Support individual health and emotional wellbeing (CHCICS303A)
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CHCICS303A Support individual health and emotional wellbeing

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Before you begin

What you will learn

This workbook is based on CHCICS303A Support individual health and emotional wellbeing from the CHC08 Community Services Training Package.

Knowledge and skills required

The following is a list of the knowledge and skills required by the worker to support the older person’s health and emotional wellbeing.

Knowledge

By the end of this unit students should know:

- own work role and responsibilities
- the emotional, psychological, spiritual, cultural and sexual needs of clients
- the indicators of possible emotional concerns and issues that may have an impact on general health and wellbeing such as prolonged sadness, distress, anxiety or depression; lack of engagement or heightened level of emotional expression
- the indications of possible neglect or abuse, including physical, sexual, psychological or financial abuse and appropriate response in accordance with organisational and/or government guidelines
- the basic requirements for good health, including:
  - diet
  - exercise
  - lifestyle
  - hygiene
  - oral health
- the strategies to facilitate community inclusion
- how to support existing networks and develop new networks and facilitate choice
- the strategies for selecting recreational and leisure activities based on preferences and abilities
- the concepts of powerlessness and empowerment
- the strategies to meet the emotional needs of people
- the myths and stereotypes surrounding sexuality and sexual expression of aged people and people with disabilities
- the definition and explanation of the terms ‘spirituality’ and ‘cultural’
- the expressions of spirituality and culture
- the effects of spirituality and culture on care delivery
- resources and networks that can support the cultural and spiritual needs of people
- the definition and explanation of the terms ‘sexuality’ and ‘personal identity’
- the expressions of sexuality
› the cultural and individual differences in expressing sexuality
› the issues surrounding sexuality and sexual expression in residential settings
› the strategies for managing inappropriate sexual behaviour.

Skills
At the conclusion of this unit it is critical that students demonstrate the ability to:
› adopt a non-judgmental and accepting attitude when supporting the client to meet their emotional and psychosocial needs
› apply basic problem-solving skills to resolve problems within organisational protocols
› work effectively with clients, social networks, colleagues, supervisors and other services/agencies
› liaise and report to appropriate persons/agencies
› adhere to own work role and responsibilities
› follow organisational policies and protocols
› apply reading and writing skills required to fulfil work role in a safe manner and as specified by the organisation/service:
  – this requires a level of skill that enables the worker to follow work-related instructions and direction and the ability to seek clarification and comments from supervisors, clients and colleagues
  – industry work roles will require a literacy level that will enable workers to interpret international safety signs, read client service delivery plans, make notations in client records and complete workplace forms and records
› apply oral communication skills required to fulfil work role in a safe manner and as specified by the organisation:
  – this requires a level of skill and ability to follow work-related instructions and directions and to seek clarification and comments from supervisors, clients and colleagues
› apply verbal and non-verbal communication skills:
  – industry work roles will require effective verbal and non-verbal communication skills to ask question, clarify understanding and meaning, recognise and interpret non-verbal cues, adapt communication styles to meet specific needs, provide information and express encouragement and support including active listening and empathy.

Refer to the Training website (www.training.gov.au) for full details of the unit of competency.
How this unit is organised and what we expect of you

Throughout the learning material you will see the following:

**Practice Task**

A practice task is an activity that allows you to assess your own learning progress. It is an opportunity to determine the levels of your learning and to identify areas for improvement.

PLEASE DON’T SUBMIT YOUR PRACTICE TASKS.

**Discussion**

At the end of each chapter you will find a number of discussion topics. Whether this occurs in an online forum, through online messaging or in a face-to-face environment, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students.

**Print students**

As a print student, you may wish to participate in the discussion forums to liaise with fellow students. Discussion forums constitute an important resource that enhances your learning and can be accessed via OpenSpace. To access OpenSpace, go to [http://www.opencolleges.edu.au/](http://www.opencolleges.edu.au/) The link to Login to OpenSpace is located on the top right hand side of the main Open Colleges web page.

Your theory assessments for this unit are located in the back of this student workbook and your workplace assessments are available in Study Period 4.

**Online students**

If you are an online student, you are expected to participate in the online discussions. Discussion forums constitute an important resource that enhances your learning.

As an online student, you may download a copy of this student workbook from your unit on OpenSpace. Please ensure that you save this workbook to your hard drive.

Your theory assessments for this unit can also be downloaded from your unit in OpenSpace. Your workplace assessments are available in Study Period 4.
If you have a question about this unit

If you have any questions or need further assistance with understanding concepts in the unit, please contact your trainer/assessor via the OpenSpace messaging system. Alternatively, if you have any enquiries regarding your course, please email <studentsupport@opencolleges.edu.au> or call the Student Services team (1300 650 011) for further assistance. You will receive a response to your enquiry within two (2) working days.

**Glossary:** A glossary of key words used in the learning material can be found at the back of the workbook.

**How to work through this unit**

**Understand the material**

To successfully complete this unit, you need to make sure you read the material presented in each of the chapters. Should you come across material that is confusing or doesn’t make sense to you, please contact your trainer via the OpenSpace messaging system. Most problems that you come across can be easily addressed by seeking clarification, and your trainer is in the best position to offer assistance. As a learner, it is very important that you take on some of the responsibility for the learning that you will undertake.

**Do the practice tasks**

As you read through the unit you will see a number of tasks. These give you an opportunity to:

- use your own experience
- think about what you have learnt
- do some research to enrich your learning
- discuss an issue with someone.

**Minimum essential requirements for students in this unit**

To pass the unit, you must attempt, complete and submit each of the assessment tasks and receive a satisfactory grade for each task.

**Assessment procedures and advice**

Students are expected to refer to the following information, along with “Open Colleges Assessment Policy and Procedures” available via the Open Colleges website at http://www.opencolleges.edu.au/policies.aspx#PoliciesProcedures

Please note that you will also have workplace assessment activities to complete for this unit. These activities will be undertaken either when you commence your work placement with a host organisation or if you are currently working when you decide to undertake your practical workplace assessment tasks. Workplace assessments are available in Study Period 4.
Theory Assessments

Instructions

Once you feel confident that you have covered the learning materials for this unit, you are ready to attempt this assessment.

To complete the assessment, please create a new MS-Word document and type your answers to each question or task in this document, noting the question number from the assessment.

To help Open Colleges manage your assessment, please use the following file-naming convention when you save your MS-Word document. Your file should be named and saved to your computer’s hard drive using your: [student number]_[assessment]_[assessment number].doc For example: 12345678_21850a_01.docx.

Assessment Submission

When you are ready to submit your assessment, upload the file in OpenSpace using the Assessment Upload links in the relevant Study Period of your course. The Student Lounge provides a ‘Quick Guide to Uploading Assessments’ if you need further assistance. Uploading assessments in OpenSpace will enable Open Colleges to provide you with the fastest feedback and grade on your assessment.

Alternatively, you can print and post your assessment to Open Colleges, PO Box 1568, Strawberry Hills, NSW 2012. Please ensure that you use the Open Colleges Assessment Cover Sheet (available in the Student Lounge in OpenSpace). Where assessments are submitted by post, grades will be released in OpenSpace. Please note that assessments submitted by post may take up to 21 days from the date received by Open Colleges to grade and are reliant on the efficiency of the postal service.

It is important that you keep a copy of all electronic and hardcopy assessments submitted to Open Colleges.

Resources

The following resources are suggested to assist you to gain the skills and knowledge required in this unit. They may be available online, at the Gale Library or your local library. You are not expected to read each one. Your trainer may suggest other resources to assist you in your learning.

Websites

Aged Care Australia <www.agedcareaustralia.gov.au>
Australian Government Department of Health and Ageing
Australian Government Department of Health and Ageing
Iowa Geriatrics Education Centre Geriatric Assessment Tools
<www.healthcare.uiowa.edu/igec/tools/default.asp>

Independent Living Centres Australia <www.ilcaustralia.org.au>

Infoxchange Australia
<www.infoxchange.net.au/index.shtml>

Look Good … Feel Better <www.lgfb.org.au>

**Tips to study success**

- Below are some links that may help you to improve your study skills:
  - Webspiration – free online mind mapping tool. Watch a video on how to use Webspiration on YouTube http://www.youtube.com/watch?v=ToEXLbQC_F8&feature=related
  - Example of a mind map at MindMeister – http://www.mindmeister.com/23290325/western-philosophy
  - Bubbl-us – free online mind mapping tool https://bubbl.us/
  - Mind42.com – free online mind mapping application http://mind42.com/signin
  - Study Stack – Online flash cards: use the ones available or create your own http://www.studystack.com/
  - Basic Study Skills - ALISON Online Training Course – http://alison.com/courses/Study-Skills
  - Math Help and Tutorials by Subject and/or Topic – http://math.about.com/od/mathhelpandtutorials/Math_Help_and_Tutorials_by_Subject_and_or_Topic.htm
  - Khan academy Maths – http://www.khanacademy.org/
  - Computer basics – http://www.gcflearnfree.org/computers
  - Writing essays – http://www.greatsource.com/iwrite/educators/e_forms.html
Introduction: Supporting individual health and emotional wellbeing

The community sector refers to a diverse range of services and settings that includes aged care, disability services, employment services, education and training, youth work and home and community care.

