



CHCCCS031

**Provide
individualised
support**

Release 1

Learner Guide

Aspire Version 1.2

CHCCCS031 Provide individualised support, Release 1

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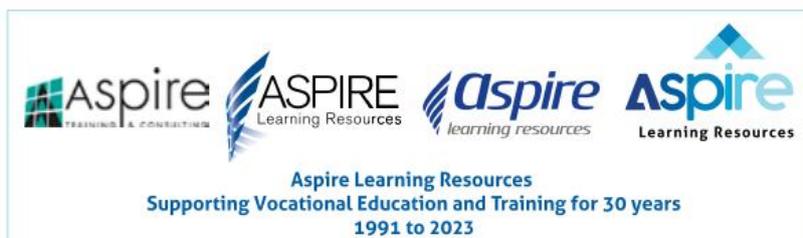
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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



Before you begin

This Learner Guide is based on the unit of competency *CHCCCS031 Provide individualised support*, 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 Determine personal support requirements	1A Confirm the requirements on the individualised plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Consult with the person and others to determine needs, preferences and abilities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Work with the person to promote independence and choice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Confirm processes and prepare aids and equipment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1E Seek support for requirements outside of the scope of your role	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



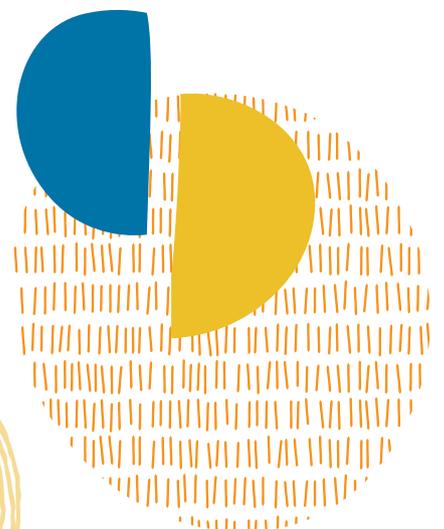
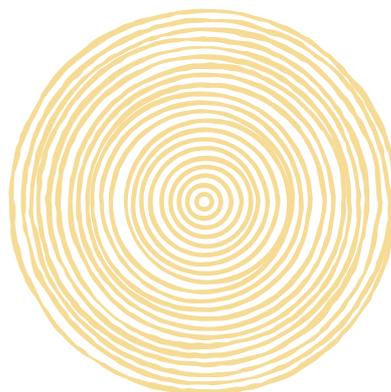
Topic	Key outcome	Rate your confidence in each section
Topic 2 Provide support services	2A Provide support according to the individualised plan and the person’s preferences	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Support the person to use assistive technologies to support their needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Provide assistance with medications according to policies and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Include family, carers and others as part of the support team	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Maintaining comfort, safety and health	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Monitor support activities	3A Monitor your work to ensure it meets the required standard	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Recognise and respond to potential or actual risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Discuss the person’s satisfaction with services and confirm the need for change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Recognise and report signs of additional or unmet needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete reporting and documentation	4A Maintain privacy and confidentiality	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Comply with reporting requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Complete, maintain and store documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Determine personal support requirements

- 1A Confirm the requirements on the individualised plan
- 1B Consult with the person and others to determine needs, preferences and abilities
- 1C Work with the person to promote independence and choice
- 1D Confirm processes and prepare aids and equipment
- 1E Seek support for requirements outside of the scope of your role



1A

Confirm the requirements on the individualised plan

Support workers help the person they support to decide on the level of support they need, then help them meet those needs by following individualised plans.

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 are written in consultation with the person and/or their family. They provide instructions to the support worker and ensure that the support provided is responsive to the person's needs and preferences. Individualised plans emphasise the goals, aspirations and activities that foster the person's participation and independence in a meaningful way.

Individualised plans

The way in which you support a person in line with their individualised plan will depend on your job role, experience, training and organisational requirements.

You must always be aware of your own role in an individualised plan and carefully follow the information in it. To provide a high-quality service to individuals and be accountable and professional, you must be aware of your personal and professional limitations and seek support when required.

A plan may include information or instructions that are outside of your job role or training and are directed at other professionals such as managers and allied health professionals. The first step in following a plan is to seek clarification to ensure that you are working within your job role, experience and training.

Plans in the community sector have many different names, including:

- support plans
- care plans
- lifestyle plans
- person-centred plans
- individual program plans
- individual employment plans
- service delivery plans.



The person's support plan will describe the types of assistance they require. Formally documented plans must be completed according to the policies of the service organisation. In some organisations, a support worker may have some input into writing and developing individualised plans. In other services, this role will be carried out by a team leader or supervisor, and the support worker is only responsible for following the plan.

Plans usually include the following details:

- the person's individual goals
- the services to be provided on a day-to-day basis
- other necessary activities required to meet goals
- the people responsible for implementation
- review dates
- review strategies.

Video: Understanding individualised plans

Watch this video about how to understand and follow an individualised plan: aspirelr.link/youtube-individualised-plans

Pay attention to the information included in an individualised plan and the actions workers can take to ensure the support provided meets the needs of the person.



Example

An individualised plan

The following is an example of an individualised support plan.

XYZ Place Activity Centre
 Program: Community Access Program
 Days: Tuesday and Thursday
 Date of support plan: 24/07/2021
 Name: Mr Sebastian Rivers (Seb)

Goals

Seb will be able to indicate to staff that he needs to go to the toilet by pointing at the toilet door by 24 August 2021.



Actions	Date achieved
The occupational therapist will introduce staff to some training techniques and help to introduce the new sign to Seb.	30 July 2021
Support workers will give Seb the opportunity to practise the sign each day he is at the service.	Ongoing
The occupational therapist will review Seb's progress and the potential for introducing new signs.	17 August 2021
Ongoing needs	
Language and communication skills	Uses only basic language. Is able to communicate his needs and preferences with some prompting.
Mobility	Independent.
Eating skills/dietary needs	Vegetarian. Has painful teeth and gums and needs food to be very soft, with little chewing required. His favourite food is chocolate cake. He dislikes green leafy vegetables.
Continence and toiletry needs	Some urinary incontinence. Uses incontinence pads. Requires prompting and assistance to toilet and change pads.
Activity likes/dislikes	Enjoys card games; needs to use large-print cards. Likes television, animals and being around people. Dislikes physical activities and music.
Behaviours/triggers/strategies	Can become distressed at loud noises or if touched by a stranger (e.g. handshaking or hugging). Strategies to manage this include providing reassurance, moving to a quiet space and warning Seb if a loud noise is expected.
Review undertaken by	Mary McNash
Family involvement	Seb's brother, Neville, present at planning meeting.
Date	24 August 2021



Personal care plans

People with **personal care** needs may require support in the home, in residential care or during activities at a centre such as a day program. Support workers provide assistance with these activities to people who would normally perform these tasks themselves but now require assistance because of frailty, disability or illness.

Personal care
Helping people with physical tasks to maintain health, hygiene and general wellbeing.

Keeping clean	<ul style="list-style-type: none"> • Showering • Bathing • Bed bathing
Diet and fluids	<ul style="list-style-type: none"> • Eating • Drinking • Cutting up food
Grooming	<ul style="list-style-type: none"> • Dressing • Undressing • Hair care • Nail care • Makeup • Shaving
Oral hygiene	<ul style="list-style-type: none"> • Brushing teeth • Brushing dentures
Mobility	<ul style="list-style-type: none"> • Using mobility aids such as wheelchairs or walking frames • Supervising walking • Assisting the person to transfer between beds, chairs and cars
Elimination	<ul style="list-style-type: none"> • Going to the toilet • Using continence aids • Providing bowel support
Health	<ul style="list-style-type: none"> • Taking medications • Seeing the doctor • Using medical equipment such as blood glucose tests

Example

Personal care directions on an individualised plan

Mr Lockyear has partial lower dentures. The rest of his teeth are his own. Mr Lockyear needs prompting to clean his dentures and his other teeth or he forgets. He also needs assistance with cleaning his dentures.

The plan outlines details about how this is done:

- Remind Mr Lockyear to remove his dentures at night.
- Rinse dentures and brush with denture paste.
- Place dentures in a container with water and a cleaning tablet.
- Put toothpaste on toothbrush and have a glass of fresh water ready.
- Remind Mr Lockyear to brush his teeth.
- Monitor him and prompt him to clean top and bottom properly.
- Prompt him to rinse properly.
- Rinse toothbrush and cup when he is finished.

Consider why an individual plan helps promote proper support in your industry. How could this help you in your role?

Activities of daily living

The tasks people do every day are called **activities of daily living (ADLs)**. These are the things we do to keep ourselves, and where we live, clean, safe and organised. It is very important that you support the person to do as many of the tasks for themselves as possible and only provide assistance for those tasks they cannot do.

Instrumental ADLs are more complex and require greater organisational skills such as shopping, transportation, managing medications, communicating, managing finances, house cleaning and maintenance etc.

Activities of daily living (ADLs)

Fundamental skills required to sustain independent living, relating to nutrition, personal hygiene and mobility.



Here are some examples of support for various ADLs:

Type of support	Examples of support
Transport	<p>Some people may rely on others for transport. The plan might require support workers to:</p> <ul style="list-style-type: none"> • drive clients to appointments • help with catching or learning to use public transport.
Going out	<p>A person who has a progressive condition may not be able to go out and see friends or socialise as often as they would like. The plan might include instructions for you to help the person to:</p> <ul style="list-style-type: none"> • visit friends • visit attractions or other places in the community • play sport or attend community activities • attend appointments.
Domestic cleaning	<p>An unclean house can be unhealthy and unsafe. Problems with joints, muscles or vision can make domestic cleaning difficult. The plan might ask you to:</p> <ul style="list-style-type: none"> • clean kitchens and bathrooms • change linen and make beds • wash and dry clothes • sweep and vacuum.
Preparing meals	<p>Physical disabilities and cognitive conditions such as dementia can make cooking difficult or dangerous. You might be directed to help with:</p> <ul style="list-style-type: none"> • preparing meals • cooking meals.
Shopping	<p>Shopping can be difficult if the client cannot drive or has difficulty seeing, walking or communicating. The plan might require you to help the person to:</p> <ul style="list-style-type: none"> • shop for weekly groceries • purchase other goods online or in person.

Try to support the person to do as many of the tasks themselves as possible, and only provide assistance for those tasks they cannot do. This helps foster a sense of independence.

Example

Following a plan to assist with personal hygiene, mobility and meal preparation

Mrs Hawkins is 58 years old and lives alone in a small unit. She has been diagnosed with advanced emphysema. She has tubes providing oxygen directly through her nostrils at all times, and she has an oxygen tank on a trolley if she needs to move more than a couple of metres. She has meals delivered five days a week and has home help for cleaning, laundry and shopping once a week. She spends most days sitting in a chair watching television. Mrs Hawkins cannot walk more than 10 or 12 steps without becoming breathless. The most she can do on her own is walk to the toilet or the kitchen to make a cup of coffee.

Support workers from the local home and community service follow a plan to assist Mrs Hawkins every morning and night. The plan outlines the tasks they need to help with. This includes:

- having a shower
- getting dressed
- getting ready for bed each night
- preparing some of her meals.

Without the support service, she would have to move into an aged care facility because she would be unable to manage.

Reflect on the procedures you could introduce into your workforce to promote personal hygiene.



Practice Task 1

Question 1

Give three examples of information that might be included on an individualised plan.

Question 2

Which of the following are instrumental ADLs that a person may need support with?
Select all that apply.

- Going to the doctor for a check-up
- Doing the weekly groceries
- Having a shower
- Cleaning teeth
- Walking from the lounge to the kitchen

1B

Consult with the person and others to determine needs, preferences and abilities

You will find out information about the person's preferences from their personal support plan or by speaking with them.

It is important to make sure the person has a say and knows what to expect when you are providing support. This helps the person maintain a sense of control over their own support.

Individual preferences

The most important way to find out the person's needs and preferences is to discuss their plan with them.

Older people and people with disabilities are all different. Just like anyone else, they have preferences, including how personal support activities are done. Their preferences may be influenced by their upbringing, abilities, level of comfort or willingness to accept assistance.

Here are some examples of preferences that older people or people with a disability might have:

People may prefer to:	People may prefer not to:
Have a shower rather than a bath	Get up early on the weekend
Wear brightly coloured clothing	Be showered by a person of the opposite sex
Have breakfast before getting dressed	Wear stockings
Have two sugars in their coffee	Use an electric shaver
Have a beer before dinner	Wash their clothes in cold water

Individual needs

Every person you work with will be different. Their support needs can vary depending on their:

- age and abilities
- disabilities, impairments or medical conditions
- place of residence and who lives with them
- personal beliefs



- cultural background
- preferences and life experiences.

Some people may have difficulty communicating clearly or may not be able to convey their personal preferences. In these situations, it may be necessary for the person's family or carer to assist in sharing information about their abilities and preferences.

Communication differences

The people you support may communicate differently, sometimes because of differences in culture, ethnicity or age and other times because of a disability or impairment.

You are likely to find a wide range of communication abilities among the people you support.

For example, dementia or an acquired brain injury can reduce the person's ability to find the right words or understand the words you are using. It can also mean that a person whose first language is not English may revert back to their original language as their condition progresses.

You may need to find other ways to communicate with the person about their needs and preferences, such as by:

- 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.

When the person does not speak English, you may need an interpreter to help communicate, or you could learn a few words of their language.

Cultural differences

Differences in culture can mean different expectations of you as a support worker. Always attempt to find out how the person's culture may affect the way you provide support. For example, there may be differences in:

- what is considered respectful language
- religious practices
- food preferences.

Culture can also affect a person's attitude towards privacy. For example, it may be culturally inappropriate for a person of the opposite sex to help someone with highly personal types of support. This should be taken into account by your manager when rostering staff.



Cognitive differences

The way people think and process information can vary and may be affected by illness, medication, age and disability (especially disabilities related to the brain). This may be due to conditions such as:

- Alzheimer’s disease or other forms of dementia
- intellectual disability
- stroke
- acquired brain injury caused by an accident.

Cognitive impairment

A change in the person’s ability to think or reason, usually caused by damage to the brain.

Signs of **cognitive impairment** may include memory problems. The person may forget how to do everyday tasks such as dressing or cooking. They may behave in ways that you do not expect or that make it more difficult for you to provide support.

People with conditions such as dementia may exhibit **changed behaviours**. These behaviours may put the person or others at risk of harm, injury or illness. Examples include being angry or aggressive, staying outdoors in cold or hot weather without protection or acting in a physically or sexually inappropriate manner. Any new or changed behaviours, or those that pose a risk to the person or others, should be reported to your supervisor as soon as possible.

Changed behaviours

Behaviours that can place the person or others at risk of physical and psychological injury.

When you are supporting a person with a cognitive impairment, you may need to adjust your support to include approaches such as these:

Patience	Be patient and remember that the person is not deliberately trying to frustrate you.
Prompting	Provide the person with cues in their environment that might help them remember, such as diaries, verbal prompts, pictures or labels.
Support choice	Be aware that the person still has the right to make choices. You may find it helps to limit choices to one or two options rather than asking open-ended questions such as, ‘What do you want to do today?’.
Reduce risk	Where a person has impaired judgment or problem-solving abilities, there should be information in their support plan that helps you to reduce risks to the person, such as supervising them when they are showering.

Sensory differences

Hearing and vision impairments can affect the way in which a person experiences the world. It is important that you understand the effects of hearing and vision impairments and follow the plan to ensure that the person uses the correct aids and receives the appropriate support.



Examples include the following:

- Help the person insert their hearing aids before you start providing support for the day.
- Clean the person's spectacles and help the person put them on before you begin a conversation. It is also good practice to keep the person's glasses on them or close by when they are showering and only remove them if the person asks you to or when they are having their face washed.
- Find out in advance if the person uses communication aids and learn how to use them.
- If the person has a hearing impairment:
 - make eye contact as much as possible. If appropriate, sit at the same level as the person
 - speak clearly and allow plenty of time for introductions
 - if possible, talk in a place that is free from distractions and noise so you can concentrate and listen properly.

Video: Sensory loss – Hearing and vision

Watch this video about strategies for assisting a person experiencing sensory loss: aspirelr.link/youtube-sensory-loss

Can you identify the strategies workers can use to support an older person experiencing vision and hearing impairment?



Mobility differences

The plan may require you to help the person to move around in a safe way that protects both yourself and the person from injury.

If you do not assist in a way that is safe, the person may fall and injure themselves. If you try to prevent them falling, you too could be injured.

A manual handling plan or **manual handling profile** gives important, specific information about the safest way to help the person to transfer or move around.

For example, the plan might specify the following techniques:

Encourage the person to use handrails to support themselves when moving into a sitting or standing position.

Use mobility equipment such as hoist, with two people to help.

Supervise the person when they are walking.

Help them to put on shoes with a strong grip and to use a walker.

Manual handling profile

A plan that shows support staff the safest way to help with the person's transfers and mobility.

Emotional and behavioural needs

People with disabilities and older people may experience mood or behavioural changes linked to their circumstances, disability, disease or ageing processes.

As a support worker, you may observe behavioural clues that indicate that a person's emotional needs have changed. It is important that you observe changes such as these and report them to your supervisor to ensure that the person obtains the emotional support they need.

