort and only to keep the person or others safe from harm or injury. Other residents who live in the facility also have the right to live without fear and to feel safe from harm and aggression, so this is a factor when thinking about the use of restrictive practices.

You and your service must do everything possible to address behaviours of concern without using restrictive practices. Approval to use these practices can only be given when the staff can show documented evidence that they have considered and/or tried less restrictive measures. You cannot use restrictive practices that are not written into the person's BSP, except in an emergency.

Here are the requirements and parameters for the use of restrictive practices:

It must be the last resort	The last resort means that you have tried or considered all other possible options that do not interfere with the person's rights or freedoms.
It can only be used to prevent harm to the person or someone else	Harm can be physical or emotional. However, you cannot use restrictive practices simply to make your life easier or to stop the person from annoying you.



It must be the least restrictive alternative	Your service must first have tried or carefully considered less restrictive ways to reduce the risk of harm, and these must be documented in the BSP. For example, you cannot use bedrails if an alarm on the floor, which alerts staff when the person stands up, can keep them safe instead.
It must be carefully approved and documented by a health practitioner such as a GP who knows the person	The GP must show that the person is at risk of harm to themselves or others and why this restrictive practice is necessary. This must be documented in the BSP.
There must be informed consent	Informed consent means that the person or their substitute decision-maker agrees to the use of the restrictive practice.
It must be used for the shortest amount of time possible	You must stop using the restrictive practice as soon as the risk is no longer present.
It must be monitored and reviewed	Your service must prove that the need for the restrictive practice is reviewed regularly and that the person is safe and comfortable at all times. If a less restrictive option becomes possible, this must be used instead.

Using restrictive practices in emergencies

The law allows for you to use restrictive practices that are not recorded in a person's BSP to protect the person from harm in an emergency situation. For example, if the person is about to walk out into traffic, you might need to pull them or hold them back to prevent them from being hurt.

If a person is attacking another resident or staff member, you may use only enough force to prevent harm and only for as long as necessary while there is risk of harm.

If you or another staff member have had to use an emergency restrictive practice to prevent harm, you must:

- use the minimum amount of force necessary
- do what you can to reduce the amount of time the practice is needed, such as calling for help and removing the other person from the area
- report and document the event, including the force or restraint that was needed and why.



Example

Using restrictive practices

Read the following example to gain a better understanding of identifying when a restrictive practice is necessary.

Arthur has severe dementia and is unable to communicate. He is transferred from his bed to his chair every morning using a hoist. While he is in the air being hoisted, he always becomes distressed. He screams at a piercing volume and hits out at staff while they are performing the transfer. The staff have considered the need behind the behaviour of concern and have decided that Arthur feels frightened during the transfer.

The BSP documents a range of strategies that the staff have tried:

- changing the transfer to a later time in the morning
- playing music through headphones during the transfer
- giving Arthur soft objects to hold onto during the transfer so that he is less likely to hit staff
- talking to Arthur in a soft and calming voice during the transfer.

None of these strategies have worked. The staff feel that their own safety is at risk because Arthur is tall and strong and can lash out a long way from inside the hoist sling.

The manager has determined that a restrictive practice might be the only way to keep the staff and Arthur safe during this transfer. She talks to Arthur's daughter and GP. Together they determine what they feel is the least restrictive way to keep Arthur and the support staff safe.

A new type of sling with a large Velcro attachment is ordered. The attachment stops Arthur from moving his arms while he is in the sling. Arthur's daughter and the GP have given written permission and consent for this attachment to be used, but only on days when Arthur is agitated. As soon as Arthur is safely in his chair, it must be removed.

The staff continue to try other methods first, but the attachment is used according to the BSP as the only way to keep them from being injured. Later, when Arthur's dementia has progressed, he has no signs of agitation or aggression, and the Velcro is no longer needed.



Practice Task 4

Question 1

Explain the meaning of restrictive practice and give two examples.

Question 2

Which of the following statements relate to the legal requirements for using a restrictive practice? Tick all that apply.

- Restrictive practices are illegal and cannot be used under any circumstances.
- Restrictive practices must be recorded in a BSP unless they need to be used in an emergency.
- Restrictive practices must only be approved for use if they are necessary to protect the person or others from harm.
- A doctor, nurse or physiotherapist are the only people allowed to use restrictive practices.
- The person or their substitute decision-maker must give consent for an ongoing restrictive practice to be used.

Question 3

Give three examples of methods to identify risks while working as a support worker.

**Question 4**

Briefly describe the meaning of duty of care in aged care.

Question 5

Which of the following outline the legal requirements that you must follow when working in aged care? Tick all that apply.

- Work Health and Safety Act 2011*
- Information Act 2009*
- Privacy Act 1988*
- Aged Care Act 1997*
- Pension Act 1988*

Question 6

List two risks associated with segregating an older person from the community and two risks associated with congregating older people together in residential care.

Question 7

List three ways support workers can minimise risks to the person when assisting them with their medication.

Question 8

Which of the following are risks that may be encountered when supporting an older person in their home? Tick all that apply.

- Food safety
- Water temperature
- Time management
- Appliance safety
- Falls

Question 9

How can a support worker ensure the safety of an older person when planning an activity that is outside of the person's regular setting?

2B

Comply with ethical and human rights requirements

As a worker in any field or sector, you would be expected to engage in certain behaviours.

These are outlined in your organisation's policies and procedures, the codes of conduct for your industry, national and state laws and human rights frameworks.

Comply with industry standards and professional conduct requirements

The National Code of Conduct for Health Care Workers gives you the necessary information about how to work ethically, legally and within the scope of your role. You must report to your supervisor:

- anything that makes you feel concerned for the safety and wellbeing of a person you support
- any sign or suspicion of abuse or neglect
- any changes in the person's condition, such as deterioration in their cognitive abilities or signs of sickness
- pain or other symptoms that must be managed by a nurse
- requests that you know are not permitted to be performed by you, or that are outside policy.

You can read more about the National Code of Conduct for Health Care Workers here: aspirelr.link/aaa-coc-aged-care

For workers in aged care, the Code of Conduct for Aged Care sets out the expected behaviours of workers and aged care providers. Age Care service providers have responsibilities to comply with the Code and to take reasonable steps to ensure that aged care workers comply with the Code. Examples of behaviours you should report to your supervisor include:

- any act that shows disrespect to a person's freedoms and dignity
- any act that doesn't respect a person's privacy
- any care or support that is not safe or the person providing care is not competent in their care or skill.



You can read more about the Code of Conduct for Aged Care -a fact sheet for aged care workers here: aspirelr.link/coc-aged-care

You may also find that your organisation has its own employee code of conduct. This employee code of conduct will reflect the National Code of Conduct for Health Care Workers – the wording may be slightly different, but it will still have similar standards of work and ethics you must abide by.

How do you know if you are complying with this professional code of conduct? Consider the table below:

Do	Do not
<p>Be on time Always arrive to work or a scheduled meeting on time. Being late sends the message that you do not value or respect the other person’s time.</p>	<p>Carry your bad mood into work Leave any bad feelings at home and remember not to take out your anger or frustrations on clients or co-workers.</p>
<p>Dress appropriately Maintain a high level of personal hygiene, grooming and presentation. Ensure your work clothes are clean and tidy and allow you to perform your work tasks in a comfortable and safe manner.</p>	<p>Swear or use inappropriate language This can cause offence to your clients and co-workers.</p>
<p>Offer to help your co-workers This is especially important when they are overburdened or presented with a challenging situation.</p>	<p>Gossip This can lead to strained workplace relationships and make you seem immature. Depending on what information you are sharing, you could also be breaking privacy and confidentiality laws.</p>

Supporting human rights in aged care

Human rights for older people are protected in service frameworks, quality standards and legislation.

Human rights reflect the things that humans need to live adequately in terms of physical and psychological wellbeing. Human rights are reflected in laws, legislation, service delivery standards and other frameworks. Human rights are a list of expectations that all humans should be able to access. They include the right to live with dignity, safety, freedom and equality.

You can read more about human rights here:

- United Nations Universal Declaration of Human Rights: aspirelr.link/udhr
- Human Rights Commission Australia: aspirelr.link/what-are-human-rights



Charter of Aged Care Rights

The Charter of Aged Care Rights describes the universal rights of older people and their families when using Australian aged care services. A copy must be given to the older person in a language or format that they understand, and it must be explained to the person when they first enter the service or need their rights upheld.

You must protect the rights of older people when you work in aged care. This includes:

- asking their permission before undertaking any procedure or activity
- respecting their privacy and dignity
- not discriminating against them based on their age, gender, sexuality, disability, religious or spiritual beliefs, ethnicity or culture
- allowing them to express their opinions, views and beliefs in any way they wish, as long as they are not hurting others
- considering their individual needs, goals and desires
- respecting their decisions about how you support and care for them
- allowing, encouraging and supporting them to complain
- not manipulating, abusing or exploiting older people in any way.

To read the Charter of Aged Care Rights in full, visit:

aspirelr.link/charter-of-aged-care-rights

You can also read more about human rights frameworks in aged care here: *A Human Rights Perspective on Aged Care*: aspirelr.link/human-rights-aged-care

Video: Human rights approach

Watch the following video on human rights in aged care:

S02 E05 Royal Commission Part 1: A Human Rights Approach – Daniella Greenwood (Consultant): aspirelr.link/yt-human-rights-approach



Support practices that uphold human rights

Care and support are different approaches that must be used according to the policies and principles of aged care and the person's individual preferences, needs and abilities.

The Aged Care Quality Standards show the minimum requirements for providing care and support to older people. They include easy-to-follow explanations and examples of how to follow important principles of care and support.

Some of the most important principles that are covered in the standards and



legislation such as the *Aged Care Act 1997* include:

- being person-centred in everything you do
- giving the older person choice and control over their own lives
- following your duty of care to protect older people from harm where possible
- allowing older people the dignity of risk, which allows them to take measured risks
- responding quickly and appropriately to concerns of abuse or neglect.

Different people have different skills, preferences and histories. Some will take longer to do tasks than others. Some may need extra time to develop trust in you. You may need to tailor the way you communicate with the person you are supporting, provide them with reassurance in situations that you know they might find challenging and provide activities that reflect their interests and preferences.

Video: What are human rights?

Watch this five-minute video and think about the ways in which you can uphold human rights in your work with older Australians:
aspirelr.link/yt-human-rights



Respecting the person’s privacy

Privacy means respecting the person’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 or resident and their family.

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 or carers as well. 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.

Close doors and curtains	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 wait for a reply.



<p>Give space</p>	<p>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 and older people, regardless of their sexual orientation. Actively encourage and respect private space and time together by using 'do not disturb' signs, letting staff and visitors know that they are not to be disturbed and encouraging spouses or partners to lock the door.</p>
<p>Respect boundaries</p>	<p>Give the family and friends space and time to be together and try to recognise the times when your presence in the background is appreciated.</p> <p>You must stay out of a family's private business unless you have concerns about the safety or wellbeing of the client. Stay out of conversations about finances, future plans, relationship problems and other personal discussions.</p> <p>Do not give advice of a personal nature, including financial or relationship advice.</p>

Use person-centred care approaches

Using a **person-centred approach** means getting to know each person and taking time to learn about their individual preferences, needs and goals, then providing tailored support for that person.

In the past, aged care facilities used a one-size-fits-all approach. There was little consideration given to individual interests. Everyone might take part in a game of bingo, then a craft session, followed by a meal cooked in one big pot for everyone.

The person-centred approach is different. The key principles of a person-centred approach are outlined below.

Person-centred approach
 Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

<p>Respect difference</p>	<ul style="list-style-type: none"> • Find out what matters to the person. • Listen to and respect their individuality and different viewpoints, beliefs, values, preferences and abilities. • Provide support that is responsive to individual needs.
<p>Provide choice</p>	<ul style="list-style-type: none"> • Person-centred care is focused on giving choices. • When a person has dementia, you might have to limit choices to two or three options, such as two different coloured outfits for the day. • Even small everyday choices are important.
<p>Support and respect decisions</p>	<ul style="list-style-type: none"> • It can be more difficult for an older person with dementia to make decisions on their own, but it is still necessary to support them and give them the time to make decisions. • If the person does not want to take part in an activity or eat a certain food, this must be respected.



Find out about the person's past	<ul style="list-style-type: none">• You can learn a lot about the person's needs by understanding what they like to do.• Talk to them or their family and create activities and daily routines around the person's previous skills and interests.
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All of your interactions with an older person should be centred on them. This can include:

- helping the person to shower at a time that suits them rather than suiting your routine
- providing options for meals, clothing, activities and outings that suit the person's interests
- helping the person to follow their religious and cultural practices, even when they forget to do this themselves
- encouraging the person to continue old hobbies with simplified steps, such as gardening or simple cooking tasks
- being creative in how you reduce boredom with an activity they specifically enjoy.

Empowering the people you support

Empowerment
The process of gaining strength and confidence to voice one's own opinion.

Empowerment means giving control or power to the person so that they can learn to take charge. This can be achieved by encouraging them to practise making choices, teaching them decision-making and communication skills and helping them to access support.

You empower a person when you:

- encourage them to be more independent so that they can learn to do more things for themselves
- give them information about their rights to speak up or complain
- provide a small number of choices to allow them to practise making decisions
- provide communication aids to help them speak up on their own.

The difference between care and support

One of the underlying principles of supporting independence is that you must only do what the person needs help with rather than trying to do everything for them. In other words, you are there to support the person and work *with* them rather than *for* them.

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

Support

When you support someone, you allow them to be in control and only do the things they need help with. This is sometimes called the **active service model**.