Workers involved in this sector may be working with groups of clients or individuals. They may be working in people’s homes, in share accommodation settings, at schools and other educational facilities, for councils or for social welfare groups.

In each of these settings, support workers have a responsibility for supporting a client to develop an aspect or all aspects of their health and wellbeing. These overlapping aspects of health may relate to:

- social health – the strength and quality of a person’s relationships
- physical health – whether or not a person’s various body systems are performing to capacity
- emotional and psychological health/mental health – determined by chemical interactions, a person’s thought processes and circumstances
- spiritual health – a person’s religious activity or how they perceive their place in relationship to the universe
- environmental health – a person’s physical surrounds; for example, their rooms and housing and their daily routines
- sexual health – refers to the absence of sexually transmitted diseases and also a person’s sexuality, their perception about their sexuality and their willingness and capacity to express their sexuality.

As a support worker you have defined responsibilities. You may be directly responsible for supporting a client to meet their health and emotional wellbeing needs. For example, a personal care worker helping to keep a person’s wound clean is contributing to the client’s physical wellbeing. A worker encouraging a client to feel good about themselves by affirming their value is contributing directly to a their emotional health.
More information about how you can support a client to address their health needs is provided in the following table. You should always keep in mind the limits of your job role as well as your organisation’s policies and procedures as these are directly related to your **duty of care**.

<table>
<thead>
<tr>
<th>Aspect of health</th>
<th>What you can do</th>
</tr>
</thead>
</table>
| Social health      | • Practise interpersonal skills with the client.  
                      • Encourage the client to interact.  
                      • Provide information about social activities.  
                      • Overcome barriers preventing participation.                                                                                                    |
| Physical health    | • Help with bathing and grooming.  
                      • Help shop for food.  
                      • Help prepare nutritional meals.  
                      • Help the client eat and drink.  
                      • Administer medication according to care plan instructions.  
                      • Notice and report changes in physical health.                                                                                               |
| Emotional health   | • Treat the client with positive regard.  
                      • Provide opportunities for the client to experience success and build their self-esteem.  
                      • Encourage the client to use their skills.  
                      • Notice and report changes to emotional health.                                                                                             |
| Spiritual health   | • Be aware of different cultures and their views and values.  
                      • Do not impose your views and values on clients and others.  
                      • Consider and accommodate different communication practices.  
                      • Be aware of and accommodate privacy and modesty requirements.  
                      • Help the client participate in spiritual and cultural activities.                                                                             |
| Environmental health | • Undertake a risk assessment.  
                     • Work with others to reduce or overcome risks.  
                     • Ensure the client has access to appropriate aids to maximise their independence.                                                            |
| Sexual health      | • Giving clients time and space to experience and express their sexuality on their own or with consenting partners.  
                      • Ensure the client has access to protective devices.  
                      • Respect different sexual orientations and preferences.                                                                                   |
Introduction: Supporting individual health and emotional wellbeing

Sometimes you will need to seek the services of other personnel or agencies because they have the required skills to provide the support your client needs.

To support a client in developing and maintaining their health, you need to understand:

› your workplace’s requirements
› the laws governing your sector
› signs of good and poor health
› the principles of good health
› other services available that support health needs.

You also need:

› strong interpersonal skills
› awareness of your own limitations
› reading and writing skills
› an open, non-judgmental outlook.
Chapter 1: Supporting clients to be part of the wider community

Feelings of belonging can help reaffirm our value. People with disabilities may feel **disengaged** from the wider community. Support workers can help by bringing clients into the community through activities and skill development that respond to client needs and preferences.

Finding out about a client’s social preferences is a good starting point. These preferences can be shaped by the client’s circumstances, culture, personality and prior experience. It can also be helpful to find out about a client’s current links with the community through the social networks they have and the activities they participate in.

Support workers need to monitor whether social activities meet social needs and adapt or change the client’s **care plan** depending on client circumstances. In this way, a support worker can help the client build on their networks as well as develop new networks.

Communication is central to supporting clients to be part of the wider community. Support workers must communicate information about options to clients and support workers must use good interpersonal skills to check client preferences and clarify their understanding.

In this chapter you will learn about:

1.1 Confirming the client’s social and recreational preferences
1.2 Facilitating and involving the client’s social network
1.3 Helping the client to develop social networks
1.4 Ensuring social activities meet the client’s needs
1.5 Providing the client with information about community networks
1.1 Confirming the client’s social and recreational preferences

Having a good social network can help promote resilience, or the ability to bounce back, when things go wrong.

The importance of social networks

Social activities give people a sense of purpose, fulfil people’s needs to interact with others and can give people a sense of joy. People also learn what is acceptable and not acceptable through their interactions with others. Clients who are isolated miss out on these opportunities.

Understanding a client’s emotional and psychological state as well as their spiritual and cultural background may assist you in understanding a client’s social preferences. This knowledge can be used to help the client expand their social networks.

As a support worker, you may help:

- people living in residential care
- people living in the community
- prospective clients
- veterans and/or war widows/widowers
- people with disabilities
- older people.

<table>
<thead>
<tr>
<th>Client group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living in residential care</td>
<td>Individuals living in residential care may include:</td>
</tr>
<tr>
<td></td>
<td>- people living in high-care nursing homes</td>
</tr>
<tr>
<td></td>
<td>- people living in hostels.</td>
</tr>
<tr>
<td>People living in the community</td>
<td>Individuals living in the community may be living:</td>
</tr>
<tr>
<td></td>
<td>- in supported accommodation</td>
</tr>
<tr>
<td></td>
<td>- in share accommodation</td>
</tr>
<tr>
<td></td>
<td>- with family members</td>
</tr>
<tr>
<td></td>
<td>- on their own.</td>
</tr>
<tr>
<td>Prospective clients</td>
<td>Prospective clients are people who have been referred to the service and/or people who are attempting to find out whether the service meets their needs.</td>
</tr>
<tr>
<td>Veterans and/or war widows or widowers</td>
<td>Veterans are people who have participated in war. Clients also include widows or widowers whose partners have died during warfare.</td>
</tr>
<tr>
<td></td>
<td>Veterans may suffer a range of mental health issues such as post-traumatic stress disorder and various physical disabilities.</td>
</tr>
</tbody>
</table>
Chapter 1: Supporting clients to be part of the wider community

<table>
<thead>
<tr>
<th>Client group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with disabilities</td>
<td>Your client may have an intellectual, psychological, physical and/or behavioural disability. They may be congenital or acquired.</td>
</tr>
<tr>
<td>Older people</td>
<td>The definition of an older person is subjective. Nevertheless, there are formal definitions of old age established by the government for the purposes of funding. A non-Indigenous person over the age of 65 is considered to be elderly. An Indigenous person is considered to have reached old age at the age of 50. This reflects the differences in health and the mortality rates between non-Indigenous and Indigenous Australians.</td>
</tr>
</tbody>
</table>

You may work with these clients in a range of settings, including:

› the client’s own dwelling
› independent living accommodation
› residential aged care facilities
› community centres
› employment services.

These settings are discussed in Chapter 5.

When clients participate in social networks, these networks can help the person integrate into the community. Integration plays a broader social role: if people with disabilities are visible and participating in the community, their presence in society is normalised and this helps break down prejudice.

Types of social networks

Social networks are groups of people or contacts that provide people with advice, information and support. Examples of social networks include:

› family groups
› work groups
› sport and other recreational groups
› age-related groups
› community centres, community welfare groups and support groups
› veterans associations
› voluntary organisations
› ethnic or religious associations.
### CHCICS303A Support individual health and emotional wellbeing

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
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</thead>
</table>
| Family groups                | Family groups can include a person’s biological family; that is, people to whom the person is related. Family may mean immediate family (mother, father and siblings) or extended family (including uncles, aunts, grandparents and cousins).  
  Single-parent families are made up of a mother or father and children.  
  Families can also include adoptive families, foster families and respite families.  
  In some instances a person will have a significant other or friends who form their family. |
| Work groups                  | A client in the workforce may need support from their employer and work colleagues. These people play an important role in helping the person integrate into the community.  
  Support workers can encourage work groups to play an important part in the person's social development. |
| Support groups               | Support groups are a good source of information and can help people interact with their peers.                                                                                                               |
| Sport and other recreational groups | Sport and other recreational groups can offer someone the opportunity to socialise and maintain their physical health. For example, there are sporting groups especially for people with disabilities. Clubs are made up of people who share common interests. They can be sporting (for example, swimming, netball, bowling) or recreational (for example, Probus, senior citizens groups, Scouts). |
| Age-related groups           | Age-related groups can offer someone the chance to participate in the wider society.  
  Community groups, welfare, religious and cultural organisations run programs designed specifically for people of a certain age.  
  Youth groups give young people with disabilities the chance to participate in age appropriate programs.  
  Senior citizens groups cater to the needs of older people. |

In addition, clients may access other networks that include **advocates**, carers, clergy or counsellors and support organisations.

**Identifying a person’s social preferences and requirements**

Social networks offer opportunities for social interaction. The social network chosen must be selected carefully to ensure the client gains the maximum benefit from their participation. One of the first things a support worker must do is to identify the client’s interests. This allows you to look for social networks or groups that will be of interest to the client.