Confirming the details on the individualised plan

It is not enough to simply follow the instructions in the plan without talking to the person (or their family or carers) about whether they are happy with the details in the plan.

People's needs and preferences change from day to day, and so should your approach to support. Talk to the person about your role, as documented in the plan, so that they feel they are part of the process. Provide them with the opportunity to discuss or even refuse support, rather than assuming that they will passively accept your help in the same way every day.

Confirm plan details with the person

To confirm details of the plan, ask the person directly. Here are some examples of questions that you might ask to confirm the person's preferences:

Your plan says that you have a shower before breakfast. Are you happy for me to help you with that?

The plan says you usually have this task done in this particular way. Is that correct?

What are you able to do without help, and what tasks will you need assistance with?

Do you need help with anything else today?

Consult carers and family

Family members, carers or other significant people in the person's life can offer help if you need to clarify the details in the plan, particularly if the person has cognitive or communication difficulties.

Family members or carers who live with the person or help provide care are often best positioned to know where necessary equipment is located, when things have changed or when the support provided is not meeting the person's needs.

Be guided by the needs and wishes of the person themselves – if they appear to want to leave all decisions to a spouse or family member, that is their choice. If they would rather not include family in discussions or decisions, this must also be respected.



Example

Confirm individualised plan details

John has read the individualised plan of Mr Lilley, who has moderate dementia and who he is supporting for the first time. Mr Lilley's individualised plan outlines the requirement to help him to shower, but it does not give details about the level of support needed. John asks Mr Lilley whether he is able to perform some of the showering unassisted. Mr Lilley tells him that he would rather do it alone and does not need help at all. John is a little puzzled by this, but after speaking with Mr Lilley's wife he learns that although Mr Lilley is reluctant to receive help, he needs someone nearby to supervise and help wash his back and dry him. John speaks to Mr Lilley sensitively, reassuring him that he will be there for guidance only and will only step in to help when Mr Lilley needs it or is at risk of falling. Mr Lilley seems happy with this, and John stays true to his word, helping only where Mr Lilley agrees.

Develop trust and rapport when consulting with the person

Take the time to respond to the person as an individual, with genuine empathy and courtesy.

Working with a person to develop their personal goals and plan for services and support may involve considering their health status, complex relationships and other personal details. This can sometimes make them less likely to disclose personal information. Take a moment to consider how you would feel discussing this type of information about yourself.

People who are accessing community services can often feel overly worried about pleasing you or not adding to your workload. This means they may be less likely to seek assistance or let you know when they have preferences that you have not met.

This can sometimes be overcome by giving the person time to trust you. Trust is an ongoing part of a relationship with a person – it can be broken by actions such as not respecting the person's confidentiality, privacy or dignity when communicating. Effective communication underpins high-quality relationships between support workers and the people they support. You can continue to develop trust by showing empathy for the person's concerns and taking the time to listen.



Here are some guidelines to assist you in establishing a trusting and respectful relationship:

Use respect and courtesy	Be genuine and mean what you say. Show that you are really listening, not just following a script. What constitutes courtesy varies between generations and cultures. Think about the generations in your own family and the different expectations and social customs between the generations.
Take time	Be prepared to answer the person's questions and ensure you are well prepared with any information they may require.
Be empathetic	Treat the person in the way you would like to be treated.
Respect the person's family and carers	Where appropriate, include the person's family or carers in your discussion.

Example

Conduct exchanges with the person in a manner that develops and maintains trust

Nancy has been receiving home support services for about four weeks. Daniel has heard a number of comments and complaints from support workers and other staff about Nancy. Many staff say that she is unreasonable and grumpy. Daniel has consciously decided to put aside what he has heard and meet with Nancy, holding her in positive regard and valuing her as a person.

Daniel realises it is important to gain Nancy's trust. He respects that he is in her home. Daniel introduces himself and waits to be asked in. He asks Nancy how she prefers to be addressed. His priority is to listen to her and to demonstrate empathy. Daniel allows plenty of time for his discussion with Nancy so that she does not feel rushed.

Some aspects of Nancy's complaints seem trivial to Daniel, but he reminds himself that he is seeing the situation from his own perspective and tries not to be judgmental or apply his own values. Daniel actively listens to Nancy's complaints and only interrupts to clarify or paraphrase to ensure he understands her fully. He does not agree or disagree. Even when he is not asking questions, Daniel shows he is listening by leaning forward, making eye contact and making noises such as 'hmmm'.



When Nancy has finished speaking, Daniel summarises everything she has said to ensure he has got it right. This demonstrates to Nancy that Daniel has really heard what she has said, and it enables Daniel to show empathy without making any judgment.

There are aspects of Nancy's complaints that Daniel is able to respond to and follow up. There are some things Daniel is unsure of, so he commits to finding out and getting back to Nancy by the end of the week.

Think about why trust is so important in your role. How does this benefit both you and the client?

Practice Task 2

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

Case study

Marjorie has dementia and wears glasses because she has a vision impairment. Her individualised support plan includes the following information:

Showering: Marjorie prefers to shower in the morning. She likes the bathroom to be heated before she undresses. She likes the water quite warm. She is able to wash her body but needs help to wash her feet and back.

Dressing: Marjorie gets cold quickly. The bedroom needs to be warm. She likes to wear a dressing gown from the bathroom to the bedroom. She prefers to choose her own clothing. She may need some prompting with this task. She may have trouble choosing clothing suitable for the weather. She is able to dress without help.



Question 1

What are two questions you could ask Marjorie before you start following her plan to ensure you meet her preferences for support?

Question 2

If Marjorie tells her daughter to choose her outfit for her, how would you respond?

Question 3

Name three of Marjorie's personal preferences in her support plan.



Question 4

Why is it important to respect these differences and preferences?

Question 5

Name a strategy that might be included in the individualised plan to help support Marjorie with memory loss and other cognitive difficulties.

Question 6

How could you help to reduce the impact of Marjorie's vision impairment?

1C

Work with the person to promote independence and choice

The person's ability to complete all or some of their personal care tasks will vary.

Some people may only need help with parts of tasks or with some but not all tasks. Others may need much more support. A person's abilities and preferences may change over time. For example, their condition may worsen, meaning they can no longer perform tasks they were able to before. On the other hand, some people may regain or learn skills and not need as much support.

Person-centred approaches

Person-centred approach

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

In a **person-centred approach**, planning is tailored to the person and focuses on their unique aspirations. The resulting service is the outcome that considers the **individual**.

In a person-centred approach, the person's choices and preferences are the most important factors in the way that you provide support. This means that you must:

- encourage and help the person to make choices
- listen to and follow their choices wherever possible and when it is safe to do so
- find ways to try and understand the person's preferences, even if they are nonverbal.

Helping a person to make decisions about their own lives should be a part of every task. If the person needs guidance, you might ask them to choose between two options, such as two different outings, rather than vaguely asking, "What would you like to do today?".

A person-centred approach means that you pay more attention to the person's choices than to task lists or staff routines.



Example

Person-centred approach

Mr Morissetti's plan states that he gets up and has a shower and then has breakfast in the dining room. Today, he wants to have his breakfast brought to him in bed and decides he will get up later.

The staff respect this and help him meet this preference for today, despite what the plan says.

Consider why a person-centred approach may benefit Mr. Morissetti.

Video: Person-centred care in practice

Watch this video about person-centred care: aspirelr.link/youtube-person-centred-care

Think about the various ways that people living with dementia can be supported using a person-centred approach.



Strengths-based approach

A strengths-based approach draws on the person's own existing strengths rather than providing support that addresses only their weaknesses.

Here are some ways that you can provide support using a strengths-based approach:

Build on strengths using aids and equipment	A person with arthritis may be able to wash themselves if they have a large sponge and liquid soap from a pump in place of a face cloth and a bar of soap. Taps can be easily adapted by placing large tap handles over existing taps, enabling the person to turn on the taps by pushing (rather than turning) the handle.
Be positive	Authentically praise the person when they show abilities in certain areas. For example, Joe might not be able to cut up his own steak, but he can scoop up mashed potatoes with a spoon. His support worker praises him by saying, "Well done, Joe!".
Consider how you can use strengths in place of weaknesses	A person with dementia may have difficulty remembering how to shower themselves but can draw on their long-term memory. You could ask the person to hold a doll and imagine that they are washing their own children when they were small. After they have washed a certain part of the doll, they can then do the same task for themselves.

Strengths-based approach
Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

The active service model

Active service model

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

Skill maintenance

Encouraging the person to practise a task they can do, so that they maintain the ability to do the task for as long as possible.

The active service model (sometimes referred to as active support) is about encouraging independence.

We know that if a person no longer performs a task for themselves, they will eventually lose the ability to do that task. People can lose the opportunity to use their muscles and brains if we take over things they can do for themselves, even if we have the best of intentions.

There are three main ways to follow the active service model:

- Encourage the person to do as much of a task for themselves as they can, even if it takes longer for them to do it.
- Teach the person new skills and support them to practise these skills until they can do them independently.
- Help the person to maintain their skills for as long as possible by continuing to let them practise these skills. This is called **skill maintenance**.

Example

Breaching the right to independence

Sonja is a support worker. Today she is running late because her car would not start. She begins her day's work 45 minutes behind schedule.

Sonja goes to assist Mr Finch to get ready for the day. Mr Finch can walk slowly on a walking frame but Sonja is in a hurry, so she sits Mr Finch in a wheelchair and pushes him down the hallway for his shower. When he is washed, she dries him with the towel and says it will be quicker if she dries his back and legs rather than letting him do it. Sonja wheels Mr Finch back to his room, pulls some clothes out of the cupboard and quickly dresses him, even assisting him with his shirt and buttons, which Sonja knows he can do himself.

How would you feel if you were Mr Finch? It is possible you would feel distressed, powerless and frustrated. If this happened frequently, you might lose interest in participating in your own support, become depressed or lose some of your independence and living skills.



Skill development and maintenance

There are many ways to help the person learn new skills and/or keep the skills they already have. Here are some examples.

<p>Task analysis</p>	<p>Task analysis involves breaking a skill or task down into small steps and developing a plan for an individual to learn and build on each step in the task. Any skill can be presented as a chain of small steps, and each step serves as a cue to the next step in the task.</p>
<p>Shaping</p>	<p>Shaping or shadowing involves gradually reducing the level of support based on the person's learning. At first you might demonstrate the skill while the person observes. Then, you and the person may complete the task together. Next, the person completes the task independently while you directly observe. The final step is when the person completes the task on their own, but you shadow them in such a way that they are not aware of being observed. This is a useful strategy where there may be safety issues, such as learning to catch public transport independently.</p>
<p>Prompting</p>	<p>Prompting is a useful way to provide help but still allow the person to proceed with the task themselves. You can prompt at different levels, gradually reducing the level of prompting as the person begins to learn.</p> <p>For example:</p> <ul style="list-style-type: none"> • showing the person how to clean their teeth and asking them to copy • reminding the person that the next step is to put toothpaste on the brush • pointing to something to give the person a clue, such as pointing at the cup to remind them to rinse their mouth.
<p>Reinforcement</p>	<p>Positive reinforcement includes praise or other rewards to help motivate the person to continue using their skills.</p> <p>This approach is best for younger people with intellectual disabilities. The reward needs to be age appropriate and dignified. For example, if they set the table themselves, they can be served first at dinnertime.</p> <p>You should have a strategy in place for gradually withdrawing positive reinforcement. For example, in the early stages of learning a new skill, the person is rewarded every time they use the skill. This is then reduced to every second time, every third time, and so on.</p>

The following resource contains information on how you can support a person with an intellectual disability develop daily life skills: aspirelr.link/disability-daily-skills



Example

Skill development and maintenance

John is a support worker at a special development school, where Ricky is a student. Ricky is eight years old and has Down syndrome. He is unable to perform most of his own personal care tasks. Ricky loves having his shoes and socks off and has always needed someone to put them back on for him when he goes outside or is ready to go home.

Ricky’s individualised plan states that staff should provide full assistance to Ricky when he needs to put on his socks and shoes.

Today, when John is getting Ricky ready to go outside and play, he notices that Ricky has found his shoes and socks by himself and has started to pull his socks on. He cannot pull them up properly, but he has at least got them part of the way on. John praises Ricky and tells him that if he can do this again tomorrow, he will ask his mother to buy him a pair of Superman socks. He talks to his supervisor about changing Ricky’s personal support plan to instruct workers to encourage Ricky to put his own socks on and assist only when he has done as much as he can. They build rewards and praise into the plan to encourage him, which can be slowly faded out.

Consider ways you could help develop skills for those you look after. What benefits might this achieve?

Practice Task 3

Question 1

Match each term about models of support to its definition/description.

Skill maintenance
Strengths-based approach
Active service model
Person-centred approach

Encouraging the person to do as much as possible for themselves
Making the person’s choices and preferences the focus of everything you do
Focusing on what the person is good at and finding ways to help them use this ability whenever possible
Encouraging the person to continually practise a task to maintain their ability

**Question 2**

What could happen if you try to help by taking over a task that the person can do themselves because it might be quicker that way?

Question 3

Which of the following practices help to support a person's skill maintenance and development? Select all that apply.

- Writing down step-by-step instructions
- Prompting
- Reinforcement
- Breaking a task down into small steps
- Mimicking

1D

Confirm processes and prepare aids and equipment

There are many different types of aids and equipment that can assist people to remain independent or assist you to help them with their support needs.

Equipment can assist older people and people with disabilities to perform everyday tasks that would otherwise be difficult or impossible for them. The type of equipment they need depends on what tasks they are having difficulty with and why.

It is important that you are familiar with the types of equipment that are used in your work. You will need to be shown how to use each piece of equipment before using it to provide support to a person. You will need to know how to check, clean and maintain equipment and aids to ensure they are functioning correctly.

Aids and equipment include:

Mobility aids	Wheelchairs Walking frames
Continence and toileting aids	Continence pads Toilet chairs
Lifting and transfer aids	Hoists Standing machines
Communication aids	Hearing aids Electronic communication aids
Eating and drinking aids	Adapted cutlery Sip cups

For more examples of equipment and aids, see: aspirelr.link/qld-aids-equipment



Confirm processes

You can find out a great deal about the person's preferences by being specific about how the plan asks you to proceed.

Here are some examples:

- 'The plan says you like to have your hearing aid put in after your shower rather than before. Is that correct?'
- 'If you are happy, I will help you shower right now. I'm going to help you to get out of bed and into the shower chair. Are you happy to be transported in the shower chair?'

Even if the person is confused or unable to communicate with you, it is still important to talk them through the process as you perform each task.

Assembling equipment

You must assemble all equipment safely and correctly to meet work health and safety (WHS) requirements.

Some types of equipment, such as hoists, require you to assemble different parts to suit the person's size and weight. Other types, such as hearing or communication aids, need to be carefully unpacked and turned on. Always ask your supervisor for assistance and/or training before assembling equipment if you are not sure what to do.

Use the following checklist as a guide:

Make sure the person is safe before you leave them to gather the equipment needed.

Ensure all parts are clean prior to assembly. If the equipment is used by other residents, it must be thoroughly cleaned and disinfected between uses.

Check for cracks or other faults. These must be reported, and the item should not be used until it is repaired.

Ensure that you follow all manufacturer's instructions.

Ask the person about their personal preferences for the position and settings of aids and equipment that they are to use.

Make sure the person can reach the aids and equipment they need, such as a walking frame, hearing aid or glasses.



Example

Assemble equipment

Here are some examples of assembly requirements for common pieces of equipment used in support services.

Type of equipment	Assembly
Wheelchairs	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Ensure armrests and footplates are assembled according to instructions.<input checked="" type="checkbox"/> Put on brakes when helping the person to transfer in or out of the chair.<input checked="" type="checkbox"/> Insert rechargeable battery into powered chair before use.<input checked="" type="checkbox"/> Position seat belt safely and comfortably.
Walking frames	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Ensure that the walking frame is the right height for the person.<input checked="" type="checkbox"/> Ensure that the walking frame is in good condition and grips to the floor well, so that it does not slide when the person puts weight on it.<input checked="" type="checkbox"/> Ensure that the seat is in an upright position when the person is walking.
Hoists	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Because there are different kinds of hoists that work in different ways, it is important that you are shown how to use them correctly.<input checked="" type="checkbox"/> Locate a suitable sling to suit the person's size and weight.<input checked="" type="checkbox"/> Assemble the battery pack from the charger.<input checked="" type="checkbox"/> Position the equipment close to the person and ensure brakes are on.



Example

Talking through the transfer process

Ms Kulpinac has severe dementia and does not communicate verbally. Today, Harriet and Frank will be transferring Ms Kulpinac from the bed to a shower chair using a hoist. They use a calm and reassuring voice to talk the resident through the process.

'I'm just going to turn you towards Frank so that we can put the sling under your body, Ms Kulpinac', says Harriet.

'Now we are going to start lifting the hoist slowly into the air', says Frank.

'You are safe, and we will support you'.

Reflect upon the reasoning behind communicating the specifics of the transfer process. What are some possible consequences that may occur by failing to do so?

Practice Task 4

Question 1

Name three different types of equipment that might be used by a person who needs help with personal support or mobility.

Question 2

How would you respond if you noticed a fault or damage to a piece of equipment while you were assembling it?



Question 3

John does not understand what the workers are saying. Given that he cannot understand, is it still important to talk to him about the process being used to transfer him? Explain your response.

Question 4

Name three pieces of equipment that a person should have within reach.