Support can include:

- standing beside a person with dementia while they make their own lunch and reminding them of each step
- travelling with a person on a train to make sure they can get on and off safely
- staying with a person who is walking with a frame to help them if they stumble
- providing showering assistance to a person who can wash everything but their back and buttocks.

Care

When you care for someone, you have more control because the person is unable to take charge themselves. Of course, for some older people who cannot do things for themselves, you will need to provide care rather than support.

Examples of care include the following:

- You may help a person with severe dementia to eat by spooning small mouthfuls of food when the person is ready for each bite.
- A person who is very frail and unable to talk to you is transferred to a shower chair using a hoist, and all parts of their body are washed for them.

The active service model, or providing support over care when possible, has many advantages:

- It gives the person more control over their own activities and life.
- It allows the person to practise using their muscles and motor skills and to exercise.
- It allows the person to continue to use their brain, make decisions and think about what they are doing and how they want to do it.
- It helps the person learn new skills and maintain old ones so that they remain independent for longer.
- It helps give the person a sense of purpose and reduced dependence on others.

Encouraging autonomy

Autonomy means control. When a person has autonomy, they have control over their own body and the decisions that are made about their life.

Many people who receive care and support services are not used to being in control. They may feel they are a burden on others and that it is easier for others to make choices and perform tasks that they could still do themselves. They may believe they are pleasing you or making things faster for you if they allow you to take over.

You can help people who are dependent to feel more in control in the following ways:



- Encourage the person to do even a small part of a task that they are able to do, such as cleaning their own face in the shower, while you do the rest.
- Remind the person that continuing to use their skills is good exercise and can help them to keep these skills for longer.
- Ask the person how they prefer things to be done, even if you are doing the task for them.
- Let the person know what you are about to do, even if they do not seem to hear or understand.
- Allow the person to refuse care or support if they do not wish you to do the task.

Example

Using empowering language

“Right Mr Jones, it’s time for your shower,” Karen says as she takes his clothes from the wardrobe. Karen’s supervisor takes her gently aside and reminds her that this language implies that Karen rather than Mr Jones is in charge of Mr Jones’s life.

The manager suggests that Karen could instead say, “It’s 8 am, Mr Jones. Would you like to have a shower before breakfast?” This gives Mr Jones an opportunity to make the choice for himself and to feel that he has some control over his own body and the routine of his day.

Self-determination

Standard 1 of the Aged Care Quality Standards outlines the requirement for recognising the older person’s chosen identity and making sure they are informed and empowered to make choices about their care and support.

Self-

determination

A person’s right to have control over their own life and make independent choices about decisions that affect them.

Self-determination means that a person can make decisions about their own lives and can practise these decisions independently wherever possible.

It is important that you motivate and encourage the person you are supporting in developing self-determination. The more independence and choice you provide, the more control and power they might feel. These feelings can increase self-esteem and confidence.

Applying Standard 1 in your work role can be achieved in the following ways:

- Give the person as many choices as possible. For example, give them choices about their activities, outfits, meals and daily routines.



- Ask the person how they wish to be supported in the tasks you are doing for them and carry these tasks out in the way they wish.
- Provide the person with information about the available options. Information should be delivered in easy-to-understand language, in a format suitable to the person's needs (e.g. visual, written or audio). Consider the use of translation or interpreter services for clients with diverse language needs.
- Demonstrate respect for the person at all times. This involves listening to them and treating them with dignity.
- Involve people who care about the person in care planning and delivery. This can include children, carers, friends and advocates.
- Tailor support to meet the needs of the individual. For example, too many choices can be overwhelming for some clients. Consider narrowing down choices to two or three options to reduce unnecessary anxiety.

Video: Dignity and choice

Watch the following video about Standard 1 of the Aged Care Quality Standards: aspirelr.link/yt-consumer-dignity

Pay particular attention to the various ways support workers and services can help older people remain in control and at the centre of care planning and delivery.



Dignity of risk

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

For example, an older person can refuse to take their medications or use their walking frame. However, the person's dignity of risk must be balanced with your duty of care. This means that you have the responsibility to make sure that:

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

A support worker must carefully balance their duty of care with the person's dignity of risk, and sometimes you will need to seek guidance about how this can

Dignity of risk
A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit their freedom of personal choice.



be done. You must allow for a person's right to dignity of risk while ensuring that you are acting at all times within your job role. Sometimes this might mean simply reporting a concern or problem. When determining supports in consultation with the individual, you must ensure that no activities are agreed to that a reasonable person would envisage would cause harm.

Examples of dignity of risk
Allowing a person to work in the garden pruning roses, even if you are worried that they might scratch themselves.
Allowing a person to wander unrestricted but taking steps to reduce their chance of falling.
Allowing a person who uses a wheelchair to go shopping alone, even if you worry that they might be an easy target for having their money stolen.

Example

Provide support according to duty of care and dignity of risk

Charles is 91 years of age. He used to be a pilot and has loved planes all his life. One of his goals in his individualised plan is to engage in more outings in the community, and another is to reconnect with his passion for flying, which he misses terribly. Charles has dementia and is often confused. He is able to walk but is unsteady on his feet. A couple of years ago he had a fall and broke his hip. His next of kin is his 40-year-old grandson, Noel. Noel is worried about Charles's mobility and is fearful that he will not recover if he has another fall.

There is an air show in town next month, showcasing the classic planes that Charles used to fly. Staff have suggested that this air show would be a great opportunity for Charles and that it may assist in meeting some of his goals. Noel is adamant that Charles should not attend, even though Charles would love to go. Noel says that with all those bustling crowds and in an unknown environment, Charles could easily have a fall.

A key staff member knows how much Charles would like to go. Together they come up with a solution that addresses Noel's safety concerns while not restricting Charles or taking away his dignity to take risks. Charles will attend the show, using a wheelchair to protect him from the crowd and reduce the chance of him having a fall. Noel has decided he will attend with his grandfather and is quite looking forward to getting to know more about Charles's past.



Segregation of older people

In our society, older people and people with disabilities have been largely hidden away from the rest of the community. **Segregation** refers to institutionalising people 'with their own kind'. An aged care facility is a type of institutionalised care in which older people are separated from the rest of the community. They are often encouraged to use services inside the facility rather than the mainstream services used by the rest of the community.

For example:

- Doctors, hairdressers, optometrists and dentists may visit the service so the older person does not have to make an external appointment.
- Meals, even those on important occasions such as birthdays or Christmas, are provided inside the facility.
- Visits to the community are often done in groups, with private buses taking groups of older people to and from destinations, much like tourists on a tour bus.
- Family members are encouraged to visit the person rather than the other way around.
- Exercise is largely performed on the grounds, with walks and other types of exercise done within the walls of the facility.

Congregating older people together in this way can have benefits. It means that they are able to make friends with people from their own generation, with similar outlooks and experiences. It means that people who are frail are not subjected to travelling to and from appointments or other activities away from their home and support.

However, institutionalisation also has disadvantages for both older people and the rest of the community.

Risks associated with segregating older people from society

Segregation of older people into aged care facilities is a relatively modern Western concept. In the past (as well as currently in many countries), older people were cared for by their family and community. As with other types of segregation (including racial segregation and institutionalisation of people with disabilities), there are risks involved with our society's way of caring for older people.

These include the following:

- Younger generations miss out on learning from the experiences of older people and the wisdom and other benefits they bring.
- Older people, including people with dementia, are seen as 'different' or 'foreign' to

Segregation

Separating a certain group of people based on age, ethnicity or gender from others, with the effect of reducing the diversity of people in the community.



younger generations because they are less likely to be exposed to the full range of human age and experience.

- The more that older people are separated from the rest of society, the less they are seen as having a rightful place in public life, perpetuating discrimination and disadvantage.
- Ageing and death are not visible to many of us in the way they are in other cultures, meaning we find it harder to accept these experiences as a normal part of the life cycle.

Risks associated with congregating older people together

Apart from separation from society, our tendency to keep older people close together in shared accommodation can create risks for them within the service itself.

Infection

Aged care facilities can be much like a cruise ship in terms of being ideal places for disease to spread. There are many reasons for this, including the spread of viruses and bacteria by workers moving from person to person and being in contact with body fluids. Older people are also more likely to have weakened immune systems, placing them not only at greater risk of infection from living in close proximity to others but also at higher risk of serious illness.

In times of community crisis such as the COVID-19 pandemic, congregating older people together means the increased risk of isolation, necessary to protect them from community transmission.

Loneliness and lack of diversity in social interactions

Diversity helps to make life interesting for all of us. Many older people miss the vibrancy and companionship of children and young people. They can miss the company of their family and neighbours and the companionship of other natural friendships made in the community. Being around only older people who are frail or unwell can contribute to depression and reduce quality of life.

Limited pursuit of individual skills and interests

Each person is different. For example, consider the wide range of dedicated interests reflected in community social clubs and societies, including food and wine, music and dance, political activism, the arts, debating and a range of creative pursuits.

The people you support in aged care will have had lives dedicated to their individual interests and special skills. Many avenues to pursue these are lost once they enter aged care.



Example

Limited pursuit of individual skills and interests

- An older person who was once a professional watercolour artist is now given a pot of glue and asked to put glitter on paper flowers with the other unskilled older people in an art class.
- An older woman with a PhD in science is taken to play bingo as her only regular daily activity.
- An older man who was involved in great political and literary debates with his friends now sits in facilitated circle time with people with dementia talking about the weather.

Fear and harm

Many older people lose their privacy, dignity and sense of personal safety when they live with people with dementia and other conditions.

For example:

- The risk of having one's personal space invaded by others is high because people with dementia can easily wander into rooms and private spaces.
- People with dementia can sometimes make threats or cause physical harm to other residents.
- There is a higher risk of emotional abuse or harassment between residents, such as gay or transgender residents facing homophobic comments from other older people.

Value judgments and quality of life

Decreased social value leads to higher rates of stigma and discrimination and can reduce a person's quality of life.

As you have seen, older people are often devalued by society. As humans, we have a tendency to make snap decisions or value judgments about other people as soon as we see or meet them.

There are five main cues that we use to make value judgments when we first meet someone:

- how the person looks



- how the person speaks or is spoken to
- who the person spends time with
- the settings in which the person lives or spends time
- what we believe the person contributes to the community.

You might be thinking that the opinions of others in the community, especially strangers, are irrelevant and, to an extent, this is true. However, as humans, we usually strive to be admired and respected by others to feel good about ourselves.

The effect of value judgments on the person's quality of life

When people make negative value judgments about an older person, the older person can feel invisible, unimportant and ignored. When a negative value judgment has been made, certain things can happen to that person's quality of life:

- The person making the judgment is less likely to approach or talk to the person in a meaningful way.
- The person being judged can pick up subtle or obvious cues that they are not considered socially worthy.
- The person can also lower their own opinions and expectations of themselves.
- The person being judged is given fewer opportunities and less motivation to make friends, achieve goals and enjoy life.
- Each time a person is judged, it may further confirm their lack of value to others.
- Over time, a low sense of self-worth can lead to anxiety and severe depression.

Trying to stop society making value judgments is a slow and potentially impossible task, but we can help reduce the chance that the people we support are judged in negative ways.

Social role valorisation

Social role valorisation means to help older people feel valued by others in society in real ways.

We know that people in the community make value judgments based on the five factors listed in the previous section. Increasing the person's social value depends on reducing the chance of value judgments being made by others in these five areas. When you help to increase the person's social value to others, you also help them to experience better and more frequent social interactions with more confidence and enjoyment.



We can help the person to express the traits that the person values in themselves and that others value in society. This is called social role valorisation.

Here are some examples of valued social roles:

<p>Our society tends to value people who:</p>	<ul style="list-style-type: none"> • contribute to the economy • make a difference to the lives of others • dress nicely and are well groomed • speak with authority • are spoken to by others with respect • have a particular field of interest or knowledge.
<p>The older person might value traits in themselves such as:</p>	<ul style="list-style-type: none"> • being a good mother, wife, father or husband • keeping their room or house clean and tidy • being respected and acknowledged for their life achievements, including their career achievements • being immaculately groomed and dressed • contributing to the lives of others in a work role or volunteer role • having a sense of style.

The social value of supporting the person's appearance

Others in the community are less likely to start a conversation with an older person who is dishevelled and dressed in a tracksuit with food crumbs and coffee stains down the front.

Think carefully about how much effort you are able to offer to the person to help them dress and groom themselves when in public areas of a facility or in the community.

For example:

- Tracksuits on everyone in a facility day room may be easier for staff but may not reflect the standards of dress the person once held for themselves.
- Think of the phrase 'Look good, feel better' when you are helping an older person get ready in the morning. Extra time with makeup, perfume and jewellery can make the person's day and help them feel more confident about themselves in social situations.
- Avoid using clothing protectors that look like baby bibs or serviettes tucked into a person's collar like a child when the person is eating. Try hard to protect the person's dignity by finding better ways to support them, such as bringing them closer to the food or using specialised cutlery that is easier for the person to use without spilling food.



The social value of language and speech

The language we use is important because it underpins the values and ethics of workers in the aged care industry. Workers must hold themselves to a high standard in their use of language as they are a role model for the industry. When the language of industry leaders and workers reflects good values and respectful ideas, the rest of the community will follow.

Avoid using language that reduces the person’s value as a respected, intelligent adult:

- Terms such as ‘sweetie’, ‘love’, ‘dearie’ and ‘darling’ are not acceptable when referring to an older person in your workplace.
- Avoid using a singsong voice and intonation, which are often used only for babies and older people. ‘The-e-re you go, Harry, all ready for your breakfast now...?’ might be heard often in a facility, but this type of tone subtly reduces Harry’s value to himself and others, especially when it happens repeatedly over time.
- Do not talk over or interrupt the older person.