There are three main ways to identify a person’s interests:

1. Read the person’s case notes to identify their likes, dislikes and preferences.
2. Read the initial assessment form to identify the person’s medical condition and their physical, social and psychological needs.
3. Talk with the client and their family members.
You must be open to the person’s suggestions. Don’t have your own ideas about what the client might or might not be interested in doing. Listen to what the person is saying. Listen to their words and tone of voice, and watch their body language. This is demonstrated in the following example.

**Example**

Lara, an aged care coordinator, is consulting with Vivien, a 69-year-old. Vivien asks Lara about the social options available. Lara tells her about bowls, dancing and senior citizens. Lara notes that Vivien’s eyes light up when dancing is mentioned.

Vivien says, ‘I guess bowls and senior citizens are my only options’. Vivien’s voice is flat and her arms are crossed.

Lara says, ‘What about dancing?’

Vivien responds, ‘It sounds more fun than the other options, but I don’t think so.’

After further discussion, Lara discovers that Vivien really wants to take up dancing but is worried that other people will laugh at her.

Lara and Vivien research social dancing options in Vivien’s local community and find that people of all ages participate.

It is important to understand the purpose of social networking. People may want to join a social network for a number of reasons. These include:

- developing new friendships
- learning new skills
- finding out about a disease or disorder
- developing their fitness
- strengthening their family
- improving their communication and social skills
- expressing themselves

The next example shows different people enjoying different activities and/or groups.
Example

- Joan has been diagnosed with breast cancer. She wants to make friends with people who have a similar condition and can empathise with her. She joins a cancer survivor’s group.
- Lionel, 14, has recently been diagnosed with Asperger’s syndrome. Lionel’s parents join a parenting class specifically for families with children with special learning needs. In this class they learn strategies for strengthening their family and meeting Lionel’s needs. They have also built a network of friends.
- Jett, 7, has attention deficit hyperactivity disorder. He joins a football club to help channel some of his excess energy.
- Colin, 65, has been diagnosed with type 2 diabetes. He joins a walking group to help reduce his weight and improve his fitness.
- Sunil, 70, has an acquired brain injury, which has affected his ability to recognise verbal and non-verbal cues. He joins a living skills class where these skills are fostered.

Practice task 1
Interview an older person or a person with a disability. Identify their interests and requirements. Use the information you gather to complete the following form.

<table>
<thead>
<tr>
<th>Interests</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
1.2 Facilitating and involving the client’s social network

Many clients will have existing social networks. These social networks can be a valuable source of information that can reveal a client’s strengths, weakness and preferences.

Social networks can be formal and informal. Formal networks include:
› community groups
› football clubs
› church group.

Informal networks include:
› work colleagues
› mates or friends
› extended family
› partner.

Social networks are important because they help a client:
› maintain their quality of life
› participate in meaningful activities
› have a sense of purpose
› feel connected and valued
› contribute
› learn from others
› access support.

Identifying social networks

There are many strategies that can be used to identify a client’s social network. These include:
› accessing a client’s initial assessment
› reading a client’s case notes
› asking the client and their significant others
› listening to the client and paying attention when they talk about their interests and activities.

It can be helpful to draw a diagram illustrating the client’s links. This can help the support worker and the client identify strengths and gaps. The diagram can also be used as a starting point to encourage the client to reveal aspects of these networks that they like and dislike. Consider the following example.
Example

Liam is working with a client, Jethro. They discuss Jethro’s social activities.
Liam asks, ‘What do you do in your spare time?’
Jethro replies, ‘I run and swim’.
Liam clarifies, ‘On your own or as part of a club?’
Jethro says, ‘As part of a club, but I may as well be on my own. I don’t get a chance to mix with anyone.’
Liam queries, ‘Would you like more interaction with others?’ Jethro responds, ‘Yes.’
Liam continues, ‘What about school friends?’.
Jethro answers ‘I don’t really feel that I fit in with them’.
Liam follows with, ‘I’m sorry to hear that. It sounds like that must be distressing for you. What about your family?’.
Jethro states ‘I hate my parents but I get along well with my sister, Moira. She understands me’.
Liam says, ‘Do your parents understand you?’
Jethro says, ‘No. I wish they did.’
Liam asks, ‘Do you interact with anyone else?’
Jethro says, ‘No.’
Liam then prepares the following diagram and uses this information to help identify Jethro’s needs.

![Diagram showing relationships between Jethro, Moira, Parents, Running club, Swimming club, and School peers]
Supporting existing networks and developing new networks

To support existing networks or develop new networks, you may need to:
› help the client build their capacity
› draw on support personnel
› make sure the client has the required resources, including transport, equipment, money and time.

Building the client’s capacity

Clients require appropriate interpersonal skills and confidence to participate in social networks. Interpersonal skills include:
› recognising non-verbal and verbal cues
› knowing boundaries
› speaking clearly
› understanding spoken messages.

Clients also need confidence to speak to new people and to assert themselves appropriately. Support workers can help by conducting role-plays with the client and/or referring clients to living skills programs.

Your client may show signs of disengagement such as:
› changing the subject when social activities are raised
› lacking interest in social activities
› complaining about insufficient friends
› showing distress or anxiety
› showing an absence of emotion, which can indicate health conditions such as depression
› making excuses to avoid participating in activities.

When a client requires further support to develop their capacity or is showing signs of disengagement, you may need to refer them to other support personnel.

Support personnel

The following table outlines some support personnel and specialists you may need to work with.

<table>
<thead>
<tr>
<th>Who</th>
<th>What they do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech pathologist</td>
<td>Help people to communicate clearly.</td>
</tr>
<tr>
<td>Diversional therapists</td>
<td>Develop appropriate activities to challenge people’s minds and bodies.</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>Provide advice about appropriate alternative and adaptive devices.</td>
</tr>
<tr>
<td>Social workers</td>
<td>Provide support to meet the person’s physical and emotional needs.</td>
</tr>
</tbody>
</table>

Who | What they do
<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special education teachers</td>
<td>Adapt the curriculum to provide the person with the opportunity to learn in a mainstream setting.</td>
</tr>
<tr>
<td>Integration aides and learning support teachers</td>
<td>Take notes and support the person to learn in educational settings.</td>
</tr>
</tbody>
</table>

Further help may be available from:
- people running the proposed service
- the client’s family and significant others
- community volunteer programs.

### Resources

There are various resources workers can use to support a client’s social activities. These resources include transport, equipment, money and time. More information about each of these resources is provided in the following table.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
</table>
| Transport  | Support workers may need to drive clients to and from venues or arrange transport for clients. Funding may be available for taxi services. Volunteer workers can also be used to transport clients.  
People with disabilities may require specialised transport or vehicles. Maxi taxis may be used to transport clients in wheelchairs.  
Aged care facilities and community agencies often supply a bus or taxi to take people on outings or shopping.  
People with intellectual disabilities may require support in learning how to use public transport. |
| Equipment  | Adaptive, alternative or assistive equipment can be used to help a client remain independent.  
Adaptive equipment helps modify the environment or other equipment such as a large monitor to help a client with a vision impairment to use a computer.  
Alternative equipment is used when traditional approaches are inappropriate; for example, you may need to use a communication board to communicate with some clients.  
Assistive equipment is used to help clients function ‘normally’; for example, a walking frame.  
Adaptive, alternative and assistive equipment falls into three categories:  
  - aids to promote mobility  
  - aids to help with the activities of daily living  
  - aids to enhance communication.  
Aids can be low technology, such as spectacles, or high technology, such as software programs. |
Financial support

There is a range of financial assistance for different clients. It is part of a support worker’s role to be familiar with various funding sources. Financial support is available from many sources such as transport accident commissions, workers’ compensation, home and community care programs and other government-funded programs.

Time

A support worker should sit down with the client and map out a time frame for identifying a client’s needs, researching funding options, consulting with the key stakeholders and organising the required resources.

Other important considerations

As with all interactions, you must make sure you are acting in accordance with the client’s preferences. Your client’s thoughts and feelings may differ greatly from your own.

Your clients may feel disempowered or powerless because they need to rely on others to meet many of their needs. It is your role, as a support worker, to help empower clients. Empowerment refers to a person’s sense of control over their lives or their feelings of autonomy.

Practice task 2

Draw a diagram of your own social networks

1. Which networks can you build on? In what way?
2. Identify the resources you need to build on these networks.
1.3 Helping the client to develop social networks

A support worker must ensure their client has every possible chance to develop their social networks. To do this they must identify the client’s interests, abilities and requirements, then plan and implement the various activities.

As a support worker, you use your knowledge of the options, networks, services and opportunities available in the community and match them to the person. To find out what options, networks and services are available, you should:

› have informal discussions with other support workers
› ask questions at team meetings
› participate in various community networks
› subscribe to agency mailing lists
› attend industry conferences and seminars.

It is useful to prepare a portfolio of information and contacts you can refer to when you are matching a person’s needs. Make sure the portfolio is kept up to date.

Social groups and networks

There are many networks and services you can access to meet your client’s needs and preferences.

Support groups

There are many groups that support older people and/or people with disabilities. Support groups, similar to those outlined in the following table, can provide information or connect people with appropriate social groups and networks.