1E

Seek support for requirements outside of the scope of your role

It is important for you to understand your own role and the limits of your professional capabilities and responsibilities and seek additional support when required.

If you act beyond the scope of your skills, knowledge, training or job description, you may reduce the quality of care to clients. You may even fail in your duty of care by causing harm to the person.

Here are some examples of limitations to your job role and times when you might need to seek support before you proceed.

Situation	Limitations
When you are unfamiliar with the task	<ul style="list-style-type: none">• If you are new to the role, ask for as much help as possible to understand the plan and provide the support that the plan requires.• If it is the first time you have supported a person and you are unfamiliar with their support needs, particularly if the person is unable to explain their routines to you, ask for help from a supervisor and/or family member.
When the task might be unsafe	<ul style="list-style-type: none">• Seek support if you feel that a task is unsafe or when you are not sure how to proceed, such as when using new equipment.
When you are unsure about the instructions	<ul style="list-style-type: none">• If the instructions contained in the plan are unclear or seem out of date, clarify them first.• If the person you are supporting asks you to do something differently from the way it is described, or that is not included in the plan, you may need to ask permission.
When you are not qualified to complete the task	<ul style="list-style-type: none">• You may not be qualified to complete a task such as administering medication or giving injections.• If you are concerned that the plan contains instructions that are outside of your job role, experience or qualifications, seek advice and do not attempt them.
When the task goes against your policy	<ul style="list-style-type: none">• Avoid crossing personal and professional boundaries.• Never give medical, legal, financial or relationship advice to clients.



Seek support

Your direct supervisor is usually your first point of call when seeking support.

Colleagues can also be of help if you work in a team. You can also review the policies and guidelines of your organisation so that you are clear about the limitations of your role and your organisation.

If you, your team members or your supervisor require support for anything beyond the scope of your or their knowledge, skills or job role, there may be other professionals who can be consulted. There will be processes in place for seeking help outside of the organisation; however, your supervisor might be the only one with authority to do this. Check first before contacting external professionals or services.

Here are some things to consider when seeking outside assistance:

Some government departments and funded services can help your service manage concerns such as aggressive behaviours from clients or residents or how to follow standards and other rules.

If a person has medical issues affecting the plan, they may need to seek assistance from their GP, who can be contacted on their behalf.

Helplines can provide advice and support (e.g. telephone services for reporting abuse or neglect) but should not replace directions from your supervisor.

Specialised services (advocacy, community legal or community health centres) can advise the person and/or their family.

You might consider further training or updating your qualifications in a particular field such as dementia or acquired brain injury.

Practice Task 5

Question 1

Who is usually the first point of call when seeking assistance or clarifying the details of the individualised plan?



Question 2

Name one boundary or limitation to your job role that you should not perform when providing support.



Summary

- Plans are developed in consultation with the person and/or their family, carers or support workers.
- Everyone you support will have different needs, preferences and abilities.
- Consultation means that a support worker is working in partnership with the individual person and often their family.
- Communication practices that help build trust and an effective rapport with the person are essential in the support worker role.
- The role of the support worker is to help the person choose activities that promote independence and maximise participation in valued activities and the community.
- People should be given opportunities to make choices and discuss their preferences whenever possible.
- You should always seek assistance if you have any questions or concerns about an individualised plan.
- You must be aware of your personal and professional limitations and seek the required support.



Learning Checkpoint 1

Determine personal support requirements

Part A

1. Which of the following actions should you take to confirm the person's preferences before you provide support according to the plan? Select all that apply.

- Prepare the plan together and continually check with the client.
- Email a copy of the plan to the person's family for their input, even if the person has not given permission.
- Allow time for reflection.
- Seek input from others in the person's family if relevant (with the person's consent).
- Confirmation from the person is not needed because your supervisor has given you the plan directly.

2. You have been asked to follow a plan that contains directions to use a piece of complicated transfer equipment that you have never used before. What steps would you take?

3. Who would you talk to about the details of the plan if you were supporting a person for the first time?



4. Which of the following statements relate to following an individualised plan?
Select all that apply.
- The plan has been written by professionals, so it must be followed exactly, even if the person prefers a different way of doing things.
 - If the person does not wish to do something in the plan, they have the right to refuse.
 - If the person cannot communicate their preferences, the next best thing is to do the task in the way you would prefer it done for yourself.
 - Once the plan is written, it can be changed when needed.
5. List two ways your supervisor can assist you in implementing a person's individualised plan.

Part B

Read the case study and answer the questions that follow.

Case study

Maria has an intellectual disability and will be learning to use public transport with the help of her support workers. Today, you are meeting Maria for the first time and will be involved in helping her to learn this skill. Maria is chatty and friendly with strangers.



1. Describe two ways you could gain Maria’s trust when you begin to work with her.

2. Identify two techniques you could use to help Maria learn to use public transport and explain how you would use them.

3. What might you need to do to help Maria to maintain the skill (i.e. skill maintenance)?

4. How would you use the active service model when providing support to Maria?



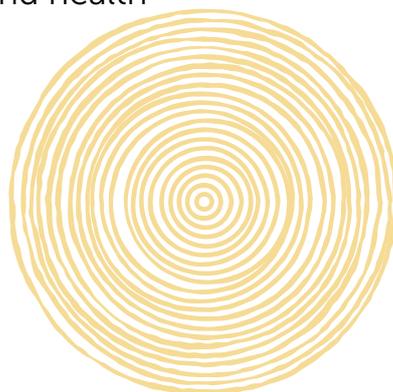
5. How would you use the person-centred approach when providing support to Maria?

6. How would you use a strengths-based approach for Maria's training?



Topic 2: Provide support services

- 2A Provide support according to the individualised plan and the person's preferences
- 2B Use assistive technologies to support the person's needs
- 2C Provide assistance with medications according to policies and procedures
- 2D Respect and include family, carers and others as part of the support team
- 2E Maintaining comfort, safety and health



2A

Provide support according to the individualised plan and the person's preferences

You must support the person's strengths, interests and rights when following the individualised plan.

This means that you must respond to the person's individual needs and preferences, interests, rights, decisions and choices.

Human rights

The person receiving support is entitled to have their rights upheld and respected at all times.

Supporting the rights of people who rely on community services means upholding their basic **human rights**, including their right to make choices about their own life, their right to access food, shelter, warmth and the company of others and their right to a place in the community without discrimination. It also means the person has the right to make complaints.

People accessing services have the right to:

- dignity and respect
- freedom of expression
- self-determination, choice and control
- confidentiality and privacy
- freedom from discrimination, exploitation, abuse, harm, neglect and violence.

Discrimination

Written into our basic human rights is the right to freedom from **discrimination**.

When implementing any activities that are listed in a person's plan, you should avoid any actions that could be discriminatory. You also need to be aware of and show respect for the person's cultural and religious beliefs. You must consider these beliefs and the way they affect the tasks you carry out.

For example:

- if a person belongs to a certain religion, they have the right to eat the foods that meet their religious needs
- if a person wishes to speak their native language, you cannot force them to speak English.

Human rights

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

Discrimination

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



Duty of care

While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the **duty of care principle.**

People who access aged care, home and community care and disability services have a right to receive services that respond to their needs and rights, even if that comes with an element of risk. In turn, support workers and coordinators have a duty of care to keep clients and residents safe. Everyone in the community service environment has a duty of care for themselves, the people they care for, visitors and each other. Negligence occurs when duty of care is breached and causes harm to the person.

Here are some examples of duty of care:

The organisation's duty of care	The support worker's duty of care
To provide you with an appropriate level of information and training to do your work safely	To report to your supervisor any faulty equipment, changes in the person's condition or problems with your ability to fulfil your role safely
To provide you with access to policies and procedures to help you fulfil your role	To be aware of and follow policies and procedures at all times
To ensure that the work areas and equipment you will be using are safe and well maintained	To observe any hazards in the work environment and reduce or report them immediately
To provide you with appropriate equipment, such as gloves and transfer equipment, to perform your role with low risk to you	To use equipment and personal protective equipment as you have been directed

Duty of care

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

Dignity of risk

All people have the right to make choices for themselves, even if you do not agree with those choices or they are not written in the plan. This is known as 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 are responsible for ensuring that:

- the person understands the consequences of their choices, 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

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 a person's freedom of personal choice.



- 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. At times, you may need to seek guidance about how this can be done. You must allow for a person's right to dignity of risk while ensuring that you are acting within your job role at all times. This may mean simply reporting a concern or problem. When determining types of support in consultation with the individual, you must ensure that no activities are agreed to that a reasonable person would envisage could cause harm.

Examples of ensuring the dignity of risk include:

- allowing a person to work in the garden and prune roses, even if you are worried that they might scratch themselves or fall
- 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 a 91-year-old man. He used to be a pilot and has loved planes all his life. His goals in his individualised plan include attending more community outings and reconnecting 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. He had a fall a couple of years ago 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 might not recover if he had another fall.

There will be 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 may assist in meeting some of his goals. Noel is adamant that Charles should not attend, stating that with the bustling crowds and unknown environment, Charles could easily have a fall. Noel says it would be irresponsible to allow Charles to attend.

Staff look for moments when Charles is lucid and show him flyers about the event. During these times, Charles reminisces about his flying days and tells staff members story after story. He keeps the flyer by his bed in the room.

A key staff member who knows Charles well asks Charles and Noel to meet to discuss the show. Together they come up with a solution that addresses both the staff's duty of care to Charles and Noel's safety concerns while not restricting Charles or taking away his dignity of risk. It is decided that Charles will attend the show but will use 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 looking forward to getting to know more about Charles's past.

Providing support with personal care

When helping a person to follow personal care routines, it is important to help them maintain their dignity and privacy.

You must follow your organisation's policies and procedures when providing personal care. Personal care routines often require the person to be exposed and feel vulnerable. Safety, dignity and privacy are very important.

Examples of protecting dignity and privacy include the following:

- Close all doors, and do not allow other people, including other workers, to enter the room or bathroom while the person is uncovered.
- Make sure the person stays covered (e.g. with a towel or clothing) for as long as possible during washing routines.
- If the person only requires a little help or supervision, avoid watching them closely and be present only when they need help.
- Talk about other things while providing personal care to avoid embarrassment.
- Do not talk over the person to other workers while you are providing care. Always include the person in conversations rather than treating them as if they were not there.
- Do not talk about personal matters such as toileting habits to a person in a way that can be overheard by others.

Bed bathing and showering

Support workers will often be involved in assisting a person to attend to their personal care, such as showering or bathing.

Cleanliness and hygiene are very important for health. Keeping the skin clean helps to prevent the development of cracks or other lesions that could allow the passage of disease-causing bacteria.

Washing helps to remove bacteria and lowers the risk of infection. It is especially important to carefully wash areas that are exposed to urine or faeces at least every second day to avoid the development of inflammation and rashes.

Bed bathing

For some people such as those in palliative care or the advanced stages of dementia, getting into a shower or bath is not possible. It may be necessary to give them a sponge bath in bed, using warm water from a basin. This is called a bed bath.

When providing a bed bath, it is important to make sure that the person's body is washed thoroughly, including in all the difficult-to-reach places. Ask for help from another worker, who can help you to turn the person and change their sheets if necessary.

Wash the 'clean' parts of the person first. For example, begin with the person's eyes and then wash the rest of their face. You can then wash the person's upper body and torso. Change washers and wash the genitals and bottom. Finish with a new washer and wash the person's feet. Always cover the person to maintain their dignity.

Video: Bed bathing

Watch this video about how to help someone to take a bed bath: [aspirelr-link/youtube-bed-bathing](https://www.youtube.com/watch?v=aspirelr-link/youtube-bed-bathing)

Pay particular attention to how you can uphold the person's dignity and maintain their independence during the bed bath routine.



Showering

Some people will be able to wash themselves and may only need help getting in and out of the shower or bath. Others may be able to wash most of their body but not be able to reach areas such as their feet or back. Some people need help washing all of their body. A person who is frail or has limited mobility can benefit from being showered in a shower chair. Always make sure that the person is sitting safely in the chair.

To ensure that showering is performed safely and effectively, always do the following:

- Check that the temperature of the water suits the person and is not too hot.
- Wash the person in the order described in the previous section. If the person is able to help you, encourage them to assist.



- After a shower or bath, the person's whole body must be dried properly. Leaving the skin damp may cause redness, rashes or cracks in the skin or allow fungus to grow, causing infection or illness. Encourage or assist the person to carefully dry between their toes and fingers and in areas where there are skin folds (e.g. the stomach, back or under the breasts).
- Always check that the floor is dry before the person stands up from the shower. It can be useful to help the person put on their shoes and socks before standing to put on other clothing.

Video: Assisting someone into the shower

Watch this video about how to assist someone into the shower: aspirelr.link/youtube-shower-assist



Example

Providing personal care

Brian is a 56-year-old man with multiple sclerosis. James is a support worker who visits him at home each morning to assist him to wash, dress and have breakfast before he goes to work.

James greets Brian by talking him through the procedures: "I'll help you to get out of bed first, and then I'll assist you to get into the shower. I will get your clothes ready while you wash, and once you are dry and dressed, I will make your breakfast. Does that all sound okay with you, Brian?"

James prepares the bathroom so that it is warm enough for Brian to get undressed. He explains, "The water is running at the right temperature in the shower now, Brian, so I will take the towel off you and help you in". This way, Brian is aware of what is about to happen and is comfortable that he will not be sitting long without being covered up.

Dressing and undressing

A person may require support when getting dressed, undressed or changing clothes.

There are many reasons for people needing assistance with dressing and undressing. For example:

- They might have muscle weakness or arthritis in their hands and not be able to manage buttons and zips.



- They might have had a stroke and find it difficult to move one side of their body.
- They might have difficulty standing and keeping their balance.
- They might have a vision impairment and not be able to select and put on clothes easily.
- They might have an intellectual disability or dementia and find dressing and undressing confusing.

Select clothing

People should be dressed in clean, suitable, laundered and wrinkle-free clothing. As a support worker, you should respectfully point out when clothes are soiled or need ironing. Do not be embarrassed or concerned that you may insult the person – most people would prefer to know. Remember though, if a person chooses to wear the clothes anyway, this is their choice. Talk to your supervisor if you are concerned or have any difficulty with this aspect of your role.

You will need to ensure that the type of clothing you select is suitable. Consider the following factors:

Factor	Clothing choice
Weather	Check the weather to ensure that your client will not be too hot or cold when wearing the items you have selected.
Occasion	Different clothes are required for different occasions. For some people, it is important to be well dressed if they are going to a social event, seeing a doctor or meeting other professional people.
Ability	It is important that people are wearing clothing that they can manage. For example, they should not wear clothing that prevents them from going to the toilet independently. Velcro or hook fastenings and pants with elastic waists instead of clothing with buttons or zips may be more suitable. An occupational therapist may find ways for people to manage things like buttons, zips and other fastenings.

Use a technique that suits the person’s needs and ability.

For example:

- When a person has had a stroke, help them to put their affected side into the sleeve or leg of the clothing first. That way, they have more flexibility to place their second limb into the clothing.
- When a person has dementia, they may only need assistance to set out the clothing in the order that it is worn.
- Be gentle and pull the clothes and not the person.



- Tell the person what you are doing as you do it.
- Lay out the clothes first in the order in which they will be put on.

Grooming

Grooming involves making sure clients' clothes are neat and tidy, their hair is brushed, their fingernails are clean, men are clean shaven, and women have their make-up on if this is their preference.

Important tips when supporting a person with grooming include the following:

- Shave in the direction the hair grows and moisturise afterwards.
- Where possible, ask the person or their carer what they are doing for the day to make sure their grooming is appropriate.
- Always tell the person what you are going to do before you do it.
- Check the person when they have finished their grooming to ensure they have not forgotten anything.
- Tell them they look good. It is reassuring for people who cannot groom themselves to know that they look good and that someone cares about how they look.



Grooming

Maintaining a person's health, appearance and general wellbeing.

Video: Assisting with personal hygiene and grooming

Watch this video about how to assist someone with their personal hygiene and grooming needs: aspirelr.link/youtube-personal-hygiene-groom

Notice how important it is for support to be provided according to the person's preferences.



Example

Assist a person with grooming

Jane is the support worker who helps Mr Spears. Mr Spears used to work in a bank in the city and has always been particular about his clothing and grooming. He always wore a collar and tie on weekdays. When going out, he was always clean shaven and had combed hair and neat, clean fingernails. Because of his age, his sight is failing, and he has trouble seeing if he has shaved properly or his clothes are clean. Jane is aware that this is very important to him. She always checks carefully that he looks neat, tidy and clean. She tells him that he does. Mr Spears can then go out feeling confident that he is properly dressed and groomed.

Oral hygiene

Making sure that the teeth and mouth are clean and that dentures are properly maintained.

Oral hygiene

Some people have their own teeth, while others may have dentures. Where people still have some or all of their own teeth, it is important that they care for them well to avoid decay. Dentures must also be cleaned and appropriately cared for.

You may need to assist people with cleaning their teeth and/or cleaning and soaking their dentures. People may only need reminding to do these tasks, or they may need full assistance. The person’s support plan will provide information on the level of support required with oral hygiene.