Aged care terminology

Terminology is always changing. Words that were acceptable 10 or 20 years ago may not be considered acceptable today. Often the reason for changing terminology is because our views, opinions and social ideas in the aged care industry, the community services sector and in the wider community change over time.

Here are some examples:

When referring to:	Accepted language
The person receiving support	<ul style="list-style-type: none"> • In community settings, ‘client’ is most often used. • In residential aged care, ‘resident’ is the most commonly used term. • ‘Consumer’ is a term used in the Aged Care Quality Standards for both client and resident.
A group of people receiving aged care services	<ul style="list-style-type: none"> • Use ‘older people’ instead of ‘the elderly’. • Never use terms such as ‘the oldies’, even if you mean it in an affectionate way.



When referring to:	Accepted language
People with a medical condition	<p>When referring to people with particular conditions like dementia, always put the person before their condition. For example, say:</p> <ul style="list-style-type: none"> • 'people with dementia' • 'people living with dementia' <p>Never say:</p> <ul style="list-style-type: none"> • 'demented people' • 'dementia residents' or 'dementia clients' • 'the dementias' • 'people suffering from dementia'.
Aged care workers	<p>In residential aged care, aged care workers are called:</p> <ul style="list-style-type: none"> • personal care workers • personal care attendants. <p>In community settings, aged care workers are called:</p> <ul style="list-style-type: none"> • support workers • community support workers.
Family members or other significant people who care for the older person	'Carer' should now be used only to refer to unpaid carers or family carers. This term should no longer be used to refer to paid workers.
Personal care aids and equipment	<p>Always avoid terms that are usually used for children or babies; for example, say:</p> <ul style="list-style-type: none"> • 'continence aids' rather than 'nappies' or 'diapers' • 'commode' rather than 'potty' • 'napkin', 'clothing protector' or 'serviette' rather than 'bib'.
Providing care and support	Avoid terms that imply that you are in charge, such as 'I will get the resident into the shower'. Instead say, 'assist', 'help' or 'support' the resident to shower.
Personal care tasks	<p>Use positive language when referring to care tasks. Avoid terms that imply that the person is powerless. For example, say:</p> <ul style="list-style-type: none"> • 'assist with meals' or 'meal assistance' rather than 'feeding' • 'assist with going to the toilet' rather than 'toileting'.

The social value of settings and company

Many of us take pride in our own surroundings. The people we spend time with can also be a source of pride. These settings and company can be social signposts that tell others we have value.

Here are some examples of how you might support this.

- Encourage and support the person to keep their room or home tidy and display belongings that make them proud or happy.
- Let your manager know if the person could benefit from home maintenance services if their home looks uncared for or shabby.
- Unless it is necessary to do so, avoid telling strangers that you are a paid worker.
- In an aged care facility, think about how an older person who is able to talk and communicate well might feel if they are seated at the table or in the lounge with people with advanced dementia.
- Make an effort to encourage and support friendships with other people outside of the workplace.

Example

Social valorisation in the community

If you take an older person out into the community, your manager may ask you to wear clothing without a company logo and remove any identification. This is an example of social role valorisation because the presence of a paid support worker can lower the person's value in the eyes of others and sometimes their own, and they may feel embarrassed about the way others see them.

The social value of purposeful roles

Most people strive to be valued for what they do or to feel that they have a sense of purpose. Here are some examples of how you can support this sense of purpose and raise the person's value in the eyes of others and themselves.

- Talk to the person about their skills, knowledge, experiences and achievements and take the opportunity to learn new things from them whenever you can.
- Support the person to express pride in their valued roles in any way they wish, such as helping a retired army veteran to wear his medals and badges.
- Seek out opportunities for the person to continue working in valued roles, such as teaching other residents, workers or school students to sew or play an instrument.
- Remind the person how important the roles they play are to you, their family and others around them.



Psychosocial disability

Supporting a client's human rights involves caring for all aspects of their physical and mental health and wellbeing.

The NDIS defines **psychosocial disability** as 'a term used to describe a disability that may arise from a mental health issue.' A psychosocial disability is not a diagnosis; instead, it describes when a person's mental health condition impacts their ability to navigate their life and have equality with others in society.

According to the Australian Bureau of Statistics, in 2018, 4.6 per cent of Australians (1.1 million people) were affected by a psychosocial disability. Of these:

- 85.5 per cent had at least one other disabling condition
- 38.8 per cent had a profound limitation
- 24.1 per cent experienced discrimination.

A psychosocial disability can result in barriers that inhibit a person's involvement in activities, such as:

- work
- education
- social activities
- cultural or public activities
- getting or keeping a home
- staying physically healthy
- achieving one's full potential or life goals.

According to the NSW Health Department, a psychosocial disability may restrict a person's ability to:

- enter certain environments
- concentrate
- complete tasks
- cope with time pressures and multiple tasks
- interact with others
- understand constructive feedback
- manage stress.

Mental illness describes a wide range of health problems that affect people's thoughts, moods, behaviours or the way they perceive the world around them. A

Psychosocial disability

A term used to describe a disability that may arise from a mental health issue.



psychosocial disability details how these present barriers to a person's interaction with, and equal access to, the community. Living with a mental health condition and its symptoms may make it difficult for some people to interact and manage the problems of everyday living. A person may feel uncomfortable or unwelcome in certain social situations: they perceive themselves as communicating and managing social situations differently. This can affect their ability and willingness to engage and socialise with others.

A psychosocial disability often interacts with other disabilities a person may be living with, such as the existing challenges a person may face living with a disability. For example, people with cognitive disabilities, such as an intellectual disability, dementia or a hearing or vision impairment might use resources to assist with activities of daily living. This may create barriers to participation in activities they enjoy. For some people, their disability can negatively affect their mental health. This could be related to concerns about their body image, social inclusion and being accepted and belonging in society. These additional concerns that compound an existing disability describe psychosocial disability.

The people you support with psychosocial disabilities may often need support from a range of services to meet their needs. This support may not be required all the time, but it will likely need to be monitored, and increased or decreased according to the person's mental health condition. For example, if a person experiences worsening symptoms.

Your service may have access to a range of professionals and programs to help you provide support. The person's individualised plan will list a person's preferred contact details. Speak to your supervisor and follow their instructions regarding the steps to take for additional or alternative supports.

Services that assist with managing individuals with psychosocial disabilities often cater the following areas:

- employment, training and education
- in-home support services
- community access and participation
- financial assistance and relief
- advocacy
- legal
- specialist support for cultural and linguistic needs
- gender and sexuality support
- counselling
- medical care.

**Video: Psychosocial disability**

Watch this video on psychosocial disability: aspirelr.link/yt-psychosocial-disability



How would you describe a psychosocial disability to someone who is unfamiliar with it?

Consider the impact that a psychosocial disability can have on a person's life.

Example

Recovery-oriented practice

Ben is 74 years old and has been living with schizophrenia for nearly 45 years. He lives in his own home near a community garden, which he has been visiting regularly for years. He is actively involved in the garden and enjoys the social aspect of it. He likes for his support workers to accompany him there to meet people from a diverse backgrounds who live nearby.

When Ben is well, he assists the teacher at a peer support program that targets people with mental illnesses. When he is unwell, he avoids the garden because he is embarrassed that his thinking becomes confused, and he knows that to others, his behaviour is strange. He believes people will avoid him. He will often stay in the hospital for several weeks, during which his medication is adjusted. When he feels better, he returns to the garden.

Practice Task 5

Question 1

List three professional conduct requirements according to the National Code of Conduct for Health Care Workers.



Question 2

Explain the meaning of social role valorisation and give two examples of how you can help older people achieve it.

Question 3

Which of the following terminology would be acceptable to use when referring to older people with or without specific conditions? Tick all that apply.

- The elderly
- People suffering from multiple sclerosis
- Dementia clients
- Clients living with dementia
- Older people

Question 4

How can you empower older people receiving care to exercise choice and self-determination?



Question 5

Give two examples of support practices that uphold a person's self-determination and dignity of risk.

Question 6

'Older people have had good lives, so it does not matter if they receive substandard care in old age'. Why is this a dangerous value to have?

Question 7

Provide three examples of the impact a psychosocial disability can have on someone's life.

Question 8

Briefly outline how a psychosocial disability is different from a mental health condition.

Question 9

Provide two examples of how a psychosocial disability interacts with other disabilities or mental health disorders a person may be living with.

Question 10

You are providing support to a person who is experiencing a period where their psychosocial disability is negatively affecting their social abilities and desire to engage with other people.

Suggest at least two additional or alternate supports that may be required to support the person during this time.

2C

Communicate and cooperate with interdisciplinary team members

Aged care workers are part of a team of people who provide care and support to the person.

It is critical that these team members communicate, collaborate and share with one another relevant information regarding the person they are supporting.

Building a good working relationship involves:

- being courteous and respectful
- using appropriate communication skills, including clear written communication
- returning phone calls and emails promptly
- becoming familiar with service guidelines, such as referral procedures and opening hours
- attending case management meetings as required
- keeping records and file notes up to date
- providing reports and relevant information as requested.

Working with and including family

The older person may have a spouse, family member, friend or primary carer who lives with or visits them and provides some support. These people are an important part of the care team.

Family members can often confirm that you are supporting the person according to their past preferences. They can help you to understand the person's preferred daily routines and how they like things done. If the person is unable to communicate their preferences, their carers or family members will often have detailed knowledge of the person.

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

Support 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 can help to make sure this is included and supported.



Here are some ways that you can include the family as part of the support team:

Including the family in support
Talk directly to the person as the centre of the discussion.
Include the family in discussions about the person's support when the person is happy for you to do so.
Ask for further information from family members if they voice concerns, and report these concerns to your manager.
Respect the person's confidentiality around family. They may not wish to share details of their condition or support needs with family members.
Listen to service users and their family carers. Take their feedback seriously, follow up on all promises and never discuss personal information with unauthorised people.
Graciously accept offers of help from family members to carry out your duties, but only if it is safe practice and the person is happy for family members to do so.
Remember that the person's preferences usually take precedence over the wishes of the family, and explain this respectfully to the family if required.
Talk to your supervisor if instructions given to you by family members or the person go against organisational policy.

Example

Include the family or carer

Mr Pukitas was born in Latvia and moved to Australia with his wife and three children when he was in his late 30s. He always insisted on maintaining a number of Latvian traditions in his family. He only spoke Latvian to his wife and speaks Latvian to his children as often as possible. He has been a member of the Latvian Social Club ever since arriving in Australia. Mr Pukitas is now 83. His wife died five years ago.

It is very important to Mr Pukitas that he maintain contact with others from his country of birth and has a community in which he can participate and celebrate Latvian traditions and culture.

The support workers are careful to use clear and open body language to talk to Mr Pukitas. Smiling and gesturing are helpful, but the support workers have also collaborated with his children by suggesting they put together a simple list of Latvian translations and pronunciation of commonly used words. Support staff now have a handy resource to help them communicate with Mr Pukitas.



Delegation and supervision by nurses and other health professionals

In both HAC and residential aged care, support workers are supervised by more highly qualified and experienced workers. **Supervision** means that more senior staff will oversee the work you do to help ensure that you work safely and within the requirements of your job role.

In a facility, senior staff on each shift and in each area are also responsible for the **delegation** of tasks. This means that they have the responsibility to assign particular tasks to certain workers. You must respect these decisions because the senior member is the person taking ultimate responsibility for the safety and wellbeing of residents.

In the community, team leaders generally supervise and delegate to support workers, often from a central office.

This means that you may be supervised from a distance; therefore, it is important that you contact your supervisor any time you feel concerned or unsure about your role or how to proceed with a problem.

Supervision

Senior staff overseeing and taking responsibility for the work of less experienced or qualified workers to ensure that they work safely and within the requirements of their job roles.

Delegation

The responsibility of a supervisor to assign particular tasks to certain workers.

Aged care industry context

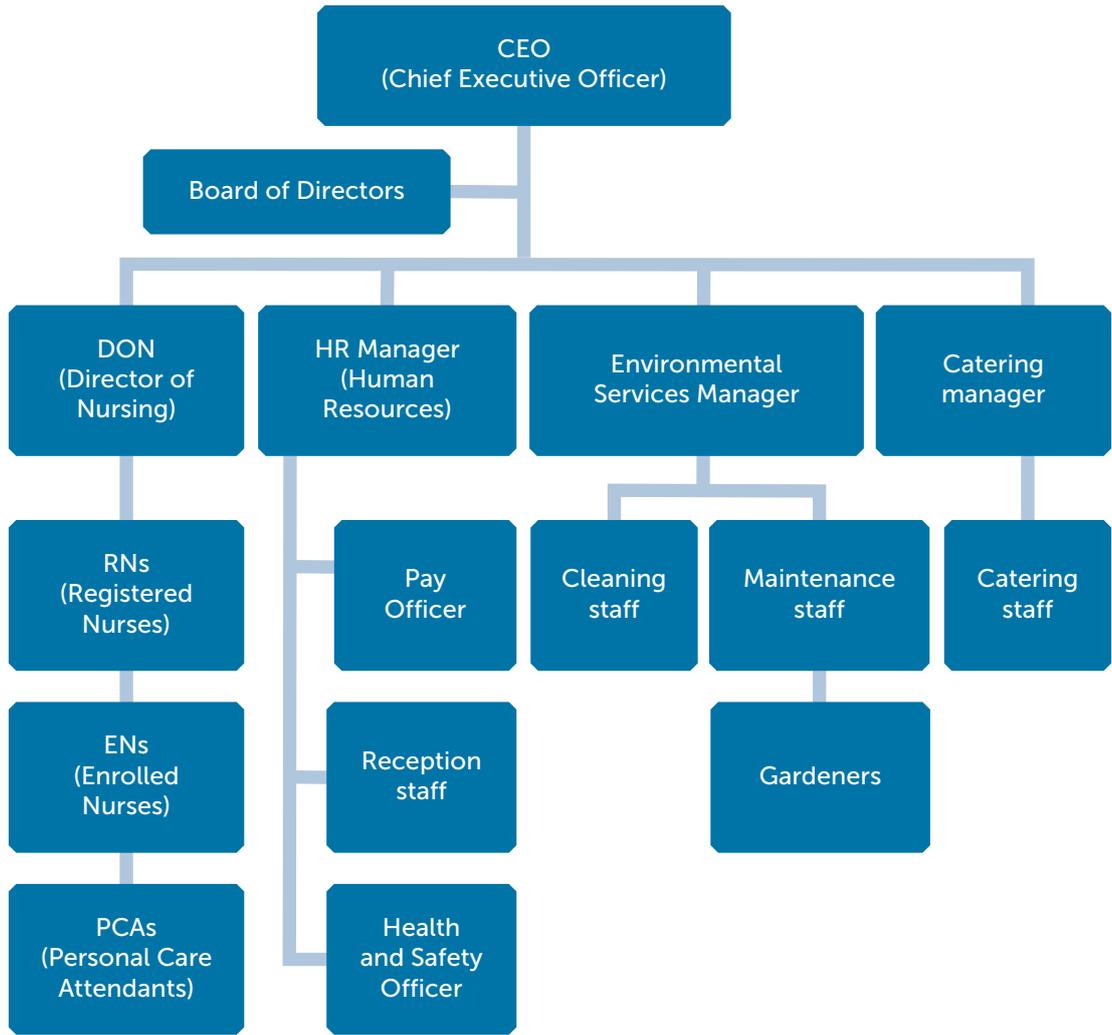
Every worker in aged care has an important job that contributes to the efforts of their aged care team. You must get to know the roles that exist within the organisation you work for and understand how you all work together as a team. Most workers report to more qualified or experienced staff members or a supervisor or manager.