<table>
<thead>
<tr>
<th>Support groups</th>
<th>Who they help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Life NSW</td>
<td>People with AIDS or HIV in NSW.</td>
</tr>
<tr>
<td>Australian Cerebral Palsy Association</td>
<td>People with CP, their family members, health professionals and other interested people.</td>
</tr>
<tr>
<td>ParaQuad</td>
<td>For people who do not have the use of their lower limbs.</td>
</tr>
<tr>
<td>Australian Quadriplegia Association</td>
<td>For people with quadriplegia.</td>
</tr>
<tr>
<td>Australian/Deaf Blind Council</td>
<td>For people with vision and/or hearing impairments.</td>
</tr>
<tr>
<td>Hyperactivity Attention Deficit Association</td>
<td>For people with HADD or ADD and their families.</td>
</tr>
<tr>
<td>Australian Learning Disability Association</td>
<td>For people with learning disorders, their families and educators.</td>
</tr>
<tr>
<td>Aged Care Australia</td>
<td>For information about aged care services.</td>
</tr>
<tr>
<td>Independent Living Centres</td>
<td>For information about various aids and equipment that help people live more independent lives.</td>
</tr>
</tbody>
</table>
Sport and other recreational groups

Clubs and interest groups, sporting clubs and recreational groups are an important way to connect the whole community. For older people or those with a disability, involvement in these groups helps to break down barriers and may give meaning and purpose to their lives. Some sporting and recreational groups cater specifically for the needs of older people or people with disabilities. Special athletics and wheelchair basketball are examples of well-known, disability-specific sporting options, while bowling or croquet are common recreational pastimes for older people.

Some sports can be modified or adapted to allow older people or people with disabilities to participate such as rowing, bowling, swimming, cricket, football, soccer, tennis or kayaking.

Recreational groups are a vital outlet for older people or for clients whose capacity to participate in sport is limited; for example:
- drama and singing groups
- gardening groups
- carpentry groups
- exercise groups
- book clubs
- local history societies
- walking groups.

Having a good social network helps people fulfil the need to interact with others.

Some organisations provide a community service, others are an outlet for specific interests; for example, darts or snooker clubs, Country Women’s Association, Lions, Rotary or Apex clubs.
Other networks

Your clients may be part of, or wish to be part of, a religious group or community group such as a church or Probus. They may wish to further their education through an institution such as the University of the Third Age.

Other networks that may broaden your client's social networks include:

- community centres
- local council groups.

Community centres also have learning centres, culturally specific community centres, and cooperatives. These centres are designed to strengthen the community by reducing isolation and allowing people to meet others and establish friendships. This can be of great benefit to older people or people with disabilities who may otherwise have little contact with the community.

Developing a strategy that promotes participation

When you have identified possible options for your client, you should get together with them to discuss these options. An option you think is terrific may not be greeted with the same enthusiasm by the client. You should explain what each option involves and the benefits for the person. This is covered further in section 1.5.

Once you have identified the client's needs and preferences in terms of broadening their social networks, you can develop and document a plan, which should include:

- the broad aim of the plan (for example, to increase friendships, to improve quality of life)
- the strategy, which should include:
  - what will happen
  - who will be involved
  - the resources required
  - a review date.

See the following example.
Example

<table>
<thead>
<tr>
<th>Name: Carlos Aparo</th>
<th>Date of birth: 23/08/1941</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims: To gain the skills required to make and maintain friendships</td>
<td></td>
</tr>
<tr>
<td>Presenting condition: Acquired brain injury</td>
<td></td>
</tr>
<tr>
<td>Plan developed: 12/4/2012</td>
<td></td>
</tr>
<tr>
<td>Goals:</td>
<td></td>
</tr>
<tr>
<td>To improve communication</td>
<td></td>
</tr>
<tr>
<td>To increase awareness</td>
<td></td>
</tr>
<tr>
<td>To increase confidence</td>
<td></td>
</tr>
<tr>
<td>Strategy:</td>
<td></td>
</tr>
<tr>
<td>Carlos to meet with a speech therapist once a week to improve communication and learn self-awareness until the review date.</td>
<td></td>
</tr>
<tr>
<td>Carlos’s support worker should help him with the communication exercises provided by the speech therapist on a weekly basis.</td>
<td></td>
</tr>
<tr>
<td>Resources:</td>
<td></td>
</tr>
<tr>
<td>Support worker and supervisor to arrange an appointment with the speech therapist.</td>
<td></td>
</tr>
<tr>
<td>Support worker to arrange transport to the speech therapist.</td>
<td></td>
</tr>
<tr>
<td>Review date:</td>
<td>12/6/2012</td>
</tr>
</tbody>
</table>

Consulting and reporting

You should consult with appropriate personnel when developing strategies that support community participation. The people you may need to consult with include:

› your supervisor
› health professionals such as a registered nurse, doctor, social worker, diversional therapist or psychologist
› associations that provide support services for older people or people with disabilities
› other support groups.

You should also report the client’s planned course of action and any outcomes to people directly involved in the client’s care. You may do this:

› verbally – face to face, over the telephone or during case conferences
› in writing – via progress reports, case notes, incident notes, letters and emails.

Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability. It ensures individuals are described in ways that are not affected by judgments, stereotypes, assumptions or opinion.
Regardless of the method of communication, you should always follow professional **protocols** related to objectivity and observe privacy and confidentiality requirements:

- focus on the facts rather than your opinions
- make sure the information is accurate
- make sure the information is clear
- protect the information from unauthorised access.

### Practice task 3

1. Select one of the following case studies and write down your responses to the following tasks.
   a) Identify what the support worker did wrong.
   b) Explain how the situation could be improved.
   c) Reflect on what could happen if the situation was not corrected.

#### Case study 1

Lillith works as care coordinator at an aged care home. She is considering recreational activities for one of the clients, Mrs Tepper. Lillith notes that Mrs Tepper has a Polish last name. She contacts a local Polish senior citizens group and finds out they have regular outings where older Polish speaking people can interact in their first language. Lillith arranges for Mrs Tepper to attend one of the meetings. When Mrs Tepper returns from the first outing, she appears annoyed. One of her support workers asks her about this. Mrs Tepper says, ‘Everyone was speaking in Polish. My husband was Polish so I recognise the language but I can’t understand it’.

#### Case study 2

John has paraplegia. His support worker organises attendance at a local Christian group. John is angry and says, ‘I’m not even religious’.

His support worker responds, ‘It doesn’t matter. It will give you a chance to make some new friends’.

#### Case study 3

Brian, 43, is recovering from a stroke. He attends a craft program at a local nursing home. Brian says nothing, but is quite distressed because he is with people much older than himself.
2. The following table contains a selection of progress notes. Identify which progress notes contain objective (factual) or subjective (based on opinion) information.

<table>
<thead>
<tr>
<th>Progress note</th>
<th>Objective</th>
<th>Subjective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph reported that he was unhappy with his choice of social activities.</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Lara is disengaged from social activities.</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>John has identified four social networks.</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>The service provider reported that Simon has not attended recent group activities.</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>No-one in Sara’s network likes her.</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Mario is too rude to make any friends.</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>John is unable to attend group activities at the service provider as he is unable to use public transport.</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>
1.4 Ensuring social activities meet the client’s needs

A support worker’s responsibilities do not stop once the client is participating in a social activity. Activities need to be monitored because they may not meet the needs of a client for a number of reasons; for example:

- there is a mismatch between the client’s expectations and the service provided
- the service provider is not fulfilling their responsibilities
- the client does not like the service provider
- the client does not enjoy the activities
- the client likes the activities but not the other people
- the client’s needs have changed.

The client’s needs can change because:

- their health condition or situation improves or deteriorates
- their age (people at different stages of development have different needs so activities should always be age appropriate to protect the dignity of the client)
- their abilities or preferences have changed.

Care plans should be regularly reviewed to ensure clients receive a quality service that meets their needs. Circumstances are continually changing. For example, an older person’s health may decline dramatically and unexpectedly making their current plan obsolete. Or they may no longer need the service.

Following a quality assurance cycle of seeking feedback, acting on suggestions and reviewing the effects of the actions is effective in ensuring activities and networks meet client needs.

Seeking and receiving feedback

Feedback from a range of sources can be very useful; it may be verbal or written, formal or informal. Sometimes feedback is volunteered during informal interactions; at other times it may be formally solicited. Family members, advocates, support workers, other health professionals, volunteers who work closely with the person and, most importantly, the client can all provide input. Encouraging feedback from a variety of sources provides a comprehensive picture of the situation.

Formal feedback

A common way to measure the suitability of activities for clients is a formal needs questionnaire. The following example shows client feedback about their social networks.
### Example

**Social needs questionnaire**

Place a tick next to the statement that best describes how you feel about each of the following sentences.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Totally agree</th>
<th>Agree</th>
<th>Disagree slightly</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have someone to talk to who understands me.</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a good social network.</td>
<td></td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have difficulty hearing, which makes it hard for me to communicate.</td>
<td></td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>I have difficulty speaking, which makes it hard for me to communicate.</td>
<td></td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>I am embarrassed about my teeth and/or mouth so I avoid social situations.</td>
<td></td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>I participate in a range of activities that provide me with enjoyment.</td>
<td></td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>I can get to social activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can afford to participate in a full range of activities.</td>
<td>True</td>
<td></td>
<td></td>
<td>Somewhat untrue</td>
</tr>
</tbody>
</table>
The following example is a completed questionnaire about a specific social activity.