Tasks associated with teeth and denture care are as follows:

Teeth	<ul style="list-style-type: none"> • Use a soft brush and a small amount of toothpaste. • Use a face cloth to gently wipe the person’s teeth and gums. • Brush for two minutes, making sure that you reach the back parts of the teeth. • Brush the gum line gently.
Dentures	<ul style="list-style-type: none"> • Remove by gently using a gloved finger under the dentures to release the seal. • Gently lift the dentures from the mouth and gently insert a finger to break the denture seal. • Clean the dentures in the person’s preferred way, with a denture brush or soaking. • Clean with denture paste and a brush. • Reinsert the dentures gently.
Mouth and gums	<ul style="list-style-type: none"> • Make sure that the mouth and gums are clean and cared for. • Assist with using a mouthwash to make sure food particles are rinsed away and the mouth is clean.

Video: Dementia and oral care

Watch this video about how to help someone clean their teeth: aspirelr.link/youtube-dementia-oral-care

Pay attention to the numerous steps involved in oral care.



Elimination of waste

Urinating and defecating (passing urine and faeces).

Elimination

Some people can have difficulty with controlling **elimination of waste**.

People who are **incontinent** have little or no control over their elimination functions. A person can be incontinent with urine, faeces or both. Some people you support may have to use incontinence aids such as pads or special underwear to prevent their clothes becoming soiled. They may need support to use incontinence aids appropriately and remain clean and washed.

Incontinent

Being unable to control the flow of urine or faeces.



This prevents damage to their skin and clothes and helps them to smell and feel fresh at all times. Some people may not be able to urinate or defecate when they need to. Not eliminating bodily wastes can be dangerous and can make a person very sick.

Some people who are unable to urinate will need a **catheter**, a tube that drains the urine into a bag. People who have a catheter may need assistance with emptying the bag.

It is important that the person's body is kept clean around the catheter area. Catheters can provide an entry point for bacteria, and infections can easily occur if the site is not kept clean.

Catheter

A tube that passes from the bladder to outside of the body to drain urine.

Continence aids

A range of continence aids is available. You may also need to change sheets or bedding. Many beds have a plastic sheet under the regular one. This stops urine reaching the mattress. You must wear gloves when changing pads or underwear or cleaning continence aids.

Here are some common types of continence aids:

Pads	Pads need to be changed regularly.
Pants, bed and chair protectors	Aids such as Kylies or chair pads can protect furniture and help the person to stay dignified and clean.
Commodes	A commode or toilet chair can assist people who are unable to sit safely on a toilet. Commodes are stable and secure, easy to get into and out of and can be used in a bedroom or bathroom. The commode has a pan under the seat that must be emptied and cleaned safely after use.

For information about helping a person with continence aids, visit the Continence Foundation of Australia: aspirelr.link/continence-products

The foundation also provides the National Continence Helpline: aspirelr.link/national-continence-helpline

Bowel dysfunction

Some people may also have difficulty eliminating faeces, which is known as being constipated. This means that the person has not passed faeces for some time, leading to a build-up that the person has difficulty passing. A doctor may prescribe medication for constipation. As a support worker, you may need to remind the person to take the medication or assist them with personal hygiene. Other difficulties people may have with elimination are usually managed by a doctor or other health



professional.

Video: Assisting someone to move on and off the toilet

Watch this video about how to assist someone on and off the toilet: [aspirelr.link/youtube-toilet-assist](https://www.aspirelr.link/youtube-toilet-assist)

Pay attention to the various steps involved and safety tips given.



Hydration and nutrition

The person’s support plan will describe the hydration and nutrition support the person needs. If you are unsure or concerned about a person, report this immediately to your supervisor.

Hydration and nutrition support may include the following:

Frailty or mobility impairments	The person may need help to cut up their food and place it in their mouth. A person with arthritis may have difficulty cutting up their meal.
Swallowing difficulties	The person may need to be supervised and provided with extra support to ensure that they swallow safely.
Cognitive impairments	Memory or cognitive impairment problems may mean that people forget to eat properly or drink enough water or that they cannot safely prepare a meal.
Sensory impairments	A person with a vision impairment may struggle to see their food or reach a glass of water. You may need to let the person know what food is on their plate and where it is. You might also need to keep the person’s water within reach during the day and let them know that it is there.

Helping a person to eat and drink safely

Here are some ways that you can help a person to eat and drink safely:

- Prepare vitamised food or thickened drinks for people with chewing or swallowing difficulties.
- Help the person to sit upright when eating. Never help a person to eat or drink while they are lying down.
- Provide small mouthfuls one at a time and give the person time to chew. Never rush the person.
- Help the person to drink a small amount of water between each mouthful. This can help them to swallow more easily.



Mobility and transfers

People may need varying degrees of help with their **mobility** and **transferring**.

This may include supervising them while they walk and helping them to use mobility equipment or move around in a wheelchair. People who are unable to move themselves may need mechanical aids to help transfer them from one area to another.

People may need help for many reasons. For example:

- Problems with joints or muscles in their legs, hips, back or arms may restrict movement.
- Impaired vision may make moving around and finding their bed or chair difficult.
- Uncontrolled movements in their limbs may make movement and balance difficult.

The person's support plan or manual handling profile will describe how much help they need and the safest way for you to help them.

Mobility aids

Mobility aids assist people who have difficulty with walking and balance. They give extra support when walking, help a person balance and may take some weight.

Here are some of the most commonly used mobility aids:

Walking frames	<ul style="list-style-type: none"> • Walking frames aid with mobility. Some have a small seat for use when the person needs a rest. • A physiotherapist should make sure the walking frame is the right height for the person. • The walking frame should be in good condition and grip to the floor well so that it does not slide when the person puts weight on it.
Wheelchairs	<ul style="list-style-type: none"> • Wheelchairs are designed to suit the person using them. They should be the right size to sufficiently support the body and be comfortable to sit in. • You need to be shown how to help someone get in and out of a wheelchair. You may need to give them a small amount of support, help them stand or turn and perhaps even use a hoist or lifting device. • When pushing a wheelchair, keep your body upright. Use your leg muscles and avoid straining your back muscles.

Mobility

Being able to move around.

Transferring

Being moved from a bed to a chair, or from a chair to a chair.



Transfer aids

Many types of equipment are available to assist with transfers. You will be shown the specific equipment you need to use for the individual.

Aged care and community care workplaces have a 'no lift' policy when moving people. This means that people are lifted using mechanical hoists rather than manually.

Throughout your career you will need to complete specific training to use new and different types of equipment correctly. Some of the most common equipment used in aged care and community workplaces include:

- lifts, slings and hoists
- adjustable beds
- sliding sheets
- wheelchairs
- walking aids.

Remember, always check with your supervisor if you are not sure or if you see equipment being used incorrectly.

Hoists	Hoists are used to transfer people. A person may be transferred from a wheelchair to a bed, from a bed to a chair or from a chair to a swimming pool. Hoists can be portable, moving easily from place to place, and/or operated by remote control. Using a hoist properly means that the worker does not need to lift the person; they guide the person from one place to another. You must adapt the sling of the hoist to fit the person according to the instructions.
Handrails	Many people rely on handrails to assist them to stand up or sit down. These may be on the wall close to a bed, shower, bath or toilet. Handrails are usually made of cylindrical metal so that they can be gripped easily. They should be at the right height and angle for the person. An occupational therapist usually assesses the best place and height for handrails in a person's home.
Beds	Adjustable beds are available for people who have difficulty getting in and out of bed. Some beds can be raised or lowered depending on the person's needs. Sometimes it is necessary to adjust the height of a bed or raise the head of the bed to assist the person to sit up or get out of bed or assist you in providing personal care such as dressing or bed bathing.



Slide sheets Slide sheets help to make moving a person in a bed or chair much safer. Slide sheets are made of a slippery fabric and can be used either singularly or in pairs. A single slide sheet works by folding the sheet in half. When the person is lying on the top layer or sheet, they can be transferred easily as the sheet slides over the bottom layer or sheet.

Video: Using slide sheets
 Watch this video about how to transfer someone using slide sheets correctly: aspirelr.link/youtube-slide-sheets
 Pay attention to the different methods that can be used to position the slide sheet, including the log roll method and unravelling method.



Video: Mobility hoist instructional
 Watch this video about how to transfer someone using a hoist: aspirelr.link/youtube-mobility-hoist
 Notice the instructions the carer provides to the person to prepare them for the transfer.



Hazardous manual handling tasks

Manual handling requires you to move your body in a way that can put you and others at risk if it is not done correctly.

Your service will provide you with regular **manual handling** training to help you complete tasks related to mobility and transfers. Communication is key to keeping safe during transfers. Communicate clearly with other workers and the person, so that they feel reassured and comfortable. Here are some examples of manual handling tasks, along with some important points to remember:

Manual handling
 Moving people or objects by pushing, pulling, lowering or carrying – actions that come with a number of risks.

Task	Procedures
Transferring a person from seated to standing	<ul style="list-style-type: none"> • Take care not to pull the person by the arm or elbow, which can lead to shoulder injuries. • Instead, ask the person to shuffle forward in the chair and then place both feet firmly on the ground. • Guide the person by placing one hand gently across their back. Ask them to rock backward and forward to the count of three and then to stand on 'three'. • Communicate carefully with the person during the transfer, avoid twisting while performing the transfer, and do not pull on the person's arm. • Equipment such as standing machines can help make this task easier for you and the person.

Task	Procedures
Transferring a person between bed and chair	<ul style="list-style-type: none"> • The safest way to perform this task if the person cannot take their own weight is to use a hoist. • If the person is mobile, this can be performed by helping the person to swing their legs around to the side of the bed and then asking them to shuffle forward until they can put their feet on the ground. • Give the person some time to sit on the side of the bed to allow time for their circulation to stabilise to prevent dizziness. • Make sure the bed is in the low position while you are helping them to stand.
Transferring a person in and out of a car	<ul style="list-style-type: none"> • Cars have awkward spaces that can cause injuries to the person’s head or joints as they get in and out. A slide board or swivel board can help with this task. • Make use of the car door to help stabilise the person by winding down the window and allowing them to hold onto the door frame, swivel the person’s legs around, and watch the person’s head. • You can purchase aids that are designed to slot into the latch on the side of the car, providing a secure grip handle to help the person exit the car more safely.

Read this pamphlet from CareSearch to find out more about helping a person get in and out of a car safely: aspirelr.link/lmrpcc-in-out-car

Video: Aged care – bed to chair transfer
 Watch this video about how to transfer someone from a bed to a chair safely. Pay attention to all the safety tips provided: aspirelr.link/youtube-bed-chair-transfer



Falls recovery

When a person has fallen, you are at risk of injuring yourself if you try to pull them from the floor.

The first priority is to check that the person is not injured. If you have concerns about injuries, call for help. In the community, this may mean calling an ambulance. Do not move the person or adjust their position if there is any chance that the person has injured their neck or spine.

Keep them comfortable and warm and provide reassurance while you wait for help.

Ask the person if they are able to roll onto their front. From this position they can often pull themselves up onto all fours and use a chair or other piece of furniture until they are able to sit or stand.

If the person is not mobile, call for backup to help move the person from the floor. For example, use a hoist with the help of other workers.

Example

Safely prepare for each task

Sherie is a support worker. She is only 152 cm tall and has a small build. She goes to Michael's home twice a week to help him get out of bed, get dressed and settle in the lounge room. Michael cannot walk or transfer himself in or out of bed or chairs at all. He needs assistance with all transfers.

Michael is 183 cm tall and has a heavy build. There is no way that Sherie would be able to lift him herself. There is a portable hoist at Michael's home. After Sherie has helped Michael to dress, she brings the hoist into the bedroom. She places the slings carefully around Michael in the way she has been shown by a physiotherapist, hooks the slings to the hoist and uses the controls to lift Michael from the bed.

While he is in the sling, she wheels him on the hoist to the lounge room. She turns the hoist so that Michael is positioned over his recliner, once again using the controls to carefully lower him into the recliner, checking his position as he lowers.

Practice Task 6

Question 1

What does the term duty of care mean?



Question 2

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

a. All people have the right to make choices for themselves, even if you don't agree with that choice or it is not written in their plan. This is called dignity of risk.	Yes / No
b. Upholding a person's dignity of risk is more important than ensuring your duty of care to that person.	Yes / No
c. A person has the right to keep smoking provided that they understand the consequences of that choice, have been provided with information about that choice and are not doing it in a way that risks another person's health.	Yes / No
d. If a person is excluded or treated differently than others based purely on an attribute such as disability, age, gender, race or sexual orientation, this is discrimination.	Yes / No
e. Human rights are different for people who have disabilities or who live in aged care facilities.	Yes / No

Question 3

Give an example of something you would do to ensure that a person's privacy is respected when you provide support.

Question 4

Which of the following statements relate to providing safe mobility and transfer assistance? Tick all that apply.

- You should never lift a person to transfer them
- A hoist is only used for people who have some mobility
- The slings on a hoist must be adjusted to the individual
- Slide sheets are a type of incontinence aid
- When a person has fallen, the first priority is to get them off the floor

**Question 5**

For each of the following tasks, identify one way that you could make sure the person is safe.

- Showering a person
- Giving a person a bed bath
- Helping a person to eat or drink
- Assisting with dressing and undressing
- Assisting with shaving or grooming
- Transferring a person from a chair to a car

A large, empty rounded rectangle with a thin black border, intended for the student to write their answers to the question.



Question 6

For each of the following tasks, provide one example of an individual preference that the person might have during the task.

- Helping a person to remove and clean their dentures
- Helping a person to clean their teeth
- Helping a person to manage incontinence
- Transferring a person between their bed and chair
- Helping a person with toileting

Question 7

Which of the following methods could you use to transfer a person from seated to standing? Tick all that apply.

- Slide sheets
- Hoist
- Standing transfer
- Helping the person to stand using their frame
- Standing machine

2B

Use assistive technologies to support the person's needs

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

Assistive technologies can be written into the person's plan by health professionals, such as speech therapists, occupational therapists and physiotherapists. You could also recommend the use of these technologies when you know they might help. You can play an important role in supporting carers and family members by helping them to use assistive technologies.

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

Assistive technologies can also play an important role in helping the person overcome barriers that prevent them from participating in social and community situations.

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

Self-care and independence

Various technologies are available that can help a person become more independent and carry out their ADLs.

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

Assistive technology

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

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



Help to perform everyday tasks independently	<ul style="list-style-type: none">• Long-handled reachers can help the person pick up items from the floor without bending.• Toilet reachers can help the person wipe themselves after using the toilet. The paper is loaded onto the holder, and the long curved handle allows the person to wipe and release the paper into the toilet.• Adapted handles on cutlery, hairbrushes, taps and other household appliances can help the person to hold items or turn knobs that would be difficult otherwise.• A kettle tipper tips the kettle for the person, meaning that they do not have to pick it up.• Adaptive clothing such as shoes with velcro rather than laces can help the person with dressing.• Plate guards and sipper cups can help the person with eating and drinking.
Help to use computers and phones	<ul style="list-style-type: none">• Large switches can be easily installed onto everyday electrical items such as lamps, computers and televisions to help people with vision impairments or reduced fine motor skills to switch them on and off more easily.• Mobile phones with large buttons can help the person see and handle them easily.• Head wands or mouth sticks can be used to press computer keys for people with limited use of their arms or hands. Adaptable keystrokes can allow the person to type with one hand.• Phones, tablets and computers often come with features that allow the person to increase text size, or screen readers that read text aloud. Pictures can be described using alt text technology. These can be useful for people with vision impairments.
Help to use electrical equipment	<ul style="list-style-type: none">• Many electrical items can be controlled using handheld or voice-controlled remote devices. Examples include televisions and radios, robot vacuums, light switches and power switches.• Timers can be used to turn appliances such as lights and televisions on or off at the same time each day.
Voice-activated digital technology	<ul style="list-style-type: none">• Nearly all digital devices can be used and controlled by voice commands and speech interaction.• Home digital hubs can be voice activated to turn on devices, create a shopping list, phone or text people, read the news or set a reminder.• Mobile phones and tablets have voice applications that help with navigating and using the device as well as reading books, playing audio and creating lists and word documents.



Aids and technology to support communication

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

Communication difficulties can be the result of:

- hearing impairments, which can impede the ability to hear and understand speech and radio, television or cinema audio
- vision impairments, which can impede the ability to read newspapers, books, shopping lists and online and digital content
- speech disabilities, such as difficulty being understood following a stroke or because of conditions such as motor neurone disease or cerebral palsy
- intellectual or cognitive disabilities, where the person may have trouble understanding the spoken or written word
- language differences.

New technologies are quickly being developed to help people with hearing, vision, speech and other disabilities to communicate. Many of these technologies are also being used in the workplace and to support learning in schools, universities and the home.

Communication technologies for people with hearing impairments	<ul style="list-style-type: none"> • Hearing aids • Teletext phones • Hearing loops • Subtitles on television and screens • Smoke alarms for people with hearing impairments. These are specially funded alarms that vibrate and flash lights
Communication technologies for people with speech impairments	<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 based on artificial intelligence that can slowly learn and interpret patterns of unintelligible speech
Communication technologies for people with intellectual or cognitive disabilities	<ul style="list-style-type: none"> • Aids such as Dynavox, a program that uses pictures to help the person communicate • Compic is a library of computer-generated pictographs that offers a universal 'language' of words or concepts. These simple line drawings can be used in books, labels, community request cards and many other formats



Communication technologies for people with language differences	<ul style="list-style-type: none"> • Translation apps are readily available on phones or tablets. They can translate and speak single words or entire sentences from one language to another
Communication technologies for people with vision impairments	<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 communications

Assistive technologies to help provide safe personal care

Safety for the carer and the person is paramount, and there are numerous assistive technologies that can assist in making support and the environment safer.