Delegation and supervision lines in residential aged care

In residential aged care, your role as a personal care attendant means that you will be at the front line of the resident's care. You will spend a lot of time working directly with the resident and supporting them to live well and feel safe, happy and fulfilled.

More senior staff in your area of work include enrolled nurses, registered nurses and director of nursing. In your day-to-day work, you are most likely to follow instructions and report problems to the enrolled or registered nurse in charge of your section.

This is a typical illustration of the roles in a medium-sized aged care facility, sometimes called an organisational hierarchy. The roles at the top of the chart are more senior. The roles beneath report to the roles higher up in the chart.

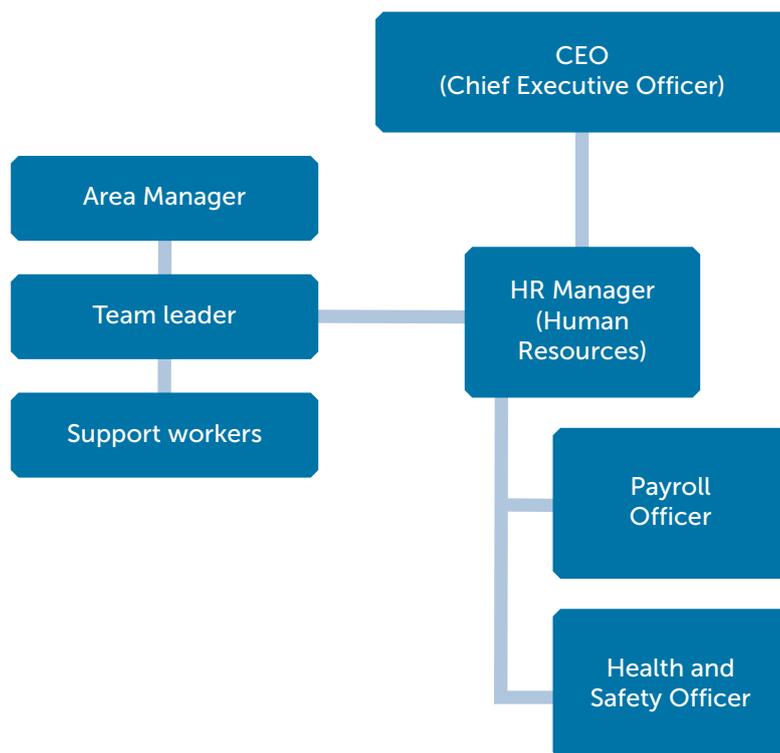


Delegation and supervision lines in HAC services

In an HAC service role, you are more likely to work away from your managers. The people you report to will often work in an office but will be contactable at all times by phone. Your team leader will be responsible for allocating work, answering questions, solving problems or concerns and making sure that you have the skills needed to perform your job. You must report any concerns you have to this person.



Here is a typical organisational structure in a HAC services organisation.



Working with an interdisciplinary team

Aged care work involves professionals from different areas working collaboratively, with a common purpose to establish goals, make decisions and share resources and responsibilities around the care of an older person.

You may interact with doctors, nurses, physiotherapists, social workers, psychologists and many other professionals when working in aged care. When different professionals work together, this is called an **interdisciplinary team**.

You may find yourself having to report to an interdisciplinary team to give feedback about the person you are supporting. Information you may need to give to the doctor, for example, can include:

- your recent observations about the person
- concerns you have about the person
- the person's needs and preferences
- areas of recent deterioration (e.g. Jesse could bring a spoon to his mouth three weeks ago, but now he can only hold the spoon for a few seconds)
- details of support and care strategies you have been using.

Interdisciplinary team

Includes professionals from many different disciplines or professions, working together to help meet a range of physical and other needs.



You might work with other professionals in many different ways. For example:

- asking a physiotherapist for information about how to teach an older person to use their mobility aid
- phoning a pharmacist to ask for advice about the mild side effects that a person might be having from a medication
- taking the person to a specialist appointment and supporting the person to communicate with the specialist.

Depending on the person's needs, there may be several different professionals in the interdisciplinary team assigned to support the person. Here is a list of professionals that might be involved in aged care support:

Psychologist	Assesses behaviours, thoughts and moods and can treat conditions such as depression and anxiety.
Social worker	Provides case management, referrals and links to other service providers the person may need. They may also act as advocates and counsellors.
Doctor	Diagnoses and treats medical conditions and prescribes medications
Geriatric psychiatrist	Treats mental health conditions and provides medical prescriptions.
Occupational therapist	Helps to support the person's independence with everyday tasks and living skills, such as recommending and teaching the person to use aids and equipment.
Registered nurse	Administers medications, provides clinical care with tasks such as caring for wounds and supervises the person's care.
Speech therapist	Help to improve speech, communication and swallowing. For older people, speech therapists most often assist those who have had a stroke or acquired brain injury and have lost the ability to speak or communicate.

Example

Working in an interdisciplinary team

Boris is an older man who lives in a residential facility. He has had a series of ministrokes, which have affected his ability to speak and move his arms and legs.



The team that supports him is very diverse and includes:

- his good friend Dennis, who acts as his advocate because Boris has no family
- an occupational therapist, Greta, who assists him with his mobility and daily functioning
- his psychiatrist, Dr Harris, who has been treating him for bipolar disorder for many years
- Jay, a lifestyle assistant at the residential facility and who Boris enjoys working with.

The aged care facility manager, Spence, calls an interdisciplinary team meeting to discuss Boris's new care and support needs. Boris, Dennis, Greta, Spence, Jay and Dr Harris meet via Zoom. They share what has been happening with Boris recently and update each other on the clinical care treatments and support practices that have been working well.

Dennis states that he is concerned about whether Boris's medications are interacting with each other. Dr Harris explains that this is not likely. The team members all agree to meet in two weeks to see how Boris is progressing with the occupational therapy and medications. Dennis updates Boris on the meeting and asks for feedback on how he thinks things are going.

Use digital technology to access and share workplace information

Digital technology can be used in various ways to access and share information with colleagues, clients, their families and interdisciplinary team members. Workplaces today rely on and use numerous digital devices and technology. These can include:

- computers or laptops
- smart phones
- social media
- tablets
- the internet
- video streaming.

Digital technology tasks in aged care roles

To work in an aged care role, you will need to have digital literacy skills to document reports and charts, communicate with your co-workers and supervisors and support clients/residents.

Here are some examples of digital technology tasks you may need to be able to do:

- sending and receiving emails
- recording client observations and updating support and care plans on internet portals or in Word or Excel
- using devices such as tablets to assist clients to communicate
- using smartphones to communicate with colleagues, supervisors and clients' families
- assisting clients with using wearable technology to collect data such as pulse or blood pressure readings
- using videoconferencing tools such as Zoom and Skype.

You can test your digital literacy skills and abilities here:

aspirelr.link/digital-literacy-assessment

Your organisation will expect you to use equipment for its intended use and in a professional manner. Most organisations restrict the use of personal social media at work and on workplace computers. They will also have policies around downloading online content and programs and a range of blocked websites in the workplace.

You must understand your responsibility to the client and your employer when using digital information because of the danger of sensitive information being accessed by others in the community. Never post negative comments about your employer, colleagues or workplace on social media.

Using digital technology to communicate with clients

Communication technologies can help workers communicate with the older person, with better outcomes and less frustration for both. Communication difficulties can be the result of:

- hearing impairments, leading to difficulties hearing and understanding speech, radio, television or cinema audio
- vision impairments, leading to difficulty reading or writing via text, such as newspapers, books, shopping lists or digital content
- speech disabilities because of conditions such as stroke, motor neurone disease or cerebral palsy
- intellectual or cognitive disabilities, leading to difficulty understanding the spoken or written word
- language differences.



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

<p>Communication technologies for people with speech impairments</p>	<ul style="list-style-type: none"> • Speech output devices such as lightwriters • Apps for computers, tablets and phones that convert speech to text • Apps such as Speak It, which is based on artificial intelligence that can slowly learn and interpret the patterns of unintelligible speech
<p>Communication technologies for people with intellectual or cognitive disabilities</p>	<ul style="list-style-type: none"> • Dynavox, a program that uses pictures to help the person communicate • Compic, a universal 'language' of simple pictures that can be used for books, labels or community request cards and many other formats
<p>Communication technologies for people with language differences</p>	<ul style="list-style-type: none"> • Translation apps on phones or tablets that can translate and speak single words or entire sentences in different languages
<p>Communication technologies for people with vision impairments</p>	<ul style="list-style-type: none"> • Screen readers and text-to-speech software can help people with vision impairments take part in social media and other text-based communication.



Practice Task 6

Question 1

Give one example of how the family can assist with providing support.

Question 2

Match each interdisciplinary team member to their description.

Social worker	Treats mental health conditions and provides medical prescriptions
Doctor	Helps to support the person's independence with everyday tasks and living skills, such as recommending and teaching the person to use aids and equipment
Geriatric psychiatrist	Provides case management, referrals and links to other service providers the person may need. They may also act as advocates and counsellors
Occupational therapist	Diagnoses and treats medical conditions and prescribes medications

Question 3

Explain the supervision and delegation responsibilities of a registered nurse working in an aged care service.



Question 4

List two reasons you may need to communicate and cooperate with interdisciplinary team members.

Question 5

Provide two examples of the use of technologies to engage with interdisciplinary team members.



Summary

- You must follow a professional code of conduct when working in an aged care role.
- You must follow legislation that applies to the sector, including health and safety legislation.
- Human rights include the rights of older people to make choices about their own lives.
- Social role valorisation is a way to improve the person's perceived value in the community.
- The person's family is an important part of the team.
- You will work in multidisciplinary teams in which there are different roles and responsibilities.
- Ensure you understand your organisation's policies and procedures around using digital technologies in the workplace.



Learning Checkpoint 2

Work within organisational requirements

Part A

1. What are the legal requirements regarding aged care workers assisting with administering medication to an older person?

2. List one precaution you should take when using a DAA to minimise risk.

3. Explain the roles of two interdisciplinary team members that you may work with as an aged care worker.



4. List three ways an older person can be empowered to make their own decisions.

5. Describe three different types of restrictive practices.

6. Provide three examples of when you can use restrictive practices.



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

a. Segregating older people increases their risk of falls.	Yes / No
b. Congregating older people increases their risk of getting sick.	Yes / No
c. A personal care worker has no responsibility for minimising risks when working in a person's home. This is the responsibility of the person and their family or carer.	Yes / No
d. A risk assessment must be carried out if the person you support wants to participate in an activity at a new venue.	Yes / No
e. Using hazard control methods means that the person you support can still participate in activities outside their regular setting.	Yes / No

8. List three ways you could use digital technology to cooperate and communicate with interdisciplinary team members.

9. Explain the meaning of the term 'dignity of risk' and give an example.



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

a. Social role valorisation means getting older people out in the community as much as possible.	Yes / No
b. The human rights of people in aged care are different from those of other people because they need more protection from risk.	Yes / No
c. Providing choice empowers the older person.	Yes / No
d. A person-centred approach is only used for clients and residents who can verbalise their preferences.	Yes / No
e. Autonomy and self-determination give older people a sense of self-worth.	Yes / No

11. Describe three risks support workers may need to be aware of when working in an older person's home, and give an example of what they could do to reduce each risk.

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

a. Each state and territory has its own ombudsman, who aims to resolve and investigate complaints about poor quality of care and services.	Yes / No
b. State and territory governments have no control over aged care facilities.	Yes / No
c. The Aged Care Quality and Safety Commission is the regulator of the Aged Care Quality Standards.	Yes / No
d. The Aged Care Quality Standards are a set of principles used by older people.	Yes / No



13. Which of the following professional conduct requirements are part of the National Code of Conduct for Health Care Workers? Tick all that apply.