<table>
<thead>
<tr>
<th>Service description: Aqua-aerobics</th>
</tr>
</thead>
<tbody>
<tr>
<td>This activity meets my need for:</td>
</tr>
<tr>
<td>· Fitness</td>
</tr>
<tr>
<td>· Socialising</td>
</tr>
<tr>
<td>· Recreation</td>
</tr>
<tr>
<td>This activity is affordable</td>
</tr>
<tr>
<td>This activity provides value for money</td>
</tr>
<tr>
<td>I can get to this activity easily</td>
</tr>
<tr>
<td>This activity runs on time</td>
</tr>
<tr>
<td>This activity is run by people who treat me with respect</td>
</tr>
<tr>
<td>I would like to continue with this activity</td>
</tr>
</tbody>
</table>

The feedback for this activity suggests that it fulfils the client’s needs for socialising and recreation and that there are no barriers that need to be addressed. However, the client’s need for fitness still needs to be addressed.

Encouraging feedback

There are a number of ways feedback can be encouraged. Some may rely on you working directly with the client or liaising with external organisations, while in other instances you may need to undertake a formal process that also involves the input of your coordinator.

In a residential setting an open-door policy may encourage the client to contact support workers or the coordinator. This means that you and the coordinator may both need to be available to listen to and answer queries.

Where an external organisation – perhaps a recreation centre, club or community group – is working with you in support of the client’s needs, regular monitoring and open communication with the client is a useful way to identify the need to modify or adapt activities in response to changed client preferences. You should also stay in regular contact with the organisation to satisfy yourself the activity is appropriate for the client.

Client feedback

Some clients are confident and will seek you out if required. Others may not complain or voice concerns unless actively offered the opportunity. A support worker’s role is to initiate checks on the effectiveness of the activity plan and to act on any concerns that they, their coordinator or the client may have about the appropriateness of the activity.
Reasons why a client may be dissatisfied with the service include:

- inappropriate timing of the activity
- a personality clash with a support worker or person running the activity
- the activity may be tiring, boring or irrelevant to their needs
- they may not share similar views or values of the other people in the group.

Feedback from the service provider

When requested, a service provider will report on:

- the client’s participation in the activity; for example, the client may not actively participate in the activity, which will make it harder for them to bond with others in the group
- the client’s progress; for example, there may be barriers, such as poor interpersonal skills or confidence, that need to be addressed to ensure the client gains the most benefit from social interactions.

Reporting is likely to occur during a case conference, in writing or verbally by phone.

Feedback from other workers

Other workers, including a manager, coordinator/supervisor, other support workers or volunteers can also provide information about changes in behaviour, cognition and general health and wellbeing that affect the client’s ability to socialise.

Reporting on and responding to changed needs

As client needs and preferences change, regular monitoring and feedback will reveal the type of change required to client activities. There will be a process for you to follow when modifying or adapting social or recreational activities, and for recording and reporting these changes to the appropriate people.

Making changes

The care plan must be changed or adapted as soon as feedback suggests it is not working. Any delay in adapting the service plan could affect the quality of the client’s life as well as their perception of you as a support worker and your employing agency.

There are number of steps that can be taken to address changing needs. These include:

- offering additional services
- modifying the current service
- offering different services.

Procedures for adapting care plans may vary between organisations. Consult with the client, their advocate and their family to find out about their preferences, remembering they have the right to refuse a service. Also seek advice from relevant health care professionals to find out information about best practice for treating a condition, to investigate and avoid possible adverse effects, to find likely outcomes and to identify new goals.
Once the client or advocate is happy with the new arrangements, the details need to be recorded. Changes to a plan must be documented according to the organisation’s procedures. It must be clear who is responsible for implementing the intervention and expected outcomes. These changes must be communicated to all people responsible for implementing and monitoring the activities on the care plan.

**Reporting changes**

The nature of the activity and the source of service provision will determine who will receive information about the kind of activities required. You need to ensure your report reaches the appropriate person or group, which may include:

- your supervisor
- a health professional such as a registered nurse, doctor, social worker, diversional therapist or psychologist
- a sex therapist
- clergy or a pastoral care provider
- a loss and grief association
- a **palliative care** association
- special associations providing support services to individuals with specific health problems/disorder
- the client’s support group
- veterans’ organisations.

**Practice task 4**

1. Why is it important to get feedback from clients to ensure their social activities meet their needs?
2. Why is it important to discuss proposed changes with all stakeholders?
3. Why must all changes be documented?
Chapter 1: Supporting clients to be part of the wider community

1.5 Providing the client with information about community networks

Before making a decision about the options, networks and services you have sourced, you need to discuss the information with the client, their advocate, family members and any other significant person. Doing so recognises a client’s right to choose and to make decisions about themselves and their preferences.

Choice and empowerment

Having choices is a basic human right. Choices are only available if the client is presented with all available options. A support worker who makes a choice on behalf of a client without consulting them, their family members, significant other or advocate risks choosing an inappropriate service.

Involving the client in the planning process empowers them to make choices about activities that affect their quality of life and gives them a sense of control over their own lives. Feeling in control and believing you have the ability to make choices contribute to positive mental health.

Information should be provided both verbally and in writing. Giving information verbally provides the support worker with a chance to build and maintain rapport with the client. This rapport is essential to a positive relationship. However, all discussions should be noted to keep track of interactions with the client.

When information is given to the client by phone or in person, the support worker should make sure the client can hear, understand and remember them. This can be done by:

- speaking clearly
- using plain language
- explaining jargon when the use of jargon cannot be avoided
- taking into account a disability; for example, facing a person with a hearing impairment
- checking for understanding by asking open questions that require more than just a ‘yes’ or ‘no’ answer
- using a translator to help communicate with a client from a non-English-speaking background.

A written letter can be used to reinforce the information shared during face-to-face conversations and acts as a reference for both the support worker and the client. It should contain details about what has been organised, how the client will attend, who will be involved and their contact details.

In the following example, a support worker has organised aqua-aerobics for a person with a disability. This is the follow-up letter they wrote.
2 March 2012

Benjamin Jones
26 Kalinga Rd
Ocean Grove VIC 3226

Dear Benjamin

Aqua-aerobics

I am pleased that you have decided to pursue your interest in physical fitness. Details about the aqua-aerobics classes are as follows:

Time and day: 10 am to 11 am, every Friday for 8 weeks commencing on 31 March 2012.
Location: Cooper’s Water Centre, 111 The Terrace, Ocean Grove.
Contact: The contact at the centre is Marley Sutherland, phone 3533 3333.
Transport: Getting there: XYZ taxi cabs will pick you up at 8.45 am from home.
          Getting home: XYZ cabs will pick you up at 11.45 am from the Water Centre.
          The contact at XYZ is Ajay Brown, phone 4555 5555.
Other options include: Joining the swimming club or participating in Pilates at the local gym.

I can arrange to introduce you to Marley at Cooper’s Water Centre prior to the first class if you wish.
I will call you at the end of next week to check on your progress. If you require any further information or would like any assistance before then, please call me between 9 am and 5 pm Monday to Friday on 5555 5555.

Kind regards

S Allen
Sebastian Allen
## Practice task 5

Select one of the following case studies and complete the related tasks.

### Case study 1
John, 33, has an acquired brain injury. He has lost many of his friends since his accident.

1. Develop a portfolio of resources for John. Identify the options that may help meet John's needs.
2. Conduct a role-play with a friend, family member, co-worker or fellow student playing the role of John.
   a) Practise explaining the information about the options to John in plain language.
   b) Practise asking questions to check on John’s preferences and understanding.

### Case study 2
Bill, 63, has osteoporosis. He needs to build muscle. He also wants to broaden his social network.

1. Develop a portfolio of resources for Bill. Identify the options that may help meet Bill's needs.
2. Conduct a role-play with a friend, family member, co-worker or fellow student playing the role of Bill.
   a) Practise explaining the information about the options to Bill in plain language.
   b) Practise asking questions to check on Bill’s preferences and understanding.

### Case study 3
Emma, 22, has a behavioural disability. She needs to develop social skills.

1. Develop a portfolio of resources for Emma. Identify the options that may help meet Emma’s needs.
2. Conduct a role-play with a friend, family member, co-worker or fellow student playing the role of Emma.
   a) Practise explaining the information about the options to Emma in plain language.
   b) Practise asking questions to check on Emma’s preferences and understanding.
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- A person’s physical needs should take priority over their social needs. Discuss.
- A support worker should provide guidance to the client when selecting social activities. Discuss.
- It is safe to assume that a social activity enjoyed by one client, will be enjoyed by another client of a similar age with a similar disability. Discuss.

Chapter summary

- Belonging is a basic human need. Group membership can help a client develop emotionally, intellectually and socially.
- Some clients require support to access social networks and become part of the wider community.
- Clients must be actively involved in identifying their preferences.
- Confidence, skills and resources can act as barriers to participation.
- Social activities should be reviewed to ensure a good fit between the services offered and the clients’ needs.
- Clients have a right to be informed about the services available.