Helping a person to move and transfer between chairs, beds, wheelchairs and cars is one of the highest-risk tasks that support workers and carers must undertake. Technologies to make this task safer and easier can help family carers continue in their role for longer and reduce the physical risks to paid support workers.

Technologies such as monitoring systems can help carers feel able to leave the home for short periods.

Technologies to help with mobility and transfers
<ul style="list-style-type: none"> • Manual handling equipment such as ceiling hoists, mobile hoists or standing machines • Four-wheel walkers and other walking aids • Adjustable beds and chairs, including chairs that can help the person into a standing position • Electric wheelchairs or scooters with power drive controls • Shower chairs • Slide boards and swivel boards • Mayfield transfer belts • Home modifications such ramps and rails • All abilities playgrounds for children with physical disabilities
Technologies to reduce pressure injuries
<ul style="list-style-type: none"> • Gel, eggshell foam and sheepskin cushions and rugs • Electronic mattress overlays that send waves of air or movement through the mattress • Timers and alarms to alert carers to perform pressure care • Pressure-relieving electric beds and chairs



Technologies to support continence and hygiene

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

Safety and security

- Hip protectors
- Sensor lights
- Personal alert systems worn by the person to call for help
- Monitoring systems run through call centres
- Home cameras that can be monitored from elsewhere by an authorised person
- Stovetop locks to stop the person using the stove if they have dementia
- Car battery immobilisers to prevent a person with dementia using the car
- Vinyl door murals to disguise exits

Technologies to help and support the carer

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

Aids and technology to support people with dementia

Many exciting technologies are being developed to help people with dementia to be independent, trigger their memory, keep them safer and be engaged and fulfilled.

People with dementia can create physical and emotional challenges for their family and support workers. Technologies that help the person to reminisce or be occupied and entertained can reduce the emotional stress arising from confusion and distress.



Technologies to support reminiscence	<ul style="list-style-type: none">• Digital picture frames, talking photo albums and photos on USBs• Music and movie streaming apps that allow the carer to create a playlist that brings back memories• Apps that can help users create a book about the person's life• Therapeutic interactive dolls and pets• Portable light boxes• Sensory blankets, cushions and aprons• Photo transfer technologies such as a blanket printed with family faces
Memory aids	<ul style="list-style-type: none">• Automatic medication dispensers• GPS item finders to help locate items such as keys• Speaking clocks and calendars• Coloured toilet seats• Signs and labels• Motion-activated place and time reminders that give a personalised recorded message when they sense movement at a certain place or time, such as in the middle of the night
Technologies to entertain and encourage intellectual stimulation	<ul style="list-style-type: none">• Brain games and puzzles, online or in apps• Virtual reality games such as Wii or dementia-specific virtual reality worlds such as The Enchanted Forest• Drawing and colouring apps• Programs such as Skype and social media to increase contact with others

Modified eating and drinking aids

These aids can be used by people who have difficulty eating or drinking.

People may have a physical condition that prevents them from moving food or drink to their mouth or affects their ability to swallow. They may also not eat enough of the right food to stay healthy.

Some examples of aids related to meal assistance are listed below.

Types of meal assistance aids
<ul style="list-style-type: none">• Cups with lids to prevent spills• Plates or bowls with raised edges to prevent food being pushed over the side• Feeding tubes that deliver food directly to the person's stomach via a tube in their nose or directly into their stomach• One-handed kitchen or eating devices• Cutlery with specialised grips



Example

Assistive technology

Jamal is a home and community support worker who visits a client called Wei, who has dementia. Wei's husband Kerry cares for her, and she is becoming increasingly dependent on him for her needs. Kerry is 15 years older than Wei and is finding it more and more difficult to provide personal care.

Jamal researches some assistive technologies on the Dementia Australia website. He discovers equipment such as a multilift chair and a bed with controls that will help Wei to sit up.

He also suggests an alarm mat to alert Kerry when Wei has stood up from her chair. This makes a huge difference to Kerry. He feels able to leave the room without worrying that Wei will start wandering around alone and injure herself.

Jamal also knows that Wei is often restless. He tells Kerry that he would be happy to assist him with downloading some of Wei's favourite movies, photos and music onto a USB, which could then be plugged into the living room television. Kerry did not know such a thing existed, but he helps Jamal by suggesting downloads. Wei loves watching her favourite movies, and Kerry feels able to take a break from caring while Wei is entertained.

Practice Task 7

Question 1

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

Translation apps for phones or tablets
Standing machines
Motion-activated place and time reminders
Signs and labels
Alarm mats
Speech output devices

Mobility
Mobility
Communication
Communication
Memory aid
Memory aid



Question 2

You support a person living with dementia. Provide two examples of an assistive technology that you could encourage the person to use so that they are able to reminisce or be intellectually stimulated.

Question 3

Match the beginning of each sentence about assistive technologies to the correct ending.

Sensors that detect moisture can
Automatic light sensors can
Adapted handles can
Gel pads can

help a person with a vision impairment to see better at night
be used on a chair or bed to relieve pressure
alert the carer that the person has passed urine
help a person with arthritis to eat independently

2C

Provide assistance with medications according to policies/procedures

Many personal support workers assist people to take medications.

Medications can usually only be given from a pre-packaged device known as a **dose administration aid (DAA)**. This contains medications that have been carefully checked and sorted into the times of the day that they are to be given.

You must have specific training before you are permitted to assist a person with medications. The training will require you to practise and learn about the safeguards in place to help you to perform this task safely.

- Always take care to focus on only 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 help with medications.
- Always ask for help if something does not seem right.

Dose administration aid (DAA)
A package that contains the person's weekly medications, put together by a health professional.

Video: Medication in aged care

Watch this video about how to provide assistance with medication: aspirelr.link/youtube-medication-aged-care

Pay particular attention to the guidelines that must be followed when helping the person manage their medication.



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.

Right person

- 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 reply 'Yes' by default. 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 state the times that the medications are to be administered.• 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 might 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 being given at this time. This should match with the drug names on the back of the DAA. You do not have to understand these 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	<ul style="list-style-type: none">• Check how the medication is given. The route might be one of the following:<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 absorbed via the skin, such as creams or patches

Other points to check

When you are using a DAA, always check that the package has not been tampered with. If there has been any sign of tampering with the medications you are about to give, always ask for help before proceeding.

Some medications cannot be taken from a DAA. For example, liquids and other types of medication cannot be packed in this way. If you are using medications that are not pre-packaged, always check the expiry date and that the medication has been stored at the correct temperature according to the manufacturer's instructions.

The person's rights in taking medication

A person has certain rights that must be upheld when it comes to taking medication.

As with all personal care tasks, the person has both rights and responsibilities. Here are some examples of rights:

The right to be educated

The person has the right to know and understand what they are taking and why. This is the role of the GP. You should never give the person advice or information about their medications. If they have questions, refer the person to a nurse or doctor.

The right to refuse

People have the right to refuse their medications. If this happens, you can encourage them, remind them that it is important to take their medication or try again later, but you cannot force the person. Let a nurse know that the person has refused and document the refusal. The medication chart should be marked with an 'R' for 'refusal' in the appropriate place.

Reporting and documenting

Documenting and reporting problems is an important part of medication assistance.

You must report anything that seems unusual or different. Let your supervisor know when the administration process does not go as expected.

If the person is unable to take medication

There can be many reasons for a person being unable to take a medication, including that:

- the person feels unwell
- the medication is too large or difficult for the person to swallow
- the person is away from the service
- the person refuses their medication.

When you are faced with these situations, it is important to report to a nurse or doctor. Some medications can be changed to a form that is easier for the person to take. You should not crush medications unless you have been given instructions that crushing is safe for that medication.

When there is an adverse reaction

Adverse reactions occur when the person has an unwanted response to the medication. Signs and symptoms of adverse reactions may include:

- rashes
- fever
- vomiting
- drowsiness
- high pulse rate.

Always report immediately to your supervisor if the person shows any signs of reaction to a medication.

Example

Focusing on medication tasks

Pauline has completed her training in assisting with medications. She feels a little nervous about this responsibility, but she is well supported by people to ask questions and provide support. She takes her time and makes sure that she can focus on the task. Pauline checks the Five Rights every time. Her service has a procedure that requires staff members assisting with medications to wear a yellow apron that states in large red letters, 'Medication Round – Do Not Disturb'. The apron warns other staff and residents that she needs to focus.

Practice Task 8

Question 1

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

- Right person
- Right breakfast
- Right route
- Right DAA
- Right time

**Question 2**

Outline two rights that a person being administered medication has.

Question 3

Explain how you would respond to each of the following situations.

- The medication is expired
- The package has been tampered with
- The person develops a rash
- The person is unable to take the medication because they are having difficulty swallowing it
- The person refuses to take the medication

2D

Respect and include family, carers and others as part of the support team

Family members play an important role in the lives of most people you support.

The person may have a spouse, family member, friend or primary carer who lives with them or who visits and provides some support. If the person is unable to communicate their preferences, their carers or family members will often have detailed knowledge about the person. Family members can often help confirm that you are supporting the person according to their previous preferences. The family can help you to understand the person's preferred daily routines and how they like things done.

Even 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 might not have considered. The individualised plan should be built around the relationships that the person has with family and friends. For example, if a person has entered residential care but has always enjoyed a Sunday family roast lunch, the person and their family member can help to make sure this is included and supported.

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 who have voiced 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 undertake your duties, but only if it is safe practice and the person is happy for family members to help.
- Remember that the person's preferences usually take precedence over the wishes of the family. Explain this respectfully to the family if required.
- Talk to your supervisor if you feel that the instructions given to you by the family or the person go against organisational policy.



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 coming to Australia. Mr Pukitas is now 83 years of age. His wife died five years ago.

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

His support workers are careful to use clear and open body language when talking to Mr Pukitas. Smiling and gesturing are helpful, but the support workers have also collaborated with his children, suggesting that they put together a simple list of Latvian translations for commonly used words, including a guide to pronunciation. Support staff now have a wonderful resource that helps them communicate with Mr Pukitas.

Practice Task 9

Question 1

Give two examples of how the family can assist to provide support.

A large, empty rounded rectangle with a thin grey border, intended for the student to write their answer to Question 1.



Question 2

Give two examples of how you can encourage the family to be a part of the support team.

2E

Maintaining comfort, safety and health

People using support services often rely on us to ensure that they are warm and comfortable and free from pain or discomfort.

Older people are at higher risk of developing infections and food poisoning from bacteria and viruses that commonly exist in the environment. It is important to be vigilant about hygiene practices, such as keeping surfaces clean, observing food safety procedures and protecting people from commonly transmitted viruses such as the common cold and gastroenteritis.

Cleaning must be undertaken regularly, particularly when equipment, bathrooms or other spaces are shared between two or more people.

Your organisation will have procedures that must be followed relating to the types of cleaning products used and the frequency that certain surfaces need to be cleaned. It is important to be sensitive at all times to the person's understanding of hygiene and safety and call a supervisor if you feel the person continues to be at risk of harm or illness.

Standard precautions are recommended when supporting any individual, regardless of their infectious status.

The three standard precautions are:

1	Wear gloves whenever there is the possibility of contact with bodily fluids, including blood, secretions (e.g. from wounds) and excretions (e.g. faeces or urine), contaminated items and non-intact skin.
2	Wash your hands carefully between each contact with a resident or their belongings. Hand-washing is the single most important measure to reduce the transmission of infection. Hand-washing is recommended after contact with blood or body fluids, after finishing working with one person and before beginning work with another, immediately after removing gloves and between tasks and procedures on the same person.
3	Dispose of any waste that may contain bodily fluids such as urine or blood into a yellow (biological waste) receptacle.

Standard precautions
Precautions you must take to avoid contact with a person's bodily fluids.

Maintain a comfortable environment

Comfort can mean different things to different people, but there are certain things that we all require to feel comfortable.

You might need to assist the person you support to achieve a level of comfort that is right for them as you work. Here are some examples:



Consider the temperature of the environment	Remember that people who are older or inactive for long periods may not feel temperature in the same way that you do. Maintain the room temperature at the right level for the person, not for yourself. A blanket or rug across their knees can help to maintain comfort.
Preheating bathrooms	When attending to a person before and after a shower, cover them with a towel while they are undressed or partly undressed to maintain warmth and dignity. If there is a heater in the bathroom, preheat the room in cold weather or early mornings for 10–20 minutes before they have a shower.
Clothing	It is important that people dress in clean and suitable clothing that is appropriate for the weather and that they receive assistance to do this. Be guided by the person’s preferences, even if you do not feel heat or cold in the same way that they do.
Dressing for abilities	People should not wear clothing that prevents them from going to the toilet independently; it is important that their clothing is manageable. Velcro or hook fastenings or pants with elastic waists instead of clothing with buttons or zips may be easier to manage. An occupational therapist may find ways to help manage things like buttons, zips and other fastenings.
Regular continence checks	Never leave a person lying or sitting in soiled clothes or incontinence pads. Regular checks are important if the person is unable to communicate this to you. If they do let you know that they are soiled, respond immediately. Leaving a person for long periods with their skin in contact with urine or faeces is not only uncomfortable but can lead to rashes, infections and breaks in the skin.
Noise	Loud, cluttered and busy environments can be uncomfortable for some people, particularly those with dementia. Consider reducing unnecessary noises, such as a television that nobody is watching. If a person seems distressed around busy environments, take them somewhere quieter.
Check before leaving	Ask the person if they are comfortable prior to leaving them in a bed or chair. Consider the positioning of pillows and blankets, and check that the person’s limbs are not positioned awkwardly.

Maintain a safe and healthy environment

The nature of disability and ageing can mean that many people who access these services are exposed to an increased level of vulnerability and risk.

You can help the person to recognise risks by reminding them of issues that you feel are unsafe, such as walking without a prescribed walking aid or not clearing away food after preparing a meal.



Keeping an environment safe often requires simple planning and thinking ahead. Examples include wiping a wet floor, putting away clothes that are lying around to remove trip hazards and helping the person to wash their hands after using the toilet to reduce the risk of illness or infection. Be sensitive when discussing problems that occur in the person's home, talking in terms of safety rather than using words like 'dirty' or 'messy'.

If you see something that might be unsafe or unhealthy, you should try to resolve the problem immediately if possible.

Unhealthy or unsafe situations include:

- evidence of self-neglect, such as poor hygiene or out-of-date food in the fridge
- behaviours that could cause harm, such as forgetting to turn off the gas when boiling the kettle
- hazards in the home that could cause tripping, such as slippery rugs, frayed cords or cluttered pathways.

Plan ahead for safety

Always plan your work ahead of time. This could mean considering what you will need to take with you into the bathroom and having it prepared before you begin to transfer a person to the shower, so that you do not have to leave the person alone.

As a support worker, it is important that you are constantly assessing situations and tasks for potential risks, and identifying and reporting risks if you cannot solve the problem easily.

Here are some ways to contribute to a safe and healthy environment:

Ways to contribute to a safe and healthy environment

- Observe any changes and potential risks and hazards in the environment, such as trip hazards, frayed electrical cords, slippery or uneven surfaces and food that is past its use-by date.
- Report risks and hazards promptly and follow organisational protocols. Risks should be reported to your supervisor.
- Let the person know that you have concerns about equipment, flooring or other hazards. Suggest to the family ways that the problem could be mitigated.
- Encourage the person to take part in maintaining their environment in a safe way.
- Use personal protective equipment such as clothing, gloves and aprons when required.
- Supervise the person if needed.
- Talk to the person about dangers such as out-of-date food.

Seek assistance when it is not possible to provide required support

While it is important that workers provide assistance as directed in the individualised plan, there are occasions when it is difficult to meet a person's needs for support.

The difficulties you encounter may be due to:

- your own lack of skills and knowledge
- organisational limitations
- the person's behaviours, needs, preferences or abilities.

Limits to skills, knowledge and training

There may be times when you are unable to provide support because you lack the knowledge or skills to do so safely.

Where there is a need that you are unable to meet because you lack the skills or knowledge to perform the task, you may be able to seek support for training as part of your regular appraisal with your supervisor. If there is a need that should be met immediately, inform your supervisor that you require training as soon as possible.

Conditions such as mental illness, intellectual disability or dementia can affect a person's ability to clearly express their needs and can lead to behaviours that are outside the scope of your training to manage. In such situations, you may be able to discuss the difficulties with your supervisor or request that a health professional such as a behavioural psychologist or GP assess the person's needs.

Organisational limitations

The organisation you work for may not have the capacity to cater to the needs of an individual.

If this is the case, inform your supervisor of the identified need that is unable to be met so that the person can be referred to a service that can meet this need.

If the person's individualised plan does not address a need that the person requests, and the need is something that you could meet, the person's needs should be assessed, and their support plan revised.



Changes in the person's preferences, needs or behaviours

A person's needs, behaviours or preferences may change over time, and this must be acknowledged and responded to.

Do not argue with the person if they disagree with the support plan. Talk to them calmly about the instructions you have and explain that it is important for the safety of both of you that you follow the instructions. Take the time to discuss their request and find out why they want the support provided in a different way.