- Freely give health or medical advice.
- Report to your supervisor anything that makes you feel concerned about the safety and wellbeing of a person you support.
- Offer financial or legal advice to a person or their family if they ask.
- Ask for clarification if you are unsure how to proceed safely in a task you have been asked to do.
- Do not perform a task using equipment that you have not been shown how to use safely.

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

a. A psychosocial disability affects many aspects of a person's life, such as their work, education and social activities.	Yes / No
b. A psychosocial disability is the same as mental health.	Yes / No
c. A psychosocial disability interacts with other disabilities a person may be living with.	Yes / No
d. When necessary, a person with a psychosocial disability may require alternate supports at different times.	Yes / No
e. A psychosocial disability can act as a barrier for people to participate in activities they enjoy.	Yes / No

Part B

Read the case study and answer the questions that follow.

Case study

Ms Nuñez slipped in her kitchen 15 minutes prior to your arrival. You have performed basic first aid and have helped Ms Nuñez onto her couch to rest. She calls out loudly, but when you approach her to check for any injuries, she refuses and swears at you.

Later, when Ms Nuñez is feeling better, you ask her if she knows what she slipped on. She tells you the dishwasher often leaks water on to the floor and that she usually just uses paper towels or her mop to clean it up. She tells you that she doesn't have the money to get it fixed but wants you to keep that information to yourself.



1. What is your duty of care in responding to this incident?

2. Your client has asked you not to let anyone know about her broken dishwasher. Explain whether or not you should respect her wishes.

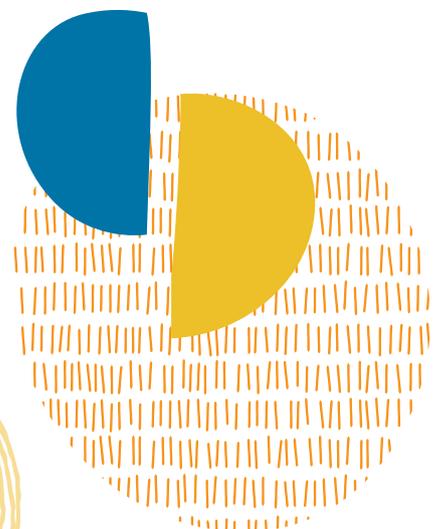
3. How could you have given Ms Nuñez a sense of control over this situation?

4. List two national or state/territory pieces of legislation that apply to this scenario



Topic 3: Work within an aged care context

- 3A Read individualised plans to identify tasks
- 3B Use appropriate workplace communication techniques
- 3C Recognise and report signs of abuse
- 3D Record, maintain and store workplace information



3A

Read individualised plans to identify tasks

Individualised plans guide workers and professionals to the person's individual needs and preferences when providing support.

Individualised plan

A plan that has been developed with the person and/or their family to help staff provide support that meets the person's needs and preferences.

Individualised plans include information about the goals, needs and preferences of the person and how you can provide the best possible support.

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

The plan might include information about:

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

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

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

Examples of preferences

Sam is vegetarian and only eats plant-based food.

Janice prefers outdoor activities such as gardening over indoor activities such as craft.

Abdullah is Islamic and prays at five specific times of the day.

Benjamin likes to eat breakfast before showering.

Paul likes to do his groceries early in the morning when the supermarket is quiet.



Examples of preferences

Ismail likes to see his family every Sunday in a quiet, private location.

Graham likes the water temperature in the shower to be lukewarm and prefers to have his toes dried with a handkerchief because they are sensitive to the thickness of a towel.

Reading the plan

You must read and understand the person's preferences and interests in their plan before commencing work with them.

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

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

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

In the following plan, the tasks that you will be completing are outlined in the 'My Support Routine' section. You can see the day that these tasks are performed and what is expected of you.

Individual Support Plan

Name: Dieter Wagner

Date of Birth: 1/09/1940 (82 years)

Address: 54 Smith Street, Hawthorn, Victoria

Accommodation details: Lives alone

About me:

- I am from Germany. English is my second language, but I can speak it well.
- My hobbies include stamp collecting, gardening, composting, reading and playing lawn bowls on Saturdays.
- I used to be a teacher, and I love to help people to learn.
- I broke my leg last year in a fall, and it has been a very slow recovery.
- My hearing is not as great as it was; I am waiting for hearing aids.
- I am a vegan and enjoy a plant-based lifestyle.
- I enjoy cooking for myself and can do this unassisted.



My Support Routine	
Task	Time
<p>Housework duties</p> <p>I need assistance with all housework tasks, including vacuuming, sweeping and cleaning the bathroom, bedroom and lounge areas.</p>	9.30 am–midday on Wednesdays
<p>Assist with going to pool</p> <p>I need assistance with going to the pool to do my rehabilitation exercises and attend an exercise rehab class. This class is run by a physiotherapist.</p> <p>I need basic assistance to get in and out of the pool as well as to get dressed for the pool.</p>	2 pm Wednesdays and Fridays

Example Individualised plan

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

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

Physical needs	Mrs Singh would like help with showering every morning. She can use the soap and washcloth herself but needs assistance to turn the taps on and off and wash and dry her back and feet.
Emotional needs	Mrs Singh becomes distressed when she has unfamiliar people around her. Always allow her time to question and get to know you before entering her house and providing support. She will be reassured if you show her your worker ID. If required, her next door neighbour, Henry, has offered to help reassure Mrs Singh that you are there to help.
Social needs	Mrs Singh needs help to attend her planned activity group once a week on Tuesdays. She is taken by taxi and needs help to enter and leave the service.
Intellectual needs	Mrs Singh is an avid reader. She listens to her favourite novels as audiobooks. She needs help to select and set up the audiobook and adjust the volume.



Cultural needs	Mrs Singh is from an Indian background. She does not eat beef. She needs help to go shopping on Thursdays. She likes the small Indian grocery store on the corner.
Spiritual needs	Mrs Singh practises the Hindu religion. She wears a Hindu mark (<i>bindi</i>) on her forehead and needs help applying it after her shower.
Sexual needs	Mrs Singh has always been a very feminine lady. She enjoys wearing makeup and wears a traditional Indian dress (sari) every day.

Goal-focused plans

A goal-focused plan is a type of plan that is commonly used in the HAC services environment. Goal-focused plans work with the active service model because they allow the person to set and work towards achieving goals with the help of the service and support workers.

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

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

Example

Goal-focused plan

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

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

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

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

The actions can be written like this:

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

Individualised support plan

Individual support plans can look slightly different depending on the organisation. They can also focus on slightly different areas and domains of a client’s life, needs or goals. Here are some different styles of individual support plans.

Individual support plan resources	
MS Australia support plan	aspirelr.link/ms-support-plan
Care support plan example	aspirelr.link/wrapcp-care-plan
Residential support plan example	aspirelr.link/res-sup-plan
Completed support plan example	aspirelr.link/acia-sup-plan
NDIS individual support plan example	aspirelr.link/care-about-ndis-plan



Individual support plan resources

Dementia Support Australia behaviour support plan

aspirelr.link/dem-bsp

Example

Individualised support plan

Frank has dysphagia and can choke when he swallows unless he has assistance with eating. He is incontinent and has dementia.

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

Frank needs:

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

Practice Task 7

Question 1

Briefly explain the purpose of an individualised plan.



Question 2

Provide five examples of information you would find in a person's individualised plan.

3B

Use appropriate workplace communication techniques

Applying a person-centred approach in aged care means taking steps to ensure the people you support have a sense of control over what will happen, when and how.

As you saw in earlier topics, a person-centred approach sees the person as the expert in their own life. When providing care and support, person-centred approaches come across in the way you communicate with the person as their own expert and in the choices that you provide.

Gaining consent

Consent essentially means that the older person understands and agrees to the care and interventions that you provide.

Consent must be obtained:

- before you undertake a procedure such as a shower or clinical intervention if trained or supervised (e.g. wound dressing)
- when sharing information about the person with other services or businesses
- when sharing images or photos of the person, such as on social media
- if you wish to use a person's name, photo or personal details for any other reason, such as a project you are doing while undertaking your aged care training.

Informed consent is a legal term. It means that the person must be able to make a voluntary decision after being given and understanding the information they need to make that decision.

For consent to be informed, you must:

Be sure that the person can give consent

- People with dementia or other cognitive conditions may not have the ability to understand what they are agreeing to.
- When a person cannot give consent (e.g. a person with dementia), you must gain consent from their legally appointed decision-maker instead. This can be the person's primary carer such as a spouse or other members of their family.

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.



Give the person information to help them make their decision	<p>Let the person know:</p> <ul style="list-style-type: none"> • the benefits of the procedure • the disadvantages of the procedure • where they can get more information if needed • where their information will be shared, with who and why.
Respect their decision	<ul style="list-style-type: none"> • The person must make their decision voluntarily. That means you must not pressure or force them to agree to a procedure or other intervention.
Only undertake the tasks or activities the person has given express consent for	<ul style="list-style-type: none"> • If you have obtained consent for a particular reason, you must only go ahead with that particular task and within the time and scope that the person has agreed to. • If you want to use the person’s information for a different reason or a different audience, you must obtain new consent.
Follow your service policy	<ul style="list-style-type: none"> • Some types of consent, such as collecting and sharing names and photos for social media, must be written on a form and signed by the person. • Other types of consent, such as asking for agreement to a shower, can be collected verbally.

Video: Informed consent

Watch this five-minute video from Queensland Health on informed consent in health care for more information:
aspirelr.link/yt-informed-consent-health-care



Implied consent

Implied consent in aged care usually happens when it is assumed that the person can understand the consequences of each decision, and you merely need to gain their agreement without explaining each time.

Examples include:

- when you ask the person if they would like a shower
- when the person has previously agreed to information being shared with other health professionals, such as their doctor.

Uninformed consent

Uninformed consent happens when a person has agreed to something without being given the full or correct information they need to help them make the decision (e.g. a person is prescribed a new medication but is not informed about the side effects). If you believe that this has happened, let a supervisor know.

Here are some examples of uninformed consent that are appropriate and legal:

- If a person is in a car accident and they arrive at the hospital unconscious, a doctor can make medical decisions for the person based on their condition.
- If an older person collapses following a stroke, a doctor can apply resuscitation techniques.
- If a person faints at work, their work colleagues can call an ambulance and administer first aid.

Example

Gathering consent

Gaining a person's consent to help them does not have to be a clinical process. Here are some casual, but respectful, ways you can gain consent:

- Gary, we are playing a boardgame in the games room. Would you like to come and join us?
- Ying, I need to go and help someone else for a moment. Is it okay if I come back in 15 minutes to help you?
- Maria, would you like to take your medications now?

Using person-centred communication techniques

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

Individualised plans are a living document. That means that they can be changed and adjusted as the person's needs and preferences change. Consulting with the older person regularly about the plan helps to identify whether they want changes made to the things they do and the way they do them.

Consulting the person before providing support

When providing any type of support or activity, always remind the person what is in their plan and check their preferences. This can happen at the beginning of each day and as each task or activity begins. For example:



Your plan says you have a shower before breakfast. Is that what you would like to do now?

How much of this activity would you like to do yourself? What would you like me to do?

Your plan says that you need help to clean your dentures. Do you have any preferences for how you like them to be cleaned?

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

Tips for communication
Limit background noise and other distractions.
Face towards the person and respect their personal space.
Use nonverbal cues such as nodding and smiling if the person has a cognitive or language impairment.
If you do not understand something, do not pretend to. Ask for clarification before you proceed.

Consulting with family members and carers

If the person is unable to communicate their preferences, their carers or family members, who often have detailed knowledge of the person, can help confirm that you are supporting the person according to their past preferences. The family can help you to understand the person's preferred daily routines and how they like things to be done.

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

Confirming the person's preferences using nonverbal communication

Observing the person closely and watching their body language can tell you a lot about their preferences and whether you are meeting them. Smiling, frowning, pulling away or attempting to do something in a different way can help you to recognise whether or not the person wants you to continue with a task in the same way.

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

Confirming tasks with other staff

Other staff members who know the person well can help contribute to your knowledge about how the person prefers tasks on the plan to be done. Your manager can often help you with tasks that appear to cause the person anxiety or discomfort, such as trying a different way to help them dress or using a different type of sling for a lifting hoist.

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

Example

Person-centred communication

Ari is supporting Henry, whose goal-focused plan we looked at earlier in this topic.

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



Practice Task 8

Question 1

Which of the following statements relate to communicating with an older person about their needs? Tick all that apply.

- You must follow the plan exactly, even if the older person prefers a different way of doing things.
- If the person does not wish to do something, they have the right to refuse.
- If the person cannot communicate their preferences, the next best thing is to do the task in the way you would prefer it done for yourself.
- Use simple words the person will understand.
- Person-centred communication assumes that all people from the same culture want the same things.

Question 2

Provide one example of when informed consent cannot be given.

Question 3

For each of the following, give an example of a question you could ask to seek consent prior to commencing a support task:

a. The person

b. The person's carer or family member

3C

Recognise and report signs of abuse

Systemic issues in the aged care sector have resulted in alarmingly widespread reports of abuse and neglect.

Abuse refers to the mistreatment of a vulnerable person. The Royal Commission into Aged Care Quality and Safety revealed widespread **abuse** and **neglect** in aged care services in its 2021 report. As a response, there have been significant changes made to legislation and the way that you must report potential signs of abuse. Abuse may be perpetrated by a family member, a stranger, another resident, a volunteer or a worker.

A strengthening of legislation means that all workers must be alert to signs of abuse, and you must report suspicions or concerns immediately to your supervisor, even if you are not sure.

Abuse

Any intentional action that harms or injures another person.

Neglect

Failing to properly care for a person.

Risk factors for abuse and neglect

Older people, especially those with cognitive impairments such as dementia, are especially vulnerable to abuse, exploitation and neglect.