Checklist for Chapter 1

Tick the box when you can do the following.

- Confirm the client’s social and recreational preferences
- Facilitate and involve the client’s social network
- Help the client to develop social networks
- Ensure social activities meet the client’s needs
- Provide the client with information about community networks
Some people believe health is merely the absence of disease, illness, or impairment. A more appropriate view is to see health, particularly **optimal health**, as being a client’s best possible physical and mental functioning.

Whether you are working in aged care, home and community care or disability services you have a duty of care to your clients to ensure that more than their basic needs are met. While everyone has a need for food and shelter, most people also share a need for love and a sense of belonging. Many people also want fulfilment and to be valued. You should always seek ways to help a client maximise their participation in all aspects of life.

This chapter explains how internal and external factors affect a client’s health. It also explores the factors that contribute to good health. Poor health can act as barrier to having needs met. Pain is an issue that can affect a client’s quality of life. There a number of ways to manage pain; however, some of these methods may have an adverse effect.

Your ability to support the client’s health is affected by the limitations of your job role, your knowledge, skills and experience. You must be able to recognise **signs** and **symptoms** that suggest a client’s condition is worsening or they have developed a new condition that requires medical attention or other **intervention**.

You must be able to recognise when it is appropriate to seek additional support and identify the personnel who can provide that support.

In this chapter you will learn about:

2.1 Understanding how a client’s circumstances affects their health
2.2 Supporting good health in a client
2.3 Promoting good health in a client
2.4 Seeking appropriate support for a client
2.5 Identifying variations in a client’s physical condition
2.6 Recognising how pain affects a client’s wellbeing
2.1 Understanding how a client’s circumstances affects their health

Health and wellbeing are affected by a range of factors. To maintain our general health and wellbeing everyone has a certain range of physiological, spiritual, psychological and social needs to be met. While these needs vary according to individual circumstances, they are fundamentally the same for everyone. The needs we all share include:

- nutritious food and water
- exercise
- shelter
- a safe and healthy environment
- appropriate social interaction.

Support workers should be mindful of these needs as well as the circumstances affecting health, including:

- income
- living environment
- changing cognitive, sensory and physical capacities
- self-esteem and perception of the world
- social attitudes towards people with disabilities and older people.

The following table illustrates how each of these circumstances can affect a person’s physical health.

<table>
<thead>
<tr>
<th>Client’s circumstances</th>
<th>Example of health impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>People on low incomes may:</td>
</tr>
<tr>
<td></td>
<td>• not be able to afford more nutritious meal options</td>
</tr>
<tr>
<td></td>
<td>• not be able to afford the costs associated with recreational activities and exercise programs, which may affect physical and mental health</td>
</tr>
<tr>
<td></td>
<td>• be unable to access healthy foods, participate in recreational activities or exercise programs because they do not have a car or other transport</td>
</tr>
<tr>
<td></td>
<td>• not seek medical attention because they cannot afford it or can’t get to appointments.</td>
</tr>
<tr>
<td>Living environment</td>
<td>A person’s living environment includes:</td>
</tr>
<tr>
<td></td>
<td>• where they live (the city, suburbs, regional or rural areas)</td>
</tr>
<tr>
<td></td>
<td>• their housing (number of storeys, in good or poor condition)</td>
</tr>
<tr>
<td></td>
<td>• the people they live with.</td>
</tr>
<tr>
<td></td>
<td>People in rural environments may not have access to regular medical and allied health professionals.</td>
</tr>
<tr>
<td></td>
<td>Some people may be unable to keep their living environment clean and tidy, which may result in health problems.</td>
</tr>
<tr>
<td></td>
<td>There may be safety issues in a person’s living environment.</td>
</tr>
</tbody>
</table>
Chapter 2: Supporting the client’s health

<table>
<thead>
<tr>
<th>Client’s circumstances</th>
<th>Example of health impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive, sensory and physical capacity</td>
<td>Changing cognitive capacity can affect a person’s judgment, making it less likely they will make appropriate decisions about their health and wellbeing. Changing sensory capacities, such as vision impairment and hearing impairment, can have a number of effects. A client may feel uncomfortable moving out of their home environment, preventing them from enjoying the benefits of recreational activities. Poor vision is a risk factor for falls. Hearing loss may mean the client misses warning signals such as smoke alarms.</td>
</tr>
<tr>
<td>Self-esteem and perception of the world</td>
<td>People’s sense of self and self-worth can be affected by an impairment or a disability.</td>
</tr>
<tr>
<td>Social attitudes</td>
<td>Society’s attitudes towards ageing and disability may affect a person’s health; for example, if the prevailing attitude is that illness and poor health are normal and inevitable parts of ageing, older people may be less likely to take steps to manage and maintain good health.</td>
</tr>
</tbody>
</table>

Workers are not expected to take full responsibility for a client’s physical health. However workers do have a duty of care to:

› recognised situations where a client’s health is at risk
› report these situations following workplace protocols
› support the client to maintain good health
› promote health and wellbeing.

Be alert to changes in a client’s condition that may indicate pain, mental health concerns or deteriorating physical health.

The following examples help illustrate how workers can recognise situations in which a person’s circumstances affect their physical health.
Example

<table>
<thead>
<tr>
<th>Changing cognitive capacity</th>
<th>Leura is a home and community care worker. She is caring for Mrs Tepper. Leura notices that Mrs Tepper appears to have lost weight as her clothes are hanging loose. Leura says, ‘Mrs Tepper, when did you last eat?’ Mrs Tepper replies, ‘I’m really not sure’. Leura makes a note in the handover book. She also updates Mrs Tepper’s case files and she contacts her supervisor immediately.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income and transport</td>
<td>Jeff has an acquired brain injury. Due to memory impairment and mood swings, he is unable to return to work since his injury. A support worker visits him on a regular basis. She notes Jeff’s cupboard is fairly empty and contains two-minute noodles and other pre-packaged foods. She asks Jeff about this. He says, ‘It’s all I can afford; they took away my licence and I have to buy in bulk, so I can’t get fresh food’. His support worker organises transport for Jeff so he can shop on a regular basis. She also organises a referral to the Salvation Army, which is able to provide Jeff with additional food items free of charge. These actions are recorded in Jeff’s care notes. Jeff’s care plan is updated to reflect his changes.</td>
</tr>
<tr>
<td>Self-esteem and society’s attitudes</td>
<td>Wesley lives in a nursing home. He is recovering from an accident. As part of his recovery he is required to exercise. He says to his support worker, ‘It’s useless exercising. Poor health is all I can expect at my age. Everyone tells me that I shouldn’t expect to recover’. Wesley’s support worker reports this to the director of nursing who organises a case conference with Wesley, his family and health care professionals to discuss the importance of rehabilitation.</td>
</tr>
</tbody>
</table>

Practice task 6

Reflect on your own life experiences. Use the following table to indicate whether the particular circumstances affect your physical health negatively or positively. Describe each circumstance and explain how and why you have been affected. You do not need to share this information:

<table>
<thead>
<tr>
<th>Description</th>
<th>Negative?</th>
<th>Positive?</th>
<th>Explain why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive, physical and sensory capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society’s attitudes towards a person of your age</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.2 Supporting good health in a client

Providing the right guidance and support to achieve good health in a client involves having an awareness of what good health and wellbeing mean and understanding how to help your client’s maintain their health. To provide appropriate support, the worker needs to understand some of the principles of and processes for maintaining a healthy body.

Principles of good health

To maintain a health body, you need to:

- avoid smoking
- maintain mind–body health
- manage your own health as much as possible
- maintain a healthy living environment
- eat well
- watch your weight.

The following table explains how each of these circumstances can affect physical health and the role of the worker.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Explanation</th>
<th>The role of the worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>People who smoke face a greater risk of a range of cancers than non-smokers.</td>
<td>• Model good behaviour by not smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encourage the client to stop smoking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer the client to quit specialists or other health professional such as GPs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow the actions listed in the care plan designed to help the client stop smoking.</td>
</tr>
<tr>
<td>Mind–body health</td>
<td>There is a great deal of overlap between a person’s physical and mental health. Studies show a positive outlook may improve health. Likewise people’s physical health may influence their state of mind. If people are unwell or are experiencing poor health, they may also become depressed.</td>
<td>• Encourage clients to focus on the positives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Help the client make and maintain links with a support network.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Help the client to overcome barriers preventing them from participating in activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide referrals to health care professionals.</td>
</tr>
<tr>
<td>Medical self-care</td>
<td>Medical self-care refers to a person’s ability to manage and take responsibility for their own health and wellbeing such as: taking medication seeking help when required making healthy lifestyle choices.</td>
<td>• Take a client-centred approach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support clients to make choices relating to their own care, health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Remind clients about appointments and make suggestions about seeking additional help.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Factor</th>
<th>Explanation</th>
<th>The role of the worker</th>
</tr>
</thead>
</table>
| Environmental health        | Environmental health refers to the health of the client’s immediate living quarters (their home or their facility) as well as the health of the wider environment.  
Environmental health covers:  
· air quality  
· water quality  
· the safety of buildings.  
Poor air quality can compromise cardiovascular and respiratory systems.  
Poor water quality can lead to problems in the digestive system.  
Unsafe buildings and surrounds can increase the risk of trips, slips and falls. | · Report hazards.  
· Follow organisational protocols.                                                                                                                                |
| Nutrition                   | Food plays a more important role in fuelling the body’s system. The human body needs:  
· water  
· carbohydrates and lipids  
· vitamins, minerals and proteins.  
These nutrients have a role in:  
· processing waste and providing energy  
· nerve function and skin maintenance  
· growth and metabolic activity  
· immune system function  
· the growth, maintenance and repair of cells. | · Refer the client to a professional such as a dentist, social welfare worker or dietician.  
· Assist with shopping.  
· Help with meal preparation.  
· Encourage the client to eat.                                                                                                                                      |
| Weight maintenance          | Maintaining a healthy weight can improve a person’s health and prevent illness and disease. Being underweight or overweight increases the likelihood of poor health. A healthy weight varies with height and build. | · Refer clients to a dietician.  
· Help client with portion control.  
· Encourage clients to exercise (seek medical advice first).  
· Encourage the client to eat nutritious food.  
· Ensure the client has access to a range of nutritious foods.  
· Ensure the client can prepare food or help them prepare food.  
· Seek help from specialists such as a GP or psychologist to deal with suspected eating disorders. |
Processes and actions supporting good health