There may be times when a person disagrees with the information in the plan and asks that you provide the support in a way that is very different to your documented instructions. Reasons for this may include:

- a change of plans for the day; for example, feeling tired and wanting to stay in bed rather than get up and get dressed
- an unrealistic belief in their own abilities; for example, a person with an intellectual disability or dementia may tell you they are independent when they are not
- a change in the person's abilities that results in them being able to perform tasks either more or less independently.

When a person exhibits changed behaviours that might affect their safety or yours, the responses that you must use to prevent or manage those behaviours *must* be documented on a behaviour support plan.

Restrictive practices in personal care routines

It is never acceptable to use force or coercion of any kind to make a person comply with a personal care routine.

It is also important for you to stay safe. When a person exhibits changed behaviours that might affect their safety or yours, the responses that you must use to prevent or manage those behaviours must be documented on a behaviour support plan.

New legislation in residential aged care has brought **restrictive practices** in line with existing legislation in disability services.

Remember that the person has the right to refuse care. Report any refusal to your supervisor, but never force the person to take part in a care activity against their will.

Restrictive practice
Any intervention or practice that restricts rights or freedoms of movement of a person.



If the person is resistive or aggressive during care routines

Never argue with or force a resistive or combative person to do something they do not want to do.

In residential aged care and disability services, the law requires that you must only use restrictive practices when you are following a **behaviour support plan**. These practices must be assessed by professionals and only permitted if all other possible methods to keep the person safe have been attempted.

Behaviour support plan

A document containing strategies that address the needs of a person exhibiting behaviours of concern.

Your service’s policies and procedures will outline the need to:

- only follow the behaviour support plan if you must use any type of restraint or restrictive practice to keep the person safe
- use only the least restrictive alternative, as outlined on the plan
- report any breach in these policies to your manager.

Here are some examples:

Restrictive practice	Positive alternatives that can be attempted first
Holding the person’s arm down to prevent them from hitting at you in the shower	<ul style="list-style-type: none"> • The person may be less resistive if they have a shower at a different time of the day. • Try encouraging the person to hold onto something, like a soft doll or sponge, to avoid them using the arm to hit out. • The person may prefer a bed bath.
Using a belt on a wheelchair or shower chair against the person’s will	<ul style="list-style-type: none"> • Positioning the person in the chair with their feet on footplates so that they are not able to slide forward as easily can be more effective. • Ask the person to hold onto a shower rail to help them to stay stable in the shower. • Use a different type of shower chair with a more comfortable seat.



Example

Using positive alternatives to restrictive practices

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. Staff members have considered the need behind the behaviour and have guessed that Arthur feels frightened during the transfer.

The behaviour support plan documents a range of strategies that the staff have tried, including:

- conducting the transfer at a later time
- playing music through headphones during the transfer
- giving Arthur a soft object to hold onto during the transfer so that he is less likely to hit staff
- talking to Arthur in soft, calm voices 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 towards them from inside the sling of the hoist.

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 his 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 he 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 plan because it is 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 attachment is no longer needed.



Practice Task 10

Question 1

Standard precautions are recommended when supporting any individual. What do standard precautions involve?

Question 2

Describe two ways you can ensure you maintain a comfortable environment for a person receiving support.

**Question 3**

Read the following descriptions of risks to health and safety. What would you do to remove or reduce the risk in each case?

- a. A person is likely to forget to wait for the support worker before getting into the shower and is at risk of losing balance or slipping.

- b. A person has left clothes on the floor after undressing.

- c. Food in a person's fridge is past its use-by date.



d. The kitchen linoleum is becoming unstuck and is a potential trip hazard.

Question 4

Give two reasons why you may not be able to provide support according to the individualised support plan and explain what you should do in these instances.

Question 5

Which of the following examples are restrictive practices? Tick all that apply.

- Holding down a person's arm to stop them from hitting you while you help them shower
- Distracting and redirecting a person from an activity
- Putting a person in a large chair that they cannot get out of
- Giving a person something else to hold so that they cannot use a harmful behaviour
- Turning off the lights at night in the person's bedroom

**Question 6**

Number each of the following steps from 1 to 5 in the order you would follow to support a person with dementia who first becomes agitated and then shows increasing signs of aggression that might cause harm.

	Use a restrictive intervention that is outlined on the behaviour support plan
	Check the behaviour support plan to see what is recommended
	Try to distract and redirect him to another activity
	Remove any potential stressors that have been identified as triggers to his behaviour
	Document and monitor



Summary

- Human rights are the rights that all people should be able to enjoy.
- People have the right to make choices and be free from discrimination.
- Duty of care requires you to ensure that no activities are agreed to that a reasonable person would see as potentially harmful.
- You must balance your duty of care with the person's dignity of risk.
- Personal care tasks include tasks related to hygiene, continence, mobility, elimination, eating and drinking, oral care and grooming.
- Assistance with medication from a pre-packaged DAA must be performed with care and adherence to policies and procedures.
- It is an important responsibility to ensure that the person's environment is kept safe, clean and comfortable during support procedures.
- Where it is not possible to follow the individualised plan, you must seek help from your supervisor to determine how this will be managed.
- A restrictive practice is anything that limits the person's rights or freedoms.
- There are strict rules relating to the use of restrictive practice in residential aged care.



Learning Checkpoint 2

Provide support services

Part A

1. What three factors need to be in place for you to balance a person's dignity of risk with your duty of care?

2. Explain how discrimination is a violation of a person's human rights.

3. Match the role to the correct description or definition.

Your supervisor	often know more about the person and their preferences than staff do
Family members	is at the centre of all supports that are provided
Other support workers	should be notified if the person refuses care
The person	should be asked to help when you are performing hazardous manual handling tasks



4. Number each step from 1 to 5 in the order you would follow to wash a person during a shower or bed bath.

	Wash the person's torso
	Ask the person about their preferences
	Wash the person's face
	Wash the person's eyes gently
	Wash the person's groin

5. Give one example of an assistive technology that could be used to support each of the following conditions:

- Vision impairment
- Hearing impairment
- Arthritis
- Difficulty swallowing
- Incontinence



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

a. People who need assistance to eat or drink should be given each mouthful as quickly as possible so that they do not tire before they have gained all the food and fluids they need.	Yes / No
b. A soft cloth can be used with, or instead of, a soft toothbrush to clean a person's teeth.	Yes / No
c. Dentures are cleaned while they are in the person's mouth to help with gum cleaning.	Yes / No
d. Every male client must be shaven every day for hygiene reasons.	Yes / No
e. Dentures are removed by gently breaking the suction between the denture and the gums.	Yes / No

7. Match each of the following types of transfer equipment to its best use.

Equipment that the person can sometimes use without help to get themselves from a chair to a standing position	Slide sheets
Transferring a person who cannot weight bear from bed to chair	Slide sheets
Moving a person up the bed	Hoist and sling
Helping to turn a person over in bed to change their sheets	Hoist and sling
Helping a heavy person who has fallen onto the floor back to bed	Standing machine
Can be used by a family member or carer to help a person stand up if they are able to hold onto the equipment	Standing machine

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

Screen readers	Pressure management
Timers and alarms to alert carer of need to provide care	Pressure management
GPS item finders	Communication
Speaking clocks and calendars	Communication
Electronic mattress overlay	Memory aid
Social media and video conferencing apps	Memory aid



9. 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 only be used if they are recorded on a behaviour support plan.
- Restrictive practices must only be approved for use if they are necessary to protect the person or others from harm.
- The doctor is the only person who is allowed to use restrictive practices.
- If there is a more positive alternative to prevent the person from hurting themselves or others, this must be used instead.

10. Name the three standard precautions and briefly explain when you would use them.

11. List two steps involved in helping to transfer a person in or out of a car from a wheelchair.



12. List two procedures you may need to perform when assisting a person with a bladder dysfunction.

13. You support an 80-year-old woman who has arthritis and finds it difficult to do up buttons on her clothes, style her hair and apply her make-up. List three ways you can support your client to get ready for the day, taking into account her personal preferences.



Part B

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

Case study

Josephine has dementia and lives in an aged care facility.

Josephine needs to be given her medications this morning from a dose administration aid (DAA).

Josephine sometimes throws her head back into the chair, screams repeatedly and pulls at her hair. If the behaviour is not addressed and is allowed to escalate, she sometimes begins to throw things at others and will hit and bite staff.

1. List the Five Rights that you must check before giving Josephine her medications from the DAA and explain how you will follow each step.



A large, empty rounded rectangular box with a thin black border, intended for a response.

2. What two rights does Josephine have in relation to her medications?

A smaller, empty rounded rectangular box with a thin black border, intended for a response.



3. What must you check if you are taking liquid medication from a bottle or tube?

4. Why is it important to check that the DAA package has not been tampered with?

5. What will you do if Josephine refuses to take her medication?

6. What will you do if Josephine seems to be having trouble swallowing the medication?



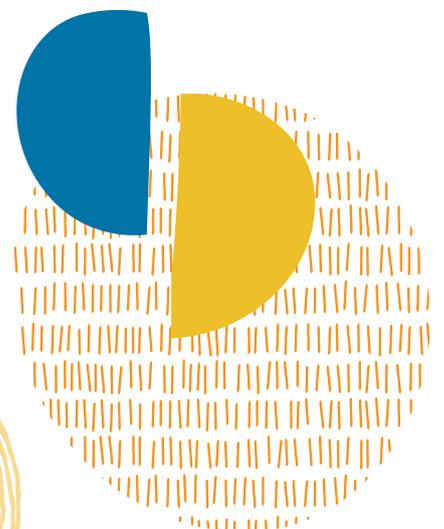
7. Josephine has developed a rash on her arms about a half hour after taking her medication. What might this mean, and how will you respond?

8. The nurse comes to investigate the rash, but Josephine becomes distressed and starts to hit out at staff. The nurse asks you to hold down Josephine's arm against the chair while she checks the rash. Would this constitute a restrictive practice?



Topic 3: Monitor support activities

- 3A Monitor your work to ensure it meets the required standard
- 3B Recognise and respond to potential or actual risk
- 3C Discuss the person's satisfaction with services and confirm the need for change
- 3D Recognise and report signs of additional or unmet needs



3A

Monitor your work to ensure it meets the required standard

You can improve the outcomes for the people you support when you are aware of how well you are doing and how you could improve.

Reflecting on your own work practices is an important skill when you work with others.

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Self-reflection is more than simply passively waiting for praise or criticism. Rather, it is about:

- actively seeking out opportunities to learn
- asking the right questions about your performance
- considering whether you are meeting the required standards
- continuously reflecting on how you could improve.

It is easy to become defensive if a supervisor or another worker provides constructive criticism about the work we are doing, but it can be more helpful to take this information on board and learn and grow from it.

Meet standards

The best way to monitor your own work practices is to align what you are doing against existing **standards**.

Standards against which to measure your performance can be found in places such as your job description or the industry standards that apply to the area you work in, such as the Aged Care Quality Standards or the National Disability Insurance Scheme (NDIS) Practice Standards. The standards should always be available in your workplace for you to learn from and refer to. They are also available from the relevant government websites in your state or territory.

Standards

In community services, standards are benchmarks or minimum requirements that must be performed in your workplace every day.

Here are some examples of how you can monitor your own work in a critical way:

Keep a journal	Writing down how you think you are doing in your work role, including successes, failures and things you have learned, can be a helpful way to assess your growth in your role and monitor your abilities.
Ask others how you are doing	Ask questions of the people you support and your supervisors and colleagues that invite a truthful response, such as: <ul style="list-style-type: none">• 'How do you think I could improve?'• 'Is there anything that you think I could do better?'



Attend a performance appraisal meeting	These meetings are often scheduled every 6–12 months and can give you and your manager a chance to reflect together on your performance and whether you are meeting the required standard of work.
Attend training	There are always things we can learn from attending regular training sessions. Many agencies, such as Alzheimer's Australia, run free public information sessions that can help you to improve your practice.

For more information about self-reflection, read the National Disability Services *Reflective Practice: Why Different Points of View Matter*: aspirelr.link/nds-reflective-practice

Example

Monitor your own work

Miranda is new to her job role and wants to do the best she can in her work. She asks her supervisor regularly about how she is doing but gets the same response every time: 'Great!'. Miranda would really like to improve, and she knows she can still learn new skills. She is aware that one of the Aged Care Quality Standards relates to providing good oral hygiene, but she is not sure she is meeting this requirement because she has had no training in this area. Miranda asks her supervisor to set aside some time for a short meeting. This time she asks questions that will be of more help to her:

'I love my job but would like to keep learning more. Are there any new skills you think I could benefit from using?'

'What do you think are my strengths and weaknesses in my work, and how could I improve on them?'

'I would really like to learn more about oral care. Are there any training opportunities that you think could improve my abilities in this area?'

This time Miranda is given some helpful, constructive areas for improvement, and she continues to learn and consider her own work practices.



Practice Task 11

Question 1

What benefits could self-reflection have for your own work? Give two examples.

Question 2

Which of the following are ways for you to monitor your own work? Select all that apply.

- Ask the client or resident how you are doing.
- Ask questions in a way that is likely to receive a positive answer, such as, 'Did I do a good job?'
- Only listen to positive feedback.
- Ask other workers how you are doing.
- Ask open, specific questions about own performance, such as, 'What could I do better?'

3B

Recognise and respond to potential or actual risk

An important role of the support worker is to be observant and to recognise, respond to and report risks.

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, such the risks arising from client or resident behaviours, the risk of abuse and neglect, health risks and psychological risks.

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

Common risks in aged and disability services can 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 transmissible diseases such as gastroenteritis, influenza and COVID-19 and can become sicker from these transmissible diseases 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 and 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 food or fluids, leading to pneumonia.
- When people are unable 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 is a checklist that helps you to locate certain types of hazards in the environment. For example, if you begin working in a person's home in the community, you may be asked to complete a hazard inspection first to help you identify dangers in the home.

Because of their role in the workplace environment and their daily contact with clients, support workers are in an excellent position to be able to identify workplace hazards and risks.



Making daily informal observations	Watch for changes in the people you support, no matter how small, 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.
Resident of the day reporting	In residential aged care, you may be asked to take a full set of observations, including blood pressure, temperature, pulse and respiration rate for each resident on a certain allocated day.
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 you care and that it is important for you to know about changes. For example: <ul style="list-style-type: none">• 'How is your pain today?'• '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 are at risk of depression, abuse or illness. Talk to your supervisor about any feelings of concern.

Respond to risks

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

Some risks may not be urgent and can be documented in the person's file notes. For example, if you notice that a resident has not eaten well today, you can 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 immediate 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 might be able to fix the problem straight away.</p> <p>Isolate the hazard</p> <p>Sometimes it is sufficient to ensure that people are kept away from the hazard so that it can be addressed later. For example, if you notice a broken piece of equipment, you might tag it as broken, keep 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 might be beyond your control. For example, if you notice a slippery garden path that is 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>If a person is in an emergency situation, such as a serious injury, you may 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 residential aged care).
<p>Non-urgent risks to the person you support</p>	<p>Your service policy will have different methods for reporting and responding to non-urgent risks. These can include:</p> <ul style="list-style-type: none"> • reporting verbally • documenting in the person's file notes • writing an incident report • completing a monitoring form • submitting a near-miss report.

You will often be given information in the individualised support plan or handover to let you know of any new risks that you need to be aware of, such as if the person has been assessed 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

Identify and respond to situations of risk

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 friends. Lately, she has experienced some memory loss. Staff recently discovered that she had forgotten to remove food from the oven, which burned and set off the smoke alarm. Her current supports involve some help with cleaning and assisting her with shopping.

The support workers talk to Mrs Richmond in a way that is sensitive and understanding. She admits 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 how cooking has always been a part of her life and that she would be lost without being able to bake. 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.

Practice Task 12

Question 1

Give three examples of methods to identify risks.

**Question 2**

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

a. The first thing you should always do when you notice any type of hazard is to report it to your supervisor.	Yes / No
b. Older frail people are at higher risk of becoming seriously ill from conditions such as gastroenteritis and the flu.	Yes / No
c. A change in the person's behaviour can sometimes indicate a need to ask questions about the way they are feeling.	Yes / No
d. Older people are less likely to develop depression than younger people.	Yes / No
e. The risk of falls is one of the most common types of risks to older people.	Yes / No

3C

Discuss the person's satisfaction with services and confirm the need for change

Every individual receiving the service is an expert on their own needs.

People must have the opportunity to participate in making choices about their service. Never tell a person what you think they need without explaining the options to them and consulting them for their views. If a person can verbalise their choices and preferences, you should ask questions about what they prefer to remind the person that they are in control.

People receiving support are entitled to a voice and to make decisions about the support they require.

Models of service delivery, or the way that services are provided, are changing to reflect the need for **self-determination**.

Self-

determination

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

Read more about self-determination at: aspirelr.link/self-determination

A number of tools and strategies can be used by support workers to work in such a way that supports self-determination and draws on the expertise of the individual. Here are four commonly used and effective approaches:

Provide accessible information	<ul style="list-style-type: none">• Each individual must be fully informed of all available options and the likely outcomes of their decisions. Ensure that information is accessible for the person.• Consider:<ul style="list-style-type: none">– providing information in other languages– planning for extra time– using interpreters (spoken or sign language)– familiarising yourself with various communication aids– using and providing information in plain English or visually when appropriate.
Work with and support advocates	<ul style="list-style-type: none">• Some people with disabilities and older people may have an advocate to represent their needs and rights.• An advocate may be formal or informal, paid or unpaid.• If an advocate has been appointed, the support worker must acknowledge the advocate's voice as being representative of the person.• The role of the worker may also include providing information about advocacy services and how to access an advocate.