There are several reasons for this:

- They are more likely to be targeted by scammers or abusers in the community because they may be easier to take advantage of.
- Dementia can make it difficult for the person to recognise or report the abuse.
- Other people may be less likely to believe a person with dementia if they do report or hint that they are being abused. For this reason, abusers in aged care services may specifically target people with dementia.

Other risk factors that make a person more vulnerable to abuse or neglect include people who live alone or are isolated from the community or those who are dependent on someone else for their finances or basic needs.

Physical abuse

Physical abuse occurs when one person uses their body to intentionally harm or injure another person. Physical abuse can include:

- hitting, slapping, punching, pinching, hair pulling
- using physical restraints such as being tied to a bed or chair
- restricting the person's freedom such as holding them down
- using objects to hurt the person.

Restrictive practice

Any intervention or practice that restricts the rights or freedom of movement of a person.

Using force, handling an older person roughly or using a **restrictive practice** that has not been properly approved according to law are also considered types of physical abuse.

Signs of physical abuse	
<ul style="list-style-type: none"> • Bruises, cuts, scabs and scars • Abrasions, welts, rashes • Swelling, burn blisters • Agitation, cowering • Tenderness, pain, restricted movement 	<ul style="list-style-type: none"> • Broken or healing bones • Drowsiness • Weight loss • Hair loss

Neglect

Neglect is the failure to provide a person with basic needs such as adequate food or medical treatment.

Neglect can include:

- not providing enough to eat or drink
- not helping the person to keep warm and sheltered
- not using reasonable measures to keep the person safe from harm
- keeping the person isolated from others.

Signs of neglect
<ul style="list-style-type: none"> • Weight loss, dehydration, poor skin quality • Person appears unkempt – same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, unwashed hair, untrimmed nails, poor hygiene • No dentures, hearing aids, mobility aids or glasses • Skin burns from urine being in contact with the skin for prolonged hours • Severe sunburn

Financial abuse

Financial abuse occurs when someone limits a person’s access to money, manipulates the financial decisions the person makes or uses the person’s money without their consent.

Financial abuse can include:

- forging the person’s signature for gain
- stealing from the person
- forced changes to a will
- withholding funds
- failure to repay money borrowed from the person.



Financial abuse can be difficult to spot. People with dementia are vulnerable to financial abuse because they have often lost the ability to manage their finances. Those who take on the responsibility for managing the older person's finances can then exploit them. People with dementia can also be targeted by strangers who exploit them financially, such as con artists posing as representatives of a charity.

Signs of financial abuse

- Missing items or documents (e.g. treasured jewellery, coin collection, bank cards)
- Inability to pay for basic items (e.g. food)
- Unpaid bills
- Large withdrawals from bank accounts
- Changes in banking habits
- Fear, stress, anxiety

Psychological/emotional abuse

Psychological or emotional abuse is ongoing behaviour that is designed to intimidate, frighten or disempower a person.

Psychological and emotional abuse can be verbal or nonverbal and includes:

- pressuring, intimidating or bullying a person
- belittling, name calling, degrading or humiliating a person
- threatening to harm a person
- verbal abuse, insults, harsh commands
- withdrawal of affection
- silencing and emotional blackmail.

Signs of psychological/emotional abuse

- | | |
|------------------------------------|---------------------------|
| • Feeling helpless or ashamed | • Apathy |
| • Depression, sadness, tearfulness | • Nervousness and anxiety |
| • Confusion and disorientation | • Insomnia |
| • Loneliness and social isolation | |

Sexual abuse

Sexual abuse is any non-consensual sexual contact.

Some older people have consenting sexual relationships with other residents or members of the community. Some people with dementia seek out and continue to have ongoing sexual relationships with a spouse or long-term sexual partner. These relationships are not sexual abuse.



However, many older people, such as those with dementia, are not able to consent to sexual contact with other people, including other residents. When the older person does not consent or is unable to consent, sexual contact from others must be considered sexual abuse.

Any sexual contact, innuendo or sexual harassment from a staff member to a client or resident is always considered sexual abuse and is a serious criminal offence.

Sexual abuse can include:

- touching the older person's genitals for any other reason except to provide personal care
- showing the person sexual materials
- talking or joking about sex
- grooming the person for sexual contact
- rape.

Signs of sexual abuse
<ul style="list-style-type: none">• Withdrawal, disturbed sleep patterns, agitation, fear• Drowsiness, vagueness, confusion• Unexplained difficulty sitting or walking• Unexplained bruising• Sexually transmitted infections• Unexplained bleeding around the genitals, chest, rectum or mouth• Torn or stained clothing

Mandatory reporting

Abuse is illegal. Your managers must by law report *any* suspected or actual incidents of abuse to the police and to the ACQSC.

You must report immediately to your supervisor anything that makes you concerned that a person might be being abused. Under **mandatory reporting** laws, your manager must then report to the police and the ACQSC within 24 hours if sexual or physical abuse is suspected.

While it is your manager's responsibility to report to the police, you must still report anything that makes you suspicious or concerned about abuse to your manager. You do not have to be certain of abuse.

You might become suspicious because:

- you have seen something that might be abuse
- you have seen signs of abuse on the person
- the person has told you or hinted that they have been abused

Mandatory reporting

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



- someone else tells you they have seen or are concerned about abuse.

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

Serious Incident Response Scheme

In residential aged care, there are external reporting requirements in addition to the mandatory reporting of abuse.

You must report to your manager other specific concerns or observations. This includes any claims of abuse, even if the person making the claim is an unreliable witness, such as if they have dementia.

Your manager must then report to the ACQSC and/or the police within 24 hours. This additional legislation is called the **Serious Incident Response Scheme (SIRS)**.

Under SIRS, there are eight types of reportable incidents. The following incidents must be reported to the ACQSC and the police (if the incident is of a criminal nature), even if you are not sure whether they have occurred.

<p>1. Unreasonable use of force</p>	<ul style="list-style-type: none"> • Includes hitting, pushing, shoving or rough handling a resident, such as using more force than is needed to turn or change a resident in bed. • Your manager must contact the ACQSC and the police.
<p>2. Unlawful sexual contact or inappropriate sexual conduct</p>	<ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> - sexual gestures, sexual touching or any sexual activities without consent - non-consensual sexual activity between residents, such as a person with dementia being raped by another resident - any sign of sexual activity towards a person with dementia from a staff member, family member or visitor. • Your manager must contact the ACQSC and the police.
<p>3. Psychological/ emotional abuse</p>	<ul style="list-style-type: none"> • Includes: <ul style="list-style-type: none"> - making threats, yelling at or humiliating a resident - deliberately ignoring the person, keeping them confined to a room or using punishment such as withholding food. • Your manager must contact the ACQSC.
<p>4. Unexpected death</p>	<ul style="list-style-type: none"> • A person who dies because of an incident or poor care. • Your manager must contact the ACQSC and the police.

Serious Incident Response Scheme (SIRS)

Additional mandatory reporting requirements in residential aged care, where a report must be made to the police and the Aged Care Quality and Safety Commission if one of eight incidents has occurred.



5. Stealing or financial coercion by a staff member	<ul style="list-style-type: none">• A staff member who steals from a person, uses their money for their own gain or makes attempts to have the person change their will in their favour.• Your manager must contact the ACQSC and the police.
6. Neglect	<ul style="list-style-type: none">• Includes:<ul style="list-style-type: none">- not providing the person with care- leaving medical problems such as wounds untreated- not giving the person necessary assistance with meals.
7. Inappropriate physical or chemical restraint	<ul style="list-style-type: none">• Includes any practice that limits the person's rights or freedoms, such as a physical restraint or bedrails.• If a restrictive practice is used outside of the law, it is called inappropriate restraint.• If laws are not followed correctly, the ACQSC must be notified.
8. Unexplained absence from care	<ul style="list-style-type: none">• If a resident cannot be found and there are reasonable grounds to report the absence to the police, this must also be reported to the ACQSC.

For more information on SIRS, visit the ACQSC website: aspirelr.link/sirs

Example

Recognise and respond to reports of abuse

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

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

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



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

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

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

Example

Witnessing suspected sexual abuse

Jennifer works in an aged care facility as a support worker. One of the residents at the facility, Gayani, has advanced dementia.

Jennifer walks into Gayani's room while another staff member, Jeff, is with her. As Jennifer enters, Jeff quickly pulls his hand from under Gayani's bedsheets. Gayani looks distressed and is pushing him away from her. He mumbles anxiously that he was adjusting her nightdress. Later, Jennifer notices unusual red marks on Gayani's breasts.

Jennifer does not want to believe that Jeff would abuse a resident, but she knows that Gayani is vulnerable and needs someone to speak up for her. Even though Jennifer is not sure, she knows that this has to be reported.

Jennifer talks to her manager in confidence. She is upset, but the manager reassures her that reporting is the right thing. "What if I have reported this and Jeff wasn't doing anything wrong?" she asks. "I don't want an innocent person to be in trouble."



The manager reassures her that Jeff will be given the opportunity to explain and that he will be listened to. She also points out that in the past, people with dementia have been subject to ongoing abuse for the very reason that potential reporters were unsure whether to act. “We need to change that,” says the manager, “because Gayani does not have a voice. According to the law, I have to ring the police and the ACQSC, even if we are unsure. They will investigate it properly and carefully.”

Practice Task 9

Question 1

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

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

Question 2

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

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

Question 3

In which of the following ways should you respond if you suspect an older person is being abused by a family member? Tick the correct response.

- 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.

3D

Record, maintain and store workplace information

Support workers need to know and follow laws and policies about how documentation and reports are completed, maintained and stored.

There are many different types of documentation and reports used in aged care, disability services and HACC settings. These documents may relate to clients or residents, staff or the organisation itself.

Types of records and documents

Documentation about the people you support has a range of uses, from collecting information about a person's health needs to guiding the actions you take. It records and communicates people's progress and issues that may affect their ability to achieve optimal health.

Records must be accurate and up to date.

Here are some examples of why we use documentation:

Communicating between staff	<ul style="list-style-type: none">• Records and documentation can communicate what the person needs.• They can be a guide to show who is responsible for what.• They can help to ensure the person is receiving the right services, especially if several workers support them.
Providing evidence that you are following standards	<ul style="list-style-type: none">• Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmark standards.• Written records provide evidence that actions have been performed and procedures have been followed.• Documents can provide evidence of the actions you have taken in the event of an incident or accident.• These are essential ways for government auditors to see that you are following the standards in your industry.
Keeping a record for other professionals	<ul style="list-style-type: none">• Other people who work with the client or resident, such as doctors and allied health workers, can use records to assess changes in the person's needs and condition over time.



Completing documentation

Recording and documenting work is an ongoing task. Records may be required at any time by other workers, your supervisor, government agencies or courts. Most government-funded organisations undergo regular audits, where records are examined to ensure work is carried out to the appropriate standard.

People receiving support and/or their advocates and family may access and read your documents, so always be respectful and objective.

In manual filing systems, the most recent information is usually towards the front of the file or section, with older information stored behind it.

Within each person's file, each type of record or document will be stored in the same place. For example, you might find that personal information is always at the front, progress notes next, assessments behind that and payment records at the back.

Other types of documents such as incident reports, safety checklists and time sheets also have specific places where they are to be filed.

Here are some examples of the steps that need to be taken to complete documentation:

- Use the appropriate form. This helps other workers identify the required information. Make sure you have completed all sections and entries make sense.
- If the form is a hard copy, handwriting must be legible and easy to read.
- Completed documents should not be changed. If you have made a mistake, draw a line through the entry and sign your name. Do not use liquid paper.
- Computer-based records must be password protected.
- Records should be signed and dated by the person completing them. Computer-based records may require a login to access records that identify the author.

Video: Effective written documentation

Watch this short one-minute video about effective documentation in aged care: aspirelr.link/youtube-written-communication



Objective and concise documentation

Complete documentation using objective (rather than subjective) language. It is important to record only the facts. In other words, only record what you see or hear, not what you think.

Opinions can be subjective, and it is not up to support workers to diagnose a problem or issue. Opinions can also be offensive to the person.



Here are some examples that show the difference between subjective and objective reporting:

Subjective reporting	Objective reporting
Mrs Smith is depressed.	Mrs Smith is quiet and has been crying.
Tamara was nervous when I mentioned her daughter.	When I asked Tamara about her relationship with her daughter, she looked down and twisted her hands and did not answer.
Mark is a drug addict.	Mark said he uses methamphetamine regularly.
Mr Thompson is dirty and messy.	Mr Thompson has left plates and food scraps on the kitchen bench, and there are mice droppings nearby.
Alex acted rudely.	Alex rose quickly, slammed the door and raised his voice, saying, 'Get lost and leave me alone!'

Example

Concise and objective documentation

Helen wrote the following notes in a monitoring report that will be sent to her supervisor.

'When assisting Joe with his shower today, I noticed that the tiles on the wall of his shower are loose and may fall off the wall if knocked. I showed Joe and his carer the area where the tiles are loose and ensured they understood the risk. They agreed not to enter the shower without supervision. I placed a large notice on the door of the shower to remind him not to enter. I wrote a note in the communication book to alert other support workers and the rest of the family of the risk. I reported to the home services team leader, Wendy Stewart, via phone.'



Respecting privacy and confidentiality of client information

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. This can include:

- information in the care plan, file notes, handovers or meetings to help you support the person, such as details about their medical conditions
- conversations you overhear while you are with the client and their family
- things you are told by someone who may not understand the need for personal boundaries, such as a person with dementia telling you personal things about themselves.

Confidential information can include:

- Names, addresses, emails
- Medical conditions, mental health conditions or disabilities
- Relationship status
- Sexuality
- Financial information

You should treat any information you have about a client with a great deal of care. Do not share information 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.