In many instances what you do to support a client in maintaining good health is determined by your organisation’s policies and procedures as well as the client’s care plan. A well-developed plan should encourage the client to identify positive things they can do for their wellbeing and actively involve them in achieving these goals.

Processes and actions that help support good health in a client include:

1. Assessment
2. Care plan development
3. Care plan implementation
4. Care plan review

These four steps are part of a cyclical process of client care.

1. Assessment

Workers and other professionals cannot support a client’s physical health and wellbeing unless they have accurate and current information about a client’s health status. Assessment, the process of determining a client’s strengths and weaknesses as well as their needs and preferences, can be used to assess a client’s health status.

Assessment can be formal or informal. Examples of formal assessment include:

- structured interviews
- written forms and questionnaires
- accessing referrals from medical professionals, reports from service providers and medical histories.

The following is an extract of a formal assessment tool.
### Example

Health assessment questionnaire (extract)

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have problems with your eyesight?</td>
<td>Do you have problems with your hearing?</td>
</tr>
<tr>
<td>Yes ☐ No ✓</td>
<td>Yes ☐ No ✓</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have regular dental check-ups?</td>
<td>Do you have problems with one or both feet?</td>
</tr>
<tr>
<td>Yes ☐ No ✓</td>
<td>Yes ☐ No ✓</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>18. Continence</th>
<th>c. How often do you go to the toilet at night?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you ever wet yourself?</td>
<td>Never ☐ Sometimes ✓</td>
</tr>
<tr>
<td>Never ☐ Sometimes ✓</td>
<td>Often ☐</td>
</tr>
<tr>
<td>b. Is this related to coughing or sneezing?</td>
<td>Yes ✓ No ☐</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>d. Do you ever lose control of your bowels?</th>
<th>e. Have your bowel habits changed recently?</th>
<th>f. Do you have a family history of bowel cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ✓</td>
<td>Yes ☐ No ✓</td>
<td>Yes ☐ No ✓</td>
</tr>
</tbody>
</table>

Comments:

**Stress incontinence**

<table>
<thead>
<tr>
<th>19. Physical examination</th>
<th>BMI <strong>33.3 – clinically obese</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s weight: <strong>80</strong> kg</td>
<td>BP/pulses</td>
</tr>
<tr>
<td>Comments:</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Patient reports chronic obstruction pulmonary disease (COPD) has lead to a decrease in activity.</td>
<td>Systolic BP mm/Hg: <strong>175</strong></td>
</tr>
<tr>
<td>Patient’s height: <strong>155</strong> cm</td>
<td>Diastolic BP mm/Hg: <strong>75</strong></td>
</tr>
<tr>
<td>Comments:</td>
<td>Pulse rate</td>
</tr>
<tr>
<td>Consider check for postural hypotension</td>
<td>Regular ✓ Irregular ☐</td>
</tr>
<tr>
<td>Yes ☐ No ✓</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

Informal assessment can also take place during day-to-day activities. You should observe changes in the client’s condition and listen to the client to ensure you hear their assessment of their own health and wellbeing.
Chapter 2: Supporting the client’s health

A record should be taken of all assessments as well as planned follow-up action. All paperwork should be kept secure to prevent breaches of privacy.

Assessment should occur on **intake** and then form part of a regular review process. Client needs can change. Their condition can improve or worsen. Assessment must be ongoing so changing needs are identified and acted upon.

2. **Care plan development**

Once a client’s needs have been defined, a care plan must be developed. A care plan is an action plan that explains:

- the client’s goals
- the actions required to achieve the goals
- the personnel involved
- the resources needed
- a time frame
- a review date.

The following is an example of a care plan.
### Example

**Name:** Vin O’Connor  
**Gender:** Male  
**Date of birth:** 10/6/1937

**Developed:** 12/3/2012  
**Review date:** 12/4/2012

**Presenting issues:**  
- Alcohol use  
- Respiratory issues  
- Osteoporosis  
- Isolation  
- Nutrition

<table>
<thead>
<tr>
<th>Area of life</th>
<th>Issue</th>
<th>Strategy</th>
<th>Persons responsible</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td>Not eating at regular times</td>
<td>To receive Meals on wheels once a day.</td>
<td>Meals on wheels provider</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td>Low body weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical and mental health</td>
<td>Low lung function</td>
<td>To be assessed by a respiratory technician</td>
<td>Care coordinator for referral and follow-up</td>
<td>17/4/2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>To participate in Tai Chi on a weekly basis</td>
<td>Diversional therapist</td>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>To attend water aerobics with the local seniors recreational group</td>
<td>Vin</td>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>To meet with a drug and alcohol worker.</td>
<td>Care coordinator for referral and follow-up</td>
<td></td>
<td>17/4/2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation and depression</td>
<td>To be assessed by a GP.</td>
<td>Care coordinator responsible for follow-up</td>
<td></td>
<td>14/4/2012</td>
</tr>
<tr>
<td></td>
<td>To meet with a psychologist.</td>
<td>Psychologist</td>
<td></td>
<td>To be arranged</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Where possible, a care plan must address a client’s preferences. A care plan is typically developed with the case manager or coordinator, the support worker, other health care professionals, the client and/or their significant others.

3. Care plan implementation

A care plan is a working document. It should be accessed and used. A care plan cannot be implemented unless all personnel are aware of their roles and responsibilities. Formal meetings can be used to help communicate requirements. A supervisor or coordinator is responsible for monitoring the implementation of the care plan. Support workers also share responsibility. If you are made aware that aspects of the care plan are not working or not being implemented, you should communicate this to your supervisor for follow-up.

4. Care plan review

Care plans should be reviewed to reflect changing needs. People involved in the care plan review include:

› the client
› significant others
› health care professionals
› service providers
› the worker
› the supervisor or coordinator.

A review may suggest that:

› the plan is working
› the plan requires modification
› additional resources are required
› aspects of the care plan should be removed
› additional or alternative services are required.

Any changes should be discussed, documented and acted upon.

Practice task 7

1. Consider the completed health assessment questionnaire from p. 38. What could you do to help support this client improve their physical health?

2. Consider Vin O’Connor’s completed care plan on p. 40.
   a) How would you determine whether the activities listed in the care plan were carried out?
   b) How would you determine if the care plan was helping Vincent improve his physical health?
2.3 Promoting good health in a client

Good health is not just a matter of finding a cure or a treatment for an illness or disorder. Good health is achieved when a client experiences optimal physical and mental functioning. A well-developed care plan considers the client’s health and provides the support worker with a framework for monitoring and observing their client’s health status. It also allows for referral to health professionals if required.

Ways to maintain good health

There are three key ways to help maintain good health:
1. Prevention
2. Education
3. Screening

1. Prevention

Good health may be achieved through lifestyle choices. Maintaining a healthy weight, good nutrition, regular exercise and not smoking are all factors that can reduce the likelihood of illness or disease and help a client experience the best possible physical health.

An immunisation may feature in a client’s health plan as a vital barrier to minimising illness and disease. Immunisation contributes to good health by preventing the likelihood of the transmission of pathogens such as:

- Chlamydia
- Polio
- Hepatitis A and B
- Diphtheria, tetanus and whooping cough
- Influenza (flu)
- Measles, mumps and German measles
- Meningococcal C
- Chickenpox (varicella).

2. Education

While most people want to maintain good health, not all people know how to achieve it. Education is an important first step when dealing with clients.

Nutritionists and dieticians can help educate people about nutrition and appropriate food choices. Nurses can provide sex education, which can help people avoid sexually transmitted diseases. Continence nurses can help educate people about ways to improve bladder function. General practitioners are a good source of knowledge about universal health care.
3. **Screening**

Support workers have a significant role to play in contributing to a client’s health and wellbeing. A support worker should make sure:

- they have up-to-date knowledge about immunisation schedules
- a client’s medical history is accurate and up to date
- they support clients to access service providers that can provide education about relevant aspects of health care
- clients are able to make and attend appointments for relevant screenings.