Commit to privacy and dignity	<ul style="list-style-type: none"> • Ask people who they would like to be involved in decision-making processes about their care and support. • Do not provide information to other people, even close family members or partners, without the consent of the person or their appointed spokesperson or advocate. • Some individuals may be unable to make independent choices if they do not feel comfortable with who is present or if they are forced to discuss private matters in front of certain people.
Respond to individual needs	<ul style="list-style-type: none"> • Ensure all planning processes and discussions around decision-making are presented in a way that responds to the individual needs of the person. • Consider the individual's comfort based on their age, disability or health needs. • Consider where and when (the time of the day) discussions are held. • Find out if there are any cultural needs and be aware of and responsive to this. • Ensure all processes are meaningful and accessible to the person who is using the services.

One of the most important ways to make sure that the plan meets the person's needs is to seek feedback from the person and their family or carer.

A person's needs and goals can change. Talking to the person directly whenever possible is the best way to ensure that the person is happy with the way that services are being provided. This can be done in either a formal or an informal way.

Informal feedback

Informal feedback involves checking with the person regularly about how happy they are with their day and the support they have been given.

Here are some questions that can assist in a discussion with the person about their existing support strategies:

Are you happy with the way I supported you today?

Would you have preferred anything to have been done differently?

Is there anything you feel you could do more independently if you had the support to learn and practise?

What would you like to do more of in your life?

Is there anything that you feel you are not coping well with that you would like more support with in the future?

How do you feel that the service could be improved?



When the person is unable to talk and verbally communicate, their body language can tell us a great deal about whether their needs are being met by the goals and tasks outlined in the plan. For example, if the person smiles or looks engaged when they are involved in certain tasks or activities, this can give you an idea about their enjoyment.

If a person is unable to verbally communicate, there are still ways to ensure that you are following the person’s preferences to the best of your abilities. These include:

- observing the person’s gestures, body language and vocalisations (sounds) in response to different activities as well as recording these for others to refer to in the future
- asking other staff and the person’s family about what they think the person prefers
- referring to a communication dictionary if the person has one, because this can provide clarification of some of the person’s common gestures and sounds
- considering the person’s past and using this as a guide to what they might prefer. If a person has dementia but used to enjoy gardening, an activity could be built based on this past enjoyment.

Formal feedback

Formal feedback is an official record measuring the person’s satisfaction against specific benchmarks.

Formal feedback can be collected and documented in many different ways. Here are some examples:

Verbal questioning	Managers and workers can ask the person or their family about the plan and how well it is working for them and document the responses on a feedback form.
Client and family meetings	A regular planning meeting can help to establish whether the person is on track to meet their goals and whether they would like to make changes to the plan.
Questionnaires and surveys	Questionnaires seek general information about how well the service is meeting the person’s needs, often using a numbered scale. Surveys often ask for a higher level of detail about what the service could do better or differently to meet the person’s needs.
Reviewing complaints	If a person using the service or their family or support workers make a verbal or written form, this is an important opportunity to consider whether changes need to be made to the tasks on the person’s plan and the level of support they receive.
Suggestion boxes	Services such as day centres and residential services can benefit from suggestion boxes, which can often provide an insight into what needs the person or their support workers feel are being missed.



Example

Feedback in the Aged Care Quality Standards

Aged Care Quality Standard 6 (Feedback and complaints) requires services to collect feedback in ways that the person can understand. This may mean ensuring that feedback can be provided in a different language or in ways that suit the person's cognitive abilities. It is never acceptable to make a person feel bad or provide them with less support because they have provided negative feedback.

Other services such as GPs or activity group staff can also be good sources of feedback about whether the person has new needs.

Video: Client complaints and feedback – Aged Care Standard 6

Watch this video to learn more about getting feedback from residents about their satisfaction with services: aspirelr.link/youtube-client-complaints



Explaining feedback mechanisms to the person and their family or carers

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

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

The person should be told about feedback and complaints processes when they commence with the service. This should be provided:

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

You can encourage feedback in the following ways:

Thank the person when they provide feedback, even if it is negative. Explain that feedback helps the service to improve.

Act on feedback that you can respond to yourself as soon as possible, or quickly pass it on to the appropriate person.

Make sure the person and their family know they can phone or speak to a team member whenever they need to.

Regularly ask for suggestions about the person's needs or any change in preferences.

Suggest planning meetings, where significant changes to the individualised plan can be discussed and reviewed.

Planning meetings

Regular planning meetings include the person and any members of the network that the person would like to have present.

These meetings can provide emotional support and an opportunity to discuss changes, new ideas and concerns about the person's needs and preferences. Any information gained can often be used to improve the person's quality of life.

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

Example

Encouraging the person to discuss how support services are meeting their needs

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

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

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

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



Practice Task 13

Question 1

Give two examples of ways you could support self-determination in a person who is unable to verbally communicate.

Question 2

List two ways you can identify the need for change to support services.



Question 3

Match each method of determining the person's satisfaction with the correct description.

Questionnaire
Planning meeting
Suggestion box
Verbal questioning

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

3D

Recognise and report signs of additional or unmet needs

While there are many needs common to all of us, people at different life stages and ages can have changing needs.

Most people have needs that are complex and varied. Our common needs as humans can be broken down using the **holistic approach**. Holistic approaches look at the whole person, not just at their physical needs, as services may have done in the past.

Here are the different categories of holistic needs:

Physical needs	Physical needs are our most basic needs, including the need for food, shelter, personal hygiene, mobility and sleep.
Emotional/psychological needs	These include our need to feel self-worth, to have a purpose and to enjoy life free from worry or stress.
Social needs	Social needs include interactions with others, being able to talk and help others and to feel a part of a community.
Intellectual needs	Sometimes called higher-order needs, this involves our need to think and reason and take part in activities that challenge our intellect. This can include the need to plan, keep order, be challenged, read, talk and learn.
Cultural and spiritual needs	Cultural needs include activities, beliefs and behaviours that are important to the individual based on their background or religious beliefs. Spiritual needs can sometimes involve the need to find peace with one's place in the world or communing with a higher being.
Sexual needs	Sexual needs are not only the need to have sex but can include the person's self-image, gender identity, respect for sexual preferences, companionship and intimacy.

Holistic approach

A way of looking at human needs that suggests we have different types of needs that are all interconnected.

Unmet needs

When one of the holistic needs is not met, all of the person's other needs can also be negatively affected.

Because all needs are important, it can be difficult to thrive if one of the holistic needs is not met. For example, if a person is not having their social needs met because they are lonely and isolated, this can affect other parts of their life. For example, it can lead to depression or affect their appetite, which in turn can lead to medical problems.



Here are some signs that a person might have unmet needs:

Signs of neglect within the person's physical environment or of themselves, such as poor hygiene

Overdependence on activities that might be substituting unmet needs, such as being overly dependent on friendships with support staff, dependence on alcohol or other substances and disinhibited or reckless behaviours such as overspending

Signs of withdrawal, frustration, anger, depression or lack of interest in everyday life

Talking to you frequently about things they would like more of in their life, such as missing social interaction with others

Indications from family that the person has other needs that are not being met

Report additional and unmet needs

If the individualised plan does not address a need that you feel should be included, and the need is something that you could meet such as supporting the person to practise a cultural activity such as prayer, the person's needs should be assessed, and their plan revised.

When the person's needs change, your service may not be able to continue to meet their needs. One of the most common examples of this in community services is when the person or their family carer is no longer coping at home with community support. This can be a sign that the person needs to be assessed for residential care.

Sometimes, changes to the person's condition simply requires a reassessment of the type of worker who visits the home rather than a change in the person's living situation. For example, if the person is only receiving home help services and is no longer coping with their own personal care needs, they might be assessed by a personal care worker or a district nurse. If an inexperienced worker is struggling with the needs of a person with changed behaviours, the person might benefit from being assigned a worker who is more experienced in working with people with dementia.



Example

Recognising and reporting unmet needs

Mrs Thomasetti has always been a glamorous woman but is also quiet and withdrawn. She lives alone and has some distant family overseas. Mrs Thomasetti has some early signs of vision impairment and wears strong glasses to compensate, but she seems to manage at home. However, she has begun to withdraw even more into her own company. She rarely goes out, and lately the staff have been noticing a large number of empty beer bottles around her flat. She has stopped paying attention to her hair and clothes in the way she used to do.

Julia, a support worker, is concerned about Mrs Thomasetti and believes she may be suffering from depression, although she does not know the reasons for it. She recognises that this situation is beyond her abilities to manage, so she talks to her supervisor about her concerns. Her supervisor believes that Mrs Thomasetti might be lonely and arranges for a volunteer from St Vincent de Paul, a local charity, to visit her on a regular basis. The volunteer shares Mrs Thomasetti's love of literature and reads to her every second day. She also organises for Mrs Thomasetti to borrow talking books from the library. Having rekindled Mrs Thomasetti's love of reading and helping her to overcome the difficulty she had with reading fine print, the volunteer continues to visit, and Mrs Thomasetti is happier and more animated.

Referrals to other services

Some needs can be outside of your organisation's scope to help with, but there are usually other places or services that can support a person to meet holistic needs.

If you are unable to meet a person's needs or deliver the support required, contact your supervisor to discuss the issue. If necessary, the person can then be referred to another service. These may include:

- social groups and community transport
- professionals such as psychologists and counsellors
- cultural or church groups
- charitable organisations that can provide food, money or volunteers to spend time with the person



- self-help groups that help support people through illness, disability, substance abuse, gambling and other difficulties
- specialist medical services.

Policies and procedures for referrals

Your service is likely to have policies and procedures for making referrals to external services.

These policies and procedures may include statements such as the following:

- Referrals can only be made by senior staff.
- Referrals must protect the person's privacy and confidentiality and only be made with the person's consent.

If the service no longer meets the person's needs, or if the person needs a reassessment for additional supports, their GP can be the first step in arranging a referral for a reassessment.

In aged care services, My Aged Care can help the family with organising a reassessment of the person and finding new supports in such a way that minimises disruption to the delivery of the person's care needs. In disability services, NDIS can arrange a reassessment for new or additional services.

Example

Referrals for additional needs

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

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

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



Identifying and reporting gaps in assistive technology needs

New technologies that help support older people or people with disabilities are continually evolving and becoming available. Aids and equipment can be adjusted and adapted to fit the person's individual requirements.

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

- filling in a monitoring form
- completing an incident report if the current equipment presents a safety hazard
- talking to the person or their family about available technologies such as apps or digital aids
- making suggestions during meetings or handovers.

Referring the person for new aids and equipment

A person's changing needs may mean that they need access to new aids and equipment.

Some aids and equipment can be more costly and require an assessment by a doctor, physiotherapist or occupational therapist to ensure the appropriate aid or modification is selected to meet the person's needs.

Programs are offered by each state and territory to support people needing specific aids and modifications. Here are some examples:

ACT	aspirelr.link/aids-equipment-act
New South Wales	aspirelr.link/aids-equipment-nsw
Northern Territory	aspirelr.link/aids-equipment-nt
Queensland	aspirelr.link/aids-equipment-qld
South Australia	aspirelr.link/aids-equipment-sa
Tasmania	aspirelr.link/aids-equipment-tas
Victoria	aspirelr.link/aids-equipment-vic
Western Australia	aspirelr.link/aids-equipment-wa



Example

Identifying gaps in assistive technology

John has dementia and is becoming increasingly dependent on his wife, Val, for care. Val is much smaller than John, and she is finding it increasingly difficult to provide personal care for him.

Deepal visits them twice a week to assist with personal care tasks such as showering and grooming. Val confides in him that she is having a tough time. Deepal wants to help, so he does some reading about assistive technologies on the Dementia Australia website. He finds out that there may be some state funding available to help Val access equipment to help with John's mobility and transfers.

He also suggests a floor sensor mat to help Val know when John has left his chair or his bed. This makes a huge difference to Val because she can now attend to other duties and not worry about John injuring himself or straying away from the home.

Practice Task 14

Question 1

List two ways to identify and address gaps in assistive technologies used by the person.

**Question 2**

Which of the following signs could mean that a service is no longer able to meet the person's needs? Tick all that apply.

- Feedback from the person or their family carer that they are not coping.
- Signs that the person is not safe, such as falls, accidents, near misses and serious incidents such as a kitchen fire.
- The person is maintaining their weight and looking well.
- The person's home is neat and tidy.
- You have concerns that the person might be being abused or neglected by their family carer.

Question 3

Identify a place in your own community you could refer someone to find a new type of assistive technology.

Question 4

Give an example of a professional who could help refer the person for new assistive technologies.



Summary

- It is important to find ways to continually monitor your own work practices and identify where and how they could be improved.
- You can measure your own work practices against the standards written for your sector.
- Self-determination is the person's right to make independent choices.
- When communicating with the person about their ongoing needs and satisfaction with services, you need to consider their self-determination, dignity and privacy.
- Monitoring the effectiveness of supports should involve discussion with the person about how they feel about the services they are receiving.
- Unmet needs can include any of the holistic needs.
- Some unmet needs can be met by referring the person to other services or identifying new aids and equipment.



Learning Checkpoint 3

Monitor support activities

Part A

1. Suggest three methods you could use to check that your work is meeting a high standard.

2. What questions could you ask to gain information about a person's satisfaction with the support service so that you can ensure the service is meeting their needs?



3. Explain the meaning of the term self-determination.

Part B

Read the case study and answer the questions that follow.

Case study

Joy is 85 years old and recently had a stroke, which has significantly affected her speech. She now walks using two sticks and tires easily. She lives on her own in an independent living unit on the same site as a residential aged care facility. Before the stroke, Joy was very independent and required little support from the organisation that manages her unit.

Everything has happened quickly since the stroke. New services, including personal care services, have been organised to assist Joy. Joy has had the same home care worker, Jasmine, for a number of years. Jasmine is one of the few people who can understand some of Joy's speech. Joy has indicated to Jasmine that she feels lonely and misses going out. No-one has really thought about this, and it has been assumed that Joy is not up to going out while she is recovering. Jasmine has noticed many half-eaten meals when she has emptied the bins. There are other changes that Jasmine has observed in the last few weeks, including clothes left on the floor. Jasmine talks to Joy and then suggests to her coordinator that Joy might benefit from a new assessment.



1. What new or unmet needs might Joy have? Give two examples.

2. Identify two problems or hazards Joy might be at risk of and explain how Jasmine should respond.

3. Which type of assistive technology might Joy benefit from most at the moment?

4. Which professional might help Joy to access this equipment?



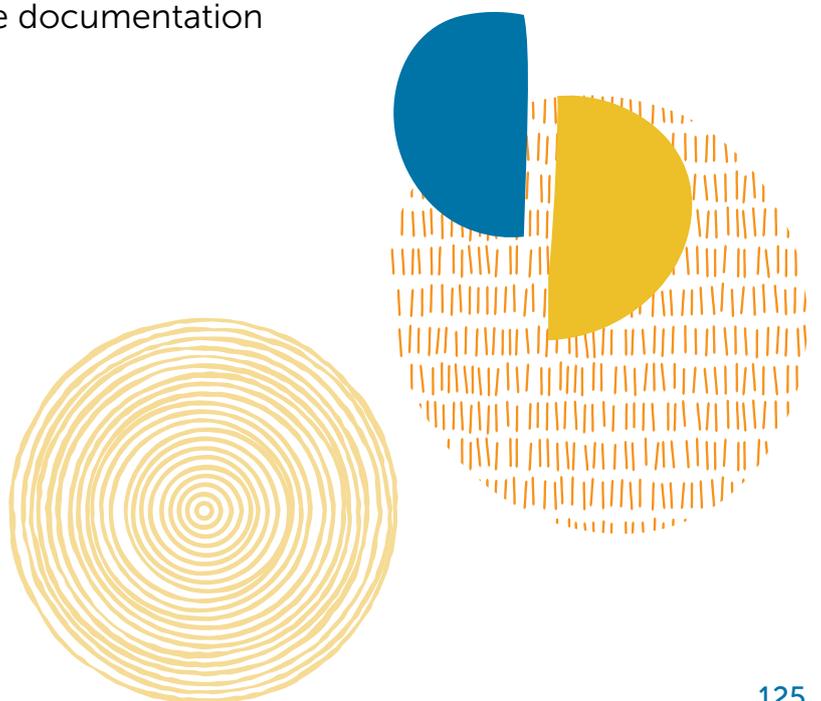
5. What might the organisation's policy say about Joy's privacy when a referral is made to this professional?

6. How can you ensure that any discussion in the review process could be done in a way that supports self-determination?



Topic 4: Complete reporting and documentation

- 4A Maintain privacy and confidentiality
- 4B Comply with reporting requirements
- 4C Complete, maintain and store documentation



4A

Maintain privacy and confidentiality

Maintaining privacy and confidentiality of the person's information is part of respecting individual rights. It is also your legal responsibility.

Privacy and confidentiality include how information is collected, stored, accessed and released to other people.

Confidentiality
The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

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

Any information that could identify a person must be kept **confidential**. This includes names, addresses and medical conditions. You do not necessarily have to use the person's name to breach their confidentiality – the person's condition or other attributes may provide enough information to identify them.