Protect written information

Keep file notes, individualised 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.

Be aware of who can hear

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 that may be overheard by others and used to identify a person, this is in breach of the client's and family's rights.

To read an example of a privacy policy, you can view the ACQSC's here:
aspirelr.link/aacqa-privacy-policy

Example

Maintaining confidentiality

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 father, Ernie, who has dementia. The family runs a small business from home. One day, while Tony is standing in the queue at the supermarket, he takes a call from his supervisor. Tony chats to his supervisor about his day at work and tells her that he thinks Ernie's family is having financial problems. He overheard them saying this while he was walking past the family office. He tells the supervisor that he is concerned because he thinks Ernie is losing weight. Although Tony does not mention any names, it is clear to the woman standing in the queue behind him that Tony is talking about her next-door neighbours. The woman goes home and tells Ernie's family that she heard all about their financial difficulties. When they ask her how she knows 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 because this is a breach of confidentiality. The family refuses to allow Tony to return to their home.

Storing documentation

Your service will have policies, guidelines and procedures about where reports and documents are to be stored and filed.

Client records must be kept secure. Records must be stored in the correct place, where they can only be accessed by people who are authorised to see them, so they can be easily located and referred to when required.

Most aged care services use online systems that allow workers to put people's details, referrals, assessments and case notes directly into a database. These systems are password protected, which limits access to authorised staff only.



Example

Storing information

Susan has received information from a support worker that a client will be away for the next two weeks and will not need to be picked up by the day program bus. According to workplace procedures, this information should be recorded in the person's case notes and on the bus pickup whiteboard in the coordinator's office.

Susan records the information as per procedure. The bus driver now knows not to go to the person's house, and the coordinator knows the absence is expected and does not need to check up on the person when he does not arrive for the day program.

Practice Task 10

Question 1

Name one legal reason for recording information about a client.

Question 2

Which of the following statements are written objectively? Tick all that apply.

- Sophia was up all night throwing tantrums.
- Sophia did not sleep well last night. She was screaming and crying on the floor for an hour and could not be consoled.
- Peter swears at staff when they come near him and refuses all offers of help.
- Peter is rude to staff and won't do anything we ask him.
- Richard is reluctant to receive help with getting dressed in the morning.



Question 3

Explain how you would securely maintain and store records containing a client's personal information.

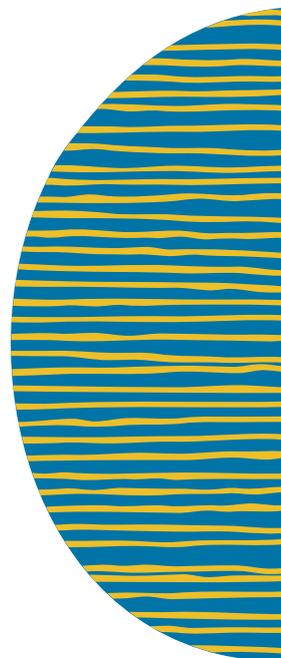
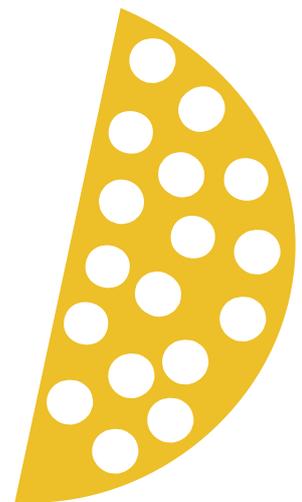
Question 4

You are standing in line at a coffee shop and are on the phone to a colleague discussing your most recent client, whose home you just came from. Although you do not mention the client by name, you refer to their conditions and living arrangements. Is this a breach of the client's privacy and confidentiality? Why or why not?



Summary

- Individual support plans help you to understand the goals, needs and preferences of the older person.
- Consent should be sought prior to commencing personal care activities.
- Person-centred communication includes providing choices and following the person's preferences.
- Mandatory reporting laws vary across states and territories. They require that certain workers or professionals report certain types of abuse to authorities.
- Understanding the eight incidents that must be reported under SIRS is essential to meet your legal and ethical obligations.
- Privacy and confidentiality of personal information should be considered whenever you are supporting a person or when you are passing on information to others.
- Documentation should follow the organisation's procedures and comply with legal requirements.
- Protocols for correct and accurate documentation include writing objectively.
- Personal information needs to be carefully protected, and breaches of confidentiality carry strict penalties.





Learning Checkpoint 3

Work within an aged care context

Part A

1. Name one way you can find out about the tasks that you need to perform for the older person.

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

a. All plans are goal-focused plans.	Yes / No
b. You must follow what is in the plan, no matter what the client or resident wants you to do.	Yes / No
c. Some needs, such as biological needs, are more urgent than others.	Yes / No
d. Consultation with others can help you to understand your responsibilities in the plan.	Yes / No
e. Other professionals can have responsibilities written into the plan.	Yes / No

3. How can you seek consent from the person, their carer or family before commencing care activities? Explain with an example.



4. Which of the following are person-centred communication techniques you can use when carrying out work tasks? Tick all that apply.
- Listening carefully to fully understand what the person is saying
 - Using the correct medical terminology and industry jargon to communicate to the person about their needs
 - Compelling a person take part in an activity or eat a certain food because it is included in their support plan
 - Giving the person advice, even if they do not ask for it, to show that you care about their needs
 - Giving the person choices and respecting their decision, even if you do not agree with it

5. List three types of abuse an older person may experience and, for each, an example of a sign to look out for.

6. List three signs that would make you suspect a person was being subjected to financial abuse.



- 7.** List three reports or checklists you may need to complete as part of your organisation's record-keeping procedures.

- 8.** List two strategies that you could use to maintain confidentiality when talking about a client.

- 9.** Provide three ways you can ensure that personal information is stored securely to avoid unauthorised people from accessing it.



Part B

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

Case study

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

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

1. Describe three signs that tell you Kelly may be at risk of harm.

2. What is this type of abuse called?

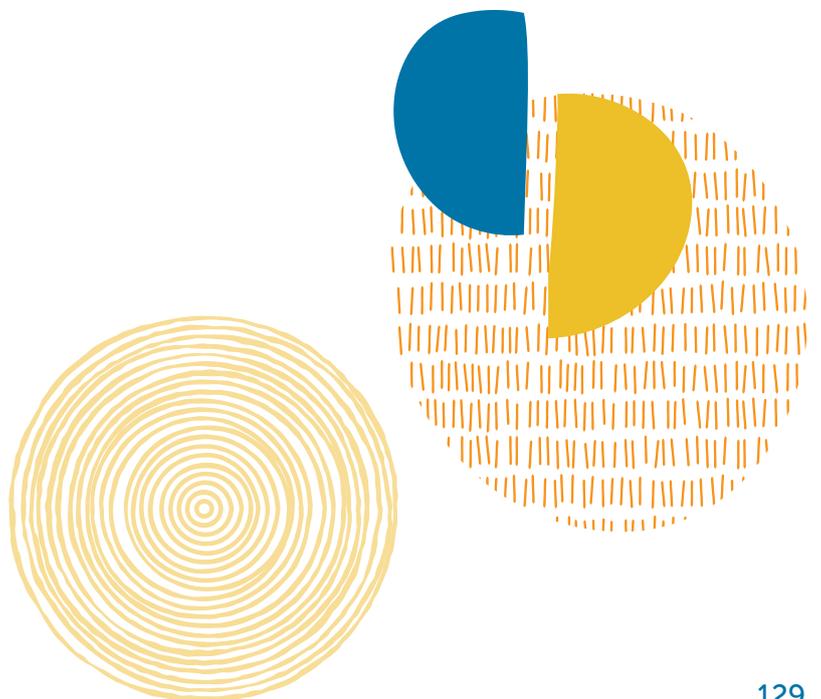
3. Kelly asks Tori not to say anything because she loves her son and doesn't want to get him into trouble. What should Tori do?



Topic 4: Implement self-care strategies

4A Monitor your own stress levels

4B Use self-care strategies and seek support if required



4A

Monitor your own stress levels

Supporting a person who is ageing can be challenging.

Caring for a person can evoke powerful emotions. For example, it can be upsetting to see a person with dementia demonstrate behavioural symptoms such as aggression or see a person with dementia become more disabled over time. It is difficult when a person is facing the end of their life, and there can often be highly emotional issues surrounding this, such as making the decision to turn off life support. It can be physically draining to provide support to the person as well as their family members and friends. All of these things place demands on the worker.

It is important to monitor your own reactions to the work you do. You need to be aware of how you feel and the impact it is having on the work you do, and your life outside your job. It is important to identify and act when your job is causing you significant **stress**.

Stress
Pressure or
tension.

Types of stress

In its simplest form, stress is the pressure or tension exerted on a person.

Some stress is useful because it motivates you and gives you a drive to succeed. However, too much stress can undermine your ability to cope, both physically and mentally.

It is important to remember that all stress, even the useful type, is only meant to be short-lived. Experiencing stress for an extended period of time can have serious health consequences. In the workplace, unhealthy levels of stress can lead to absenteeism, accidents, industrial disputes and high levels of staff turnover.

It is important to regularly review how you are dealing with work-related stress and seek help if you feel that you are not coping.

On the other hand, a 'stressor' is the event, activity or situation that is causing stress. In your work, you may encounter a range of different stressors. Here are some examples:



<p>Time stress</p>	<ul style="list-style-type: none"> • In your work you will probably have a set number of tasks you need to achieve in a certain amount of time. If you work in people's homes, you may only have an hour to complete your work, before you need to move on to the next person. If you work in a residential facility, you may have a list of support tasks that must be completed for a number of residents before a certain time of day. • As discussed earlier, people who are aging become slower at completing everyday tasks. They may also have difficulty understanding simple instructions or concepts. They may be argumentative or refuse your support. All these things can slow you down and may cause stress, especially if your supervisor expects you to complete work to a fixed timetable.
<p>Stress from behaviour</p>	<ul style="list-style-type: none"> • Some people behave in ways that are challenging or worrying. Part of your role is to monitor and manage the environment, and to use particular strategies to minimise or manage challenging behaviour when it occurs. This means being constantly aware of what is going on around the person that you are supporting. It means thinking about how each change in the environment may affect a person. It can mean dealing with people who are angry, upset or violent, or who may wander off. • Worrying about what might happen, and dealing with these things when they do happen, can cause stress.
<p>Frustration</p>	<ul style="list-style-type: none"> • People who are older sometimes have trouble remembering what you might have told them a minute or two ago. This means you may have to repeat instructions or information. It means they may tell you the same thing or ask the same question multiple times. They may not be able to understand what it is you want them to do, or may forget halfway through doing it. • All of this can lead to a level of frustration or impatience and may lead to stress.
<p>Distress</p>	<ul style="list-style-type: none"> • A person's family members and significant others may express their distress or displeasure to you about something related to the service. They may need to talk about how they are feeling. They may cry or express sadness or feelings of being overwhelmed or scared. You need to be supportive in these situations, be a good listener, and provide reassurance and comfort. • You may experience feelings of stress or distress simply by being around people that are feeling this way.
<p>Grief</p>	<ul style="list-style-type: none"> • Inevitably, people die. This can be upsetting for workers who have come to know the person and have provided support over a significant period of time. All these factors can cause stress for people who work with people living with older people.

Effective strategies to manage your stress will help you at work and in your personal life.



You can monitor your stress levels by learning to recognise your own physical, emotional and behavioural responses to stress. These will alert you to the presence of a stressor.

Some considerations when monitoring stress are outlined below.

- Think about how you are feeling, and how you are interacting with others. Are you less open with people? Do you feel you don't have the time or 'headspace' to deal with people?
- Look at the way you are interacting with the person you are supporting. Do you find yourself wanting to tell them to 'Hurry up' or 'Stop asking that question'?
- Consider your health. Are you unusually unwell or tired? Are you getting headaches?

For more information about stress experienced in the workplace, visit:
aspirelr.link/heads-up-workplace-stressors

Video: Caring for people with dementia – looking after yourself



Watch the following video by Dementia Australia for advice on how to look after yourself: aspirelr.link/video-looking-after-yourself

Although this video looks specifically at people who support people with dementia, the information it provides can be applied to the self-care practices workers use in both residential and community support.

Here are some examples of how people working in the aged care sector monitor and manage their stress levels:

Sadiq

Sadiq works with older people in their homes. Some of the people he provides support to can be demanding and he feels he never has enough time to sit and chat with the person he is supporting. Lately, Sadiq has been feeling tired and irritable all the time. He feels like he does not have the headspace to deal with anyone, even his close friends. He seeks out support from an employee assistance program. He wants to learn some strategies to help him to manage and cope with his work-related stress.

Daryl

Daryl works with people who have moderate to severe dementia. He works with the same clients consistently and gets to know them and their significant others well. Daryl supports his clients and their families as they experience loss and grief related to the impacts of dementia. Lately Daryl has been feeling exhausted. He feels a sense of hopelessness. Daryl recognises that he's having a much stronger reaction to his work-based stressors than usual and decides that he needs to debrief with a trusted colleague about how he is feeling.



Practice Task 11

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

Case study

Ariella is a support worker for people who still live at home.

Sometimes she works with people with moderate dementia who do not recognise her or what she does for them. Sometimes she goes all the way out to their homes and they refuse to let her provide support and say hurtful things to her.

Last week Ariella went to Juan's house to assist him with his shopping, but he ignored her and then spat on her when she calmly asked him if he wanted to come to the shops. Ariella told him that he was very rude and should be ashamed of his behaviour. Later she felt ashamed of her outburst, as she knows that because of the dementia Juan no longer knows how to behave in a socially acceptable way.

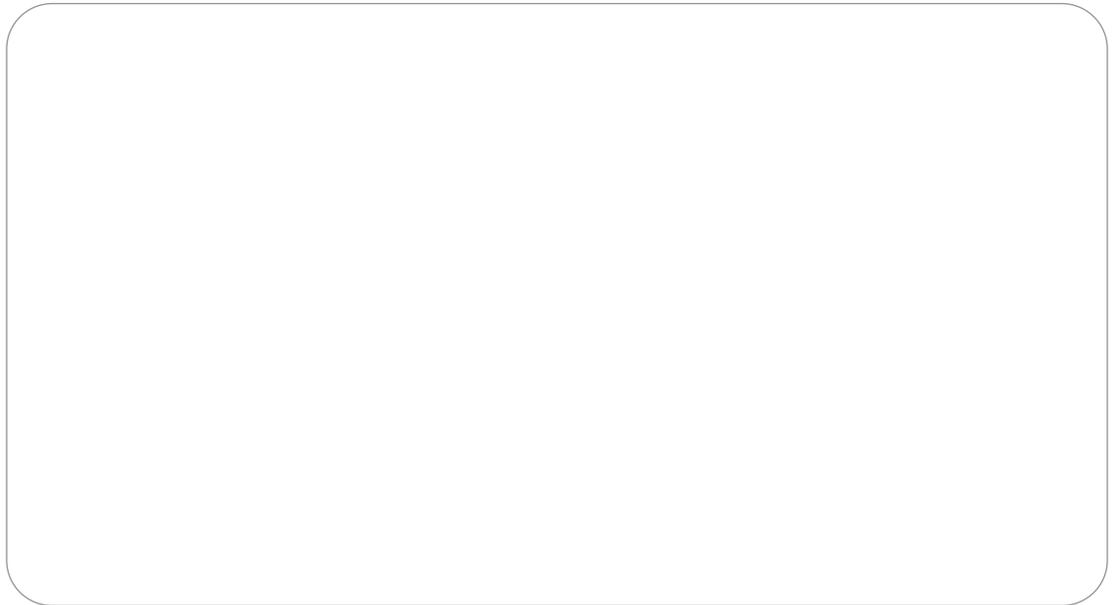
Ariella's reaction to Juan made her realise that she needs to be more aware of stressors in her workplace and how to cope with stress.

Question 1

Why is it important for Ariella to be aware of and monitor her stressful feelings at work?

Question 2

List three potential stressors in Ariella's workplace.



4B

Use self-care strategies and seek support if required

Self-care strategies can help you cope with and reduce the effects of stress.

Self-care strategies might be things you do while you are at work, such as taking regular breaks and eating healthy snacks, or things you do outside of work, such as going to the gym, doing yoga, listening to music, and seeing friends.

There are many different self-care strategies. Exercise, relaxation, socialising and getting enough sleep are important lifestyle factors that help you manage stress and take care of yourself. Understanding your own thoughts and thought processes can also be useful. It is important you take time to work out which strategies work best for you.

Although you cannot control everything in our working environment, you can take steps to protect and enhance your capacity to cope with work-related stress.

It is easy to become stressed, frustrated and disillusioned if you do not also take time to care for yourself. Here are some common self-care strategies:

Self-care strategies
Positive ways to cope with and reduce the effects of stress.

Get plenty of rest	You cannot function properly at work, or deal with issues that are causing you stress, if you are tired. It is important to make sure you get enough sleep and take your allocated breaks when at work. A rested mind and body will cope better with stressful situations.
Eat well and exercise	Eating a well-balanced diet and exercising regularly keeps you healthy. Being well and having energy will help you deal with stress. Make sure you take your meal and tea breaks when working. Find an exercise routine that works for you.
Do things you enjoy	It's important to take time out from the demands of everyday life and do things you enjoy. This might involve catching up with friends, going to the movies, reading a book or doing a crossword. Make a list of the things you enjoy doing and put time aside to do them.
Stay connected	Our relationships with other people are essential to our mental health, and our ability to cope with stress and bounce back from adversity. Good and open communication with family, friends and trusted colleagues are the foundation for strong, resilient relationships. Stay connected with people by arranging to catch up with friends, joining special interest groups or trying a new hobby.



Seek support

Having support systems in place can make a big difference in managing stress.

Sometimes you may not be able to control the situations that are causing you stress. It is important to ask for help when you are unable to control stressors, or when you feel like you cannot manage your stress alone.

Having a colleague or manager to talk to about the way you handle your work and deal with stressful situations can be very helpful. You can talk through situations that have caused you stress and discuss ways in which you can handle situations better.

Role playing or practising the ways in which you can deal with stressful situations may help you more effectively deal with those stressors in the future.

Your organisation may have internal supports to help you manage stress, such as **employee assistance programs (EAP)**, or you could access external supports.

Here are some examples of internal and external supports that you could access to help you manage work-related stress.

Employee assistance program (EAP)
A work-based intervention program designed to enhance worker wellbeing.

Internal supports	<ul style="list-style-type: none"> • Employee assistance programs (e.g. phone or face-to-face counselling) • Informal or formal debriefing with colleagues • Supervisors/mentors • Professional development opportunities (e.g. workplace resilience training)
External supports	<ul style="list-style-type: none"> • Phone/online counselling services (e.g. Lifeline) • Online forums (e.g. Beyond Blue online forums) • Face-to-face counselling and psychological services • Online / face-to-face courses (e.g. mindfulness training, relaxation classes) • Your GP

For more information on self-care strategies, visit: aspirelr.link/care-search

Video: Self-care matters – using a self-care plan

Watch this video about using a self-care plan:
aspirelr.link/yt-using-self-care-plan

Why is creating a plan a good idea for everything we do in life?



Example

Using appropriate self-care strategies

Eric works in an aged care support agency and is a hard-working and supportive member of his team. Lately there have been a lot of people on Eric's team who have been off work unwell. Some days, Eric finds himself feeling like he is the only one still working and as though he is doing the job of three people all at once.

Yesterday, Eric had so much work to do that he did not know how he could possibly get it all done. By lunchtime he was so far behind that he felt overwhelmed. Unfortunately, just then a fellow support worker named Carla asked Eric if he could show her how to do something. It felt like the last straw for Eric and he yelled, "Am I the only person on this team with a brain? Can't anyone else do anything for themselves around here?"

Carla burst out crying and said not to worry and that she would work it out herself.

Later that afternoon, Eric felt terrible about his behaviour and spoke to his supervisor, Elliot, about what had happened and how he was feeling. Eric told Elliot that he had not been sleeping well and noticed that he was always worrying about work and no longer had the energy to spend time on the things he enjoyed. Elliot encouraged Eric to use the employee assistance program to learn some strategies for dealing with his stress. He also encouraged Eric to take some time out in the next few days to spend time on the things he enjoyed doing.

Think about why you should implement appropriate self-care strategies. How might this help you in your role as a support worker?



Practice Task 12

Question 1

Which of the following actions should you take if you feel overcome with emotions and need support? Tick all that apply.

- Talk to your supervisor about how you feel.
- Keep your feelings to yourself; you need to remain professional.
- Talk about your emotions with the family members of the people you support as they would be able to relate to the way you are feeling.
- Discuss internal support options available which might include counselling through an employee assistance program (EAP).
- Talk to your GP.

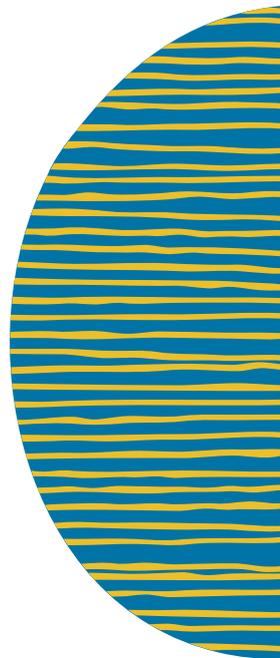
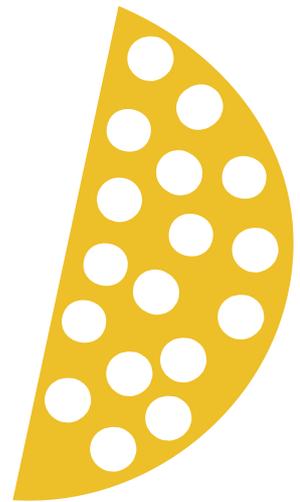
Question 2

List three ways that you can look after yourself so you can reduce stress responses.



Summary

- Working with older people can be physically and emotionally challenging.
- Although stress can be good for us, too much stress over an extended period of time can be unhealthy.
- It is important to learn how to recognise stressors, monitor your stress levels and take steps to manage your stress.
- Many workplaces have resources to help employees who are feeling stressed, such as employee assistance programs.
- There is a range of external supports available to people who are experiencing work-related stress, such as phone counselling services.
- Factors relating to lifestyle – such as exercise, diet and sleep – are important for managing stress and taking care of ourselves.
- Common self-care strategies include getting adequate rest, eating well, exercising and maintaining social connections.





Learning Checkpoint 4

Implement self-care strategies

Part A

1. List two examples of how the workplace can support you if you become overwhelmed with an emotional response.

2. Which of the following statements relate to how you should react to strong emotions that you might be feeling? Tick all that apply.

- Ignore them.
- Talk to the person and their family about your grief.
- Talk to your supervisor.
- Reflect on your feelings with colleagues.
- Cope with these feelings alone, no matter how hard it is to manage them.



Part B

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

Case study

Sally works in a busy aged care facility as a support worker. As part of her role Sally provides support to many people with memory loss. On any given day, Sally's daily work plan will go out the window due to unpredictable interruptions, problematic behaviours and competing demands.

Recently several of the people Sally regularly works with have had significant progressions of their dementia and related symptoms. Previously, Sally used to be able to focus on what she knew about dementia to help her to deal with the disruptions and interruptions caused by the behaviour of the people she was caring for. Lately, she has realised that the particular self-care strategies she was using are no longer helping her to cope with the situations she is facing at work.

1. List at least three potential causes of stress in Sally's workplace.

2. Suggest three questions Sally could ask herself to help monitor her stress levels.



- 3.** List two reasons why Sally should prioritise appropriate self-care strategies to manage her stress.

- 4.** Suggest self-care strategies Sally could use to help her to cope with stress while she is at work.



Glossary

Abuse

Any intentional action that harms or injures another person.

Accreditation

Formal confirmation of a service compliant with national standards.

Active service model

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

Aged Care Quality and Safety Commission

The governing body of the aged care sector.

Ageism

A set of negative attitudes, stereotypes and assumptions commonly held about older people.

Autonomy

A person's ability to make their own decisions.

Boundaries

Guidelines, rules or limits that help you to behave in an ethical way and separate your professional from your personal life.

Commonwealth Home Support Programme

A government-funded program providing home and community care and support to older Australians.

Cultural competency

Learning about different cultures, respecting people's cultural knowledge and needs and overcoming your personal biases and assumptions about people from diverse backgrounds.

Delegation

The responsibility of a supervisor to assign particular tasks to certain workers.

Dignity of risk

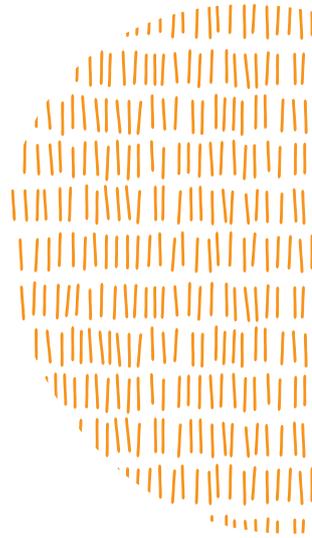
A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit their freedom of personal choice.

Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

Dose administration aid

A package that contains the person's weekly medications, put together by a health professional.



Duty of care

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

Eligibility criteria

Specific age, ability and income criteria that a person must meet before they can access aged care funding and supports.

Empowerment

The process of gaining the strength and confidence to voice one's own opinion.

Employee assistance program (EAP)

A work-based intervention program designed to enhance worker wellbeing.

Home and community services

Services that provide support for a range of needs in the person's own home or community.

Individualised plan

A plan that has been developed with the person and/or their family to help staff provide support that meets the person's needs and preferences.

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Interdisciplinary team

Includes professionals from many different disciplines or professions, working together to help meet a range of physical and other needs

Mandatory reporting

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

Neglect

Failing to properly care for a person.

Not-for-profit organisation

An organisation that contributes all of its income back into staff wages and new services.

Ombudsman

An official who is appointed to investigate an individual's complaint against an organisation.

Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Planned activity groups

Day activity programs run in the community for older people and people with disabilities.

Position description

Provides details about one's work role (also known as a job description).



Psychosocial disability

A term used to describe a disability that may arise from a mental health issue.

Residential aged care

Care for older people living in buildings and facilities owned or leased by an organisation.

Respite care

Giving unpaid carers a rest by providing care for a short time.

Restrictive practice

Any intervention or practice that restricts the rights or freedom of movement of a person.

Segregation

Separating a certain group of people based on their age, ethnicity or gender from others, with the effect of reducing the diversity of people in the community.

Self-care strategies

Positive ways to cope with and reduce the effects of stress.

Self-determination

A person's right to have control over their own life and make independent choices about decisions that affect them.

Serious Incident Response Scheme (SIRS)

Additional mandatory reporting requirements in residential aged care, where a report must be made to the police and the Aged Care Quality and Safety Commission if one of eight incidents has occurred.

Stigma

Seeing someone in a negative way, due to a particular circumstance or quality.

Stress

Pressure or tension.

Supervision

Senior staff overseeing and taking responsibility for the work of less experienced or qualified workers to ensure that they work safely and within the requirements of their job roles.