When you are talking to a person about their personal care needs, you must take care to do so in a place where others cannot overhear. This includes other workers, family members and friends who are not involved with the care or who do not need to know the information.

In most cases, the person needs to give consent for their personal information to be shared and discussed with others, including people who are close to them.

Here are some examples of **privacy** policies and procedures you are likely to be responsible for following:

Only collect information that you need to do your job	<ul style="list-style-type: none">• Ensure you have a valid reason and the person's consent to collect, store or distribute personal information.
Protect information from people who are not authorised to have it	<ul style="list-style-type: none">• Keep personal information in locked filing cabinets or password-protected electronic files.• Never leave files or other documents where others can see them.• Avoid talking about a person where others can hear.• Avoid leaving handover notes and other confidential information unattended.
Gain consent	<ul style="list-style-type: none">• If you do need to use or share information with others, ask the person's permission first.• Gain written permission before using a person's name, details or photos.
Use social media carefully	<ul style="list-style-type: none">• Avoid sharing photos or discussing your clients or residents on social media, even on private pages.



Privacy, confidentiality and the law

The *Privacy Act 1988* (Cth) outlines the rules for handling personal information and applies across Australia. In addition, states and territories have their own laws governing privacy.

These laws include the requirement to allow people to look at their own files and other information if they request it. Your service must help you to protect people's personal information, such as by providing passwords, cybersecurity and locked filing rooms.

Privacy legislation and principles govern the collection, use and storage of people's information.

For more information about privacy visit: aspirelr.link/aacqa-privacy-policy

Disclosure

You have a duty of **disclosure** in place to protect people from harm.

You have a duty to tell your supervisor about something that you suspect could cause or has caused harm.

For example, you have a duty of care to report to your supervisor if a person tells you, or you suspect that they:

- are having thoughts of self-harm
- are driving a car without a licence but have asked you not to tell anyone
- are being abused.

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

Example Breaching confidentiality

Tony is assisting Lara with her personal care. Lara has to go to hospital for an operation and expects to be away from home for two weeks. She is worried about who will feed her cat and water her indoor plants.

Tony sees Lara's neighbour as he is leaving and tells him about Lara's operation and that she needs someone to help with the cat and the plants while she is away. The neighbour says he is happy to help. Tony runs back inside and tells Lara that he has told the neighbour about her trip to hospital and that the neighbour will help.

Lara turns white with rage. She says, 'The neighbour is a nosy parker, always going through my mail and checking through the windows. I don't want him knowing my business'. Tony has breached Lara's right to privacy.



Practice Task 15

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

Case study

Margot is a support worker. She is at the local pub having a drink. She sees a support worker from another agency and says, 'John, I've been meaning to ask you about Sam Morrison. He is giving me a great deal of trouble! His carer even finds it hard to deal with him. How do you handle people with autism?'

Question 1

What has Margot done wrong?

Question 2

What should Margot have done if she needed advice about supporting people with autism?

Question 3

What is Margot's responsibility if she suspects that Sam's challenging behaviour is due to abuse from his carer?

4B Comply with reporting requirements

You must report anything that you see or hear that causes you concern, as well as any changes in the person's condition.

Reports can be made in different ways, depending on the type of information you need to pass on and how urgent it is.

Informal reporting usually involves talking to a supervisor about changes in the person's condition or needs. This is the best way to report an issue that is urgent or that needs to be managed as soon as possible. Whether reporting via the phone or in person, always keep a written record of what you have reported.

Your supervisor is usually the best person to talk to when you have concerns.

Documenting a report

Formal reporting involves completing formal procedures such as incident reports, monitoring forms or file notes about something you have seen or heard or have concerns about. Always date and sign your file notes.

Every workplace will have various ways to report in writing; for example, case notes and progress notes may be used to record the level of care given in an aged care facility. They may also be used to report any non-urgent issues observed and actions taken by workers.

Monitoring forms, progress notes, communication books and incident reports are all examples of written reports.

Communication books are used to share information with family members or carers in community settings, such as in the person's home. They may report minor issues, ask questions of family members or carers or document changes and observations. If you are working in the community, you may also need to keep a note in your diary or a folder on your computer.

Here are some important considerations for your report:

Detailed	You may need to include: <ul style="list-style-type: none">• your full name• your place of work• date and time the issue presented• date and time the report was made• details of what happened or what the issue was• any action you took• any action taken by anyone else.
Objective and factual	Reports should use only facts and observation. Objective language describes what you or someone else has actually seen or heard, while subjective language may be based on feelings, emotions or opinions.



Timely	If something is urgent, make a verbal report first. If you are writing a report such as in a file note or incident report, write down what you saw or heard as soon as possible, while it is fresh in your mind.
Terminology, jargon, acronyms	Different industries often have their own terminology, jargon and abbreviations. Where possible, write words out in full, unless they are commonly accepted abbreviations. Use plain English rather than big words and jargon. Try to record what you saw or heard with the important details, using as few words as possible.
Spelling	Spelling a person's name or medical terms wrong can cause confusion. Correct spelling makes people take more notice of what you are writing and makes it easier to read.

Incident reports

Incident reports must be completed according to the organisation's policies and procedures whenever you observe or hear about an incident, accident or near miss that could have caused an injury.

This is an important part of your service's legal requirements for workplace health and safety.

Here is an example of an incident report form:

Accident/incident report form				
Section 1: Person making the report				
Last name:	Johnson		Given name:	Lois
		Position:	Contractor	
Phone number:	03 5411 1111			
Section 2: Details of injured person				
Last name:	Apora		Given name:	Sara
Gender:	M	F <input checked="" type="checkbox"/>		
Worker:	Visitor		Client <input checked="" type="checkbox"/>	Contractor
Was the person injured?		Yes <input checked="" type="checkbox"/>	Go to Section 3	No Go to Section 4



Accident/incident report form				
Section 3: Details of injury				
Date: 23/10/2021		Time: Approximately 8 am		
Location (on the person's body)	Bruising – left hip	Where did the injury occur?	Bathroom floor	
How did the injury occur?	The client reported that she tripped over while in the bathroom.	Was the witness present at the time of the accident?	Yes	No x
Was medical help sought?		Yes x	No	
If yes, provide details		Name:	Jake Black, MD	
		Contact details:	25 Kalinga St, Bendigo	
		Phone:	5555 2222	
If no, explain why not				
Witness's name:		Lois Johnson		
Witness's signature:		L. Johnson		
Section 4: Details of near-miss				
Who was involved?				
What were they doing at the time of the near-miss?				
What equipment was involved?				
Was PPE used?				
Where did the near-miss occur?				
Who was the near-miss reported to?				
Witness's name:				
Witness's signature:				
Section 5: Follow-up action (To be completed by a health and safety representative)				
What follow-up action was taken?				
Name:				
Role:				
Date:				
Signature:				



Example

A written report

File note

Client name: Bea Reardon

Support was provided today as per individualised plan.

Bea appeared very sad today. She also appeared uninterested in eating breakfast or taking a shower and getting dressed. I asked her if anything was wrong. She told me that her neighbour and close friend Millie had a serious stroke last week and is in hospital and probably will not be able to return home.

She says it makes her worry more about being alone and what might happen if she became unwell or had a stroke. She says she worries that she could be lying on the floor for days before someone found her. I made Bea a cup of tea and reassured her about her safety.

I reported my concerns and our conversation to my supervisor, who will arrange visits from the GP and a social worker. She will also arrange for a personal alarm for Bea.

Name of support worker: Kerrie Burns

Date: 17/08/21



Mandatory reporting

Mandatory reporting is different than reporting internally to your supervisor. Because the legislation varies greatly across Australian states and territories, it is important to understand your own obligations. For example, in the Northern Territory, it is mandatory (required by law) for any adult who suspects any type of child abuse on reasonable grounds to report to the police or a relevant government body. In most other states, this law only applies to people working in certain job roles, such as teachers, doctors and nurses.

However, even if in your job role you are not mandated by law to report cases of suspected or actual abuse or neglect of children, older people or people with a disability, you can still make a report to your supervisor, the police or a relevant government department in your state.

Mandatory reporting requires certain professionals and people working in certain sectors to report suspected child sexual or other types of abuse to a government body or the police.

You can find out how this law is enacted in your own state or territory at: aspirelr.link/aifs-mandatory-reporting

Identify and report abuse in aged care

Mandatory reporting of abuse and neglect is a legal requirement for managers in all aged care services.

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

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

Under the Serious Incident Response Scheme, residential aged care managers must report *any* suspected or actual incidents of abuse to the police and to the ACQSC.

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. 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)

If your supervisor has not taken the correct steps to report to the police or the ACQSC, you can take your concerns to a higher manager or make a complaint to the police or 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.

Video: Shocking revelations about treatment of people with disabilities

Watch this short video about abuse in disability services: aspirelr.link/youtube-disability-services-abuse



Think about the importance of mandatory reporting in preventing and stopping the harmful treatment and abuse of people with disabilities.

Example

Recognise and respond to signs of abuse

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

Today, Rhonda tells Jackie, her support worker, that another staff member hit her. Jackie knows that this might not be true, and she cannot see any signs of bruising, but she knows that she must report what Rhonda told her because abusers are more likely to target people who are less likely to be believed. As Rhonda's advocate, she does not need 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, which directs the service to undertake an investigation. After talking to Rhonda and other staff, the managers are reassured that Rhonda was not abused. However, the ACQSC requires the service to document every new claim that Rhonda makes in future and review any new evidence or concerns.



Practice Task 16

Question 1

What types of reporting might you use to communicate a problem to a supervisor?
Give two examples.

Question 2

Research the mandatory reporting laws via the following link and provide a short summary of how they apply in your own state or territory.

This information is available at: aspirelr.link/mandatory-reporting-child-abuse-and-neglect

4C

Complete, maintain and store documentation

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

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

Records must be accurate and up to date.

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.

Here are three examples of why we use documentation:

Communicating between staff	Records and documentation can: <ul style="list-style-type: none">• communicate the person’s needs to any worker involved in providing care• show who is responsible for what tasks• help to ensure the person is receiving the right services, especially if they have several workers supporting them.
Providing evidence that you are following standards	Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Written records provide evidence that actions have been performed and that 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	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 for legal proceedings. Most government-funded organisations undergo regular audits, where records are examined to ensure work is being carried out to the appropriate standard.



People receiving support and/or their advocates and family members 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. Electronic or computer-based records show both current and past information.

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 care that needs 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 that entries make sense.

Handwriting must be legible (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.

Many documents, reports and records completed by workers are legal records.

Video: Effective written documentation

Watch this short video about how to document in aged care: aspirelr.link/youtube-written-communication

What type of information must you record? How important are your observations in writing reports?



Objective and concise documentation

Complete documentation using **objective language**.

It is important to record only the facts. In other words, record only 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.

Objective language

Language based on facts, evidence or research, presented without the use of personal, emotional or judgmental language.



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

Subjective	Objective
Mrs Smith is depressed.	Mrs Smith is quiet and has been crying.
Tamara was nervous when I mentioned her parents.	When I asked Tamara about her relationship with her parents, she looked down and twisted her hands and did not answer.
Mark is a drug addict.	Mark said that he uses heroin 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 on 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 note 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 Wendy Stewart, Home Services Team Leader, via phone.

Storing documentation

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 and so they can be easily located and referred to when required.

Many community agencies use electronic systems that allow users to directly input all of the individual's details, referrals, assessments and case notes into a database. These systems may be password protected, limiting access to authorised staff only.



Example

Documenting 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. Workplace procedure says this information should be recorded in the person's case notes and on the bus pick-up whiteboard in the coordinator's office.

Susan records the information as per the 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 17

Question 1

Name two legal reasons for reporting.

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 when getting dressed in the evening.



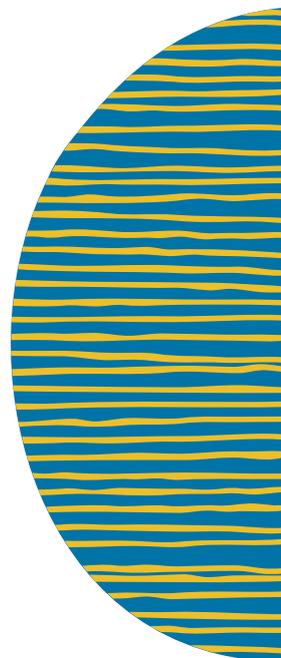
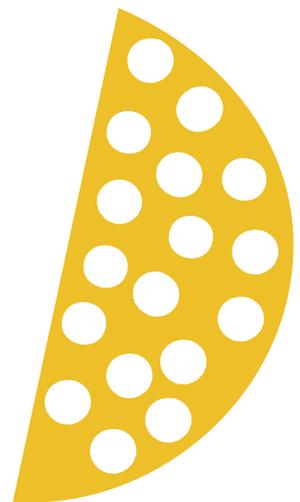
Question 3

Why is it important only to record facts rather than your opinion?



Summary

- Personal information should be kept private and confidential whenever you are supporting a person or passing information on to others.
- Reports can be made in several ways, including in writing, verbally and in meetings.
- Reports should contain factual and timely information.
- Mandatory reporting laws vary between states and territories. They require that certain workers or professionals report certain types of abuse to authorities.
- 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.





Learning Checkpoint 4

Complete reporting and documentation

Part A

1. Explain the meaning of the term ‘mandatory reporting’, and discuss how this law applies to your organisation within your state or territory.

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

a. Everything that is written down in a service should be stored in a locked room.	Yes / No
b. If you keep personal information, such as a community plan, about a person you support on your phone, you must protect your phone with a password.	Yes / No
c. People who receive care have no right to access their personal files.	Yes / No
d. You are allowed to tell family members any personal information about the person as long as they are part of the immediate family.	Yes / No
e. You are only breaching a person’s privacy if you mention them by name.	Yes / No



Part B

Read the case study and answer the questions that follow.

Case study

Ms Harrold slipped in her kitchen 15 minutes prior to your arrival. You have performed basic first aid and have assisted Ms Harrold to her armchair to rest. She is calling out loudly, and when you approach her to offer assistance, she hits out at you, bruising your jaw.

Later, when Ms Harrold is feeling better, you ask her if she knows what she slipped on. She tells you the fridge has been leaking water on to the floor for the last couple of months and that she usually puts a towel under the fridge to catch the water, but this morning it seeped through the towel. She tells you that she cannot afford to get it fixed but would like you to keep that to yourself.

1. How should you respond to this incident once you have checked that Ms Harrold is okay?

2. Which document in your workplace should this incident be recorded on?



3. When should you complete the document?

4. Ms Harrold has asked you not to let anyone know about the water leaking from the fridge. Should you respect this or report it? Explain your response.

5. Give three examples of how you will protect Ms Harrold's confidentiality when reporting and documenting the incident.

6. The supervisor has asked you to complete a file note about the incident. Write a file note, adding any imagined information that you might think could be important. Make sure your record is factual and objective.



Glossary

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.

Activities of daily living (ADLs)

Fundamental skills required to sustain independent living, relating to nutrition, personal hygiene and mobility.

Assistive technology

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

Behaviour support plan (BSP)

A document containing strategies that address the needs of a person exhibiting behaviours of concern.

Catheter

A tube that passes from the bladder to the outside of the body to drain urine.

Changed behaviours

Behaviours that can place the person or others at risk of physical and psychological injury

Cognitive impairment

A change in the person's ability to think or reason, usually caused by damage to the brain.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

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 a person's freedom of personal choice.

Disclosure

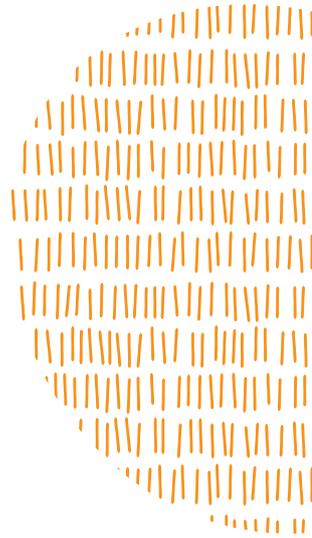
The act of sharing or releasing private or personal information.

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 (DAA)

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.

Elimination of waste

Urinating and defecating (passing urine and faeces).

Grooming

Maintaining a person's health, appearance and general wellbeing.

Holistic approach

A way of looking at human needs that suggests we have different types of needs that are all interconnected.

Human rights

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

Incontinent

Being unable to control the flow of urine or faeces.

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.

Manual handling

Moving people or objects by pushing, pulling, lowering or carrying – actions that come with a number of risks.

Manual handling profile

A plan that shows support staff the safest way to help with the person's transfers and mobility.

Mobility

Being able to move around.

Objective language

Language based on facts, evidence or research, presented without the use of personal, emotional or judgmental language.

Person transfer

Being moved from a bed to a chair, or from a chair to a chair.

Personal care

Helping people with physical tasks to maintain health, hygiene and general wellbeing.

Person-centred approach

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

Privacy

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

**Restrictive practice**

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

Self-determination

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

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Skill maintenance

Encouraging the person to practise a task they can do, so that they maintain the ability to do the task for as long as possible.

Standard precautions

Precautions you must take to avoid contact with a persons' bodily fluids.

Standards

In community services, standards are benchmarks or minimum requirements that must be performed in your workplace every day.

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

Transferring

Being moved from a bed to a chair, or from a chair to a chair.