Screening can help identify issues that may impact on a person’s health. It, too, is an important preventative tool for minimising exposure to *debilitating* or life-threatening illness. Examples of screening include:

- blood tests for sexually transmitted diseases (STDs)
- external checks for the presence of skin cancer
- physical checks and mammograms to identify breast cancer
- rectal examinations for prostate cancer
- blood tests for prostate cancer
- pap smears.

Workers must understand the importance of prevention, education and screening, and the various processes involved so they can explain the information to clients in plain language. Similarly, when discussing health strategies with a client, support workers should make sure the person understands what is being proposed.
Practice task 8

Select one of the following case studies, then complete the associated tasks.

### Case study 1
William, aged 80, is worried about an influenza injection. He is worried about the cost and potential complications.

1. Conduct research into immunisations for people aged over 65 using as a starting point the Immunise Australia Program website: www.immunise.health.gov.au.
2. Collect information that will address William’s concerns and fears.
3. Conduct a role-play with a friend, fellow student or co-worker playing the role of William and use the information you have gathered to deal with William’s concerns.

### Case study 2
Colm, a 40-year-old man with a psychiatric disorder, has just been diagnosed with type 2 diabetes.

1. Gather information about services available in your area for people with diabetes. You may contact your local health services as a starting point or visit the website of your state or territory office of Diabetes Australia: www.diabetesaustralia.com.au.
2. Conduct a role-play with a friend, fellow student or co-worker playing the role of Colm. Explain the range of services available to Colm.
2.4 Seeking appropriate support for a client

A support worker’s role will vary depending on the particular setting, the position description, the policies and procedures of the workplace, the needs of the client and their care plan. Typical support worker duties may include:

- supporting the client to participate in recreational and social activities
- performing personal care tasks
- housekeeping
- following the instructions of the care plan
- assisting the client with eating
- assessing clients – you will need supervision and/or training to do this.

Be very clear about your job description. At some point you may encounter aspects of client support that are beyond your personal capabilities or outside your role. One of the skills you should develop is to recognise when you need to call upon a health professional or other support service, and how to access them.

A support worker should never:

- offer medical advice
- prescribe medication
- participate in activities that are risky to themselves or others because of their lack of training, knowledge or skills.

People who can support the client’s physical health and wellbeing, and therefore support you, include:

- their general practitioner
- registered nurses
- allied health professional such as:
  - dieticians
  - occupational therapists
  - physiotherapists.

The following example shows a process for referring a client.
Example

Jack works with a client, Phil. Phil tells Jack his knee is hurting and he has trouble moving it. Phil asks Jack to recommend some exercises to increase the movement in his leg. Jack recognises this is beyond his role and outside of his experience and qualifications. If Jack develops an exercise program for Phil, Phil's condition may worsen. Instead, Jack suggests Phil visit his GP; after making an assessment the GP refers Phil to an orthopaedic surgeon. The orthopaedic surgeon makes a further assessment, recommending Phil seek the services of a physiotherapist and an occupational therapist. The occupational therapist helps Phil by suggesting adaptive equipment that could be used to overcome Phil's impairment. The physiotherapist develops an exercise program Phil can use to reduce pain and to increase his leg and knee strength.

Jack helps with the process by encouraging Phil to do his exercises.

Practice task 9

Select one of the following case studies. Complete the related tasks.

Case study 1
Bronwyn, a 17-year-old with a disability, wants a pain-killing tablet.

1. What would you do in this situation?
2. Conduct a role-play in which you are the support worker and a friend, family member, co-worker or fellow student plays the role of Bronwyn. Explain to Bronwyn why you are unable to administer a pain-killer to her. Document your response.

Case study 2
Kelly, a 65-year-old home and community care client, wants to know whether you think one of her moles is cancerous.

1. What would you do in this situation?
2. Conduct a role-play with a friend, family member, co-worker or fellow student playing the role of Kelly. Explain to Kelly how you are not qualified to check moles. Document your response.

Case study 3
William, aged 80, lives in a nursing home. He wants you to ‘crack his back into place’.

1. What would you do in this situation?
2. Conduct a role-play with a friend, family member, co-worker or fellow student playing the role of William. Explain to William why you can’t ‘crack his back’. Document your response.
2.5 Identifying variations in a client’s physical condition

Support workers are in a good position to notice changes to a client’s physical condition. Often a support worker sees far more of a client than other significant people in their lives or health professionals. Every support worker should be alert to the signs and symptoms of illness or disease that may indicate a client is unwell.

In some cases, a change in a client’s physical condition, behaviour or mental outlook may also indicate abuse.

Signs and symptoms

Signs and symptoms you may observe in your clients include:

- weight loss, which may signify gastrointestinal or endocrine disorders
- weight gain, which may signify endocrine or metabolic disorders
- changes to skin tone and colour, which may signify cardiac and/or respiratory system problems
- poor nail status, which may be due to nutritional deficits
- poor oral health such as bad breath, tooth decay or gum disease.

Changes to a client’s physical condition may be identified by:

- accessing their medical history
- taking and recording observations
- accessing case notes
- using medical health questionnaires
- talking with the client
- seeking feedback from others involved in the care of the client.

Indicators of neglect or abuse

You should also be aware of the signs of possible neglect or abuse. Abuse generally falls into five main categories. These are:

- physical abuse, which includes hitting, pushing, slapping and shoving
- sexual abuse through unwanted sexual contact
- psychological abuse such as bullying and harassment, humiliating the client or isolating them
- financial abuse by withholding, controlling or taking money
- neglect, which includes ignoring cleanliness, nutritional and comfort requirements.

When you know a client well, it is easier to observe changes in their condition.
Signs of abuse and neglect include:
- unexplained bruises, marks or breaks
- broken possessions
- unexplained distress
- weight loss
- malnutrition
- dehydration
- unkempt appearance
- insufficient funds to meet everyday expenses.

**Mandatory reporting**

Mandatory reporting is the requirement by law to report suspected cases of abuse and neglect. People often initially equate mandatory reporting with child abuse; however, mandatory reporting applies across other fields.

Support workers must be alert to and aware of their reporting obligations in relation to:
- elder abuse
- abuse of people with disabilities
- domestic violence
- child pornography
- bullying
- suspected abuse or neglect of any client.

While mandatory requirements in aged care are uniform throughout Australia, the requirements in other community settings vary between states and territories.

In most cases, if you suspect that someone is being abused, you have a responsibility to report this situation to your supervisor, who may be required to report the matter to the health or human services department in your state or territory.

Children, young people, older people and people with disabilities are particularly vulnerable to abuse. You have a duty of care to identify and report suspected or actual abuse.

When reporting, be guided by your organisation’s policies and procedures. You may speak to your supervisor verbally but you must also document the report. Provide an objective account of the following details:
- what you saw (for example, the size, location and type of bruising)
- when you saw it
- what you did
- the client’s response
- follow-up action taken.

This information may be recorded in progress notes, case notes and in an incident report form.
When you suspect abuse is occurring or you have witnessed abuse, you must act quickly to ensure action is taken immediately to prevent further abuse from occurring or the abuse escalating.

The following examples illustrate how alert and observant support workers can contribute to the wellbeing of their clients.

**Example**

1. Caleb works in home and community care. He notices that Ben, a client with diabetes, has a bruise on one of his feet. He records this in Ben’s care notes. He also speaks with his supervisor who tells him that people with diabetes sometimes experience damage to their nerves.

   Ben is referred to a diabetes educator and his general practitioner.

2. Jaime works as a support worker at a nursing home. She is changing Mrs Lowe, an older person who has dementia. Jaime notes that Mrs Lowe has bruising on her inner thighs. Jaime contacts her supervisor immediately. Medical attention is sought for Mrs Lowe. An incident report is filled out and filed.

3. Ollie works as a disability support worker. Ollie notices a client, Heather, has lost a great deal of weight. In addition her eyes have started to bulge.

   Ollie refers the matter to his supervisor who refers Heather to a GP. Heather is diagnosed with a hyperthyroid condition. She undergoes treatment for the condition. Heather’s medical records are updated.

**Practice task 10**

Contact an aged care, home and community care or disability services provider in your area. If you are currently working in community services, you may use your own workplace.

1. Research the policies and procedures that guide support workers in observing changes to a client’s physical condition. Outline the procedures that are in place.

2. Ask about the mandatory reporting requirements. Identify:
   - situations where mandatory reporting applies
   - who is required to report abuse
   - documentation required
   - who needs to be informed.
2.6 Recognising how pain affects a client’s wellbeing

Different people experience pain differently. People’s experiences and interpretation of pain can vary depending upon their age, gender, culture and their **pain threshold**. Pain is a subjective experience. While you may think that a condition is not painful, it is the client’s experience and understanding that is most important. If a client says they are in pain, you should accept and acknowledge this.

Pain can occur as a result of:

- a chronic injury (for example, one that arises over time through repetitive actions such as typing)
- an acute injury (one that occurs as a result of a one-off incident, such as a trip or fall)
- an operation
- a medical condition, disorder, impairment or illness.

If left untreated, pain can lead to:

- isolation
- reduced participation in activities
- an inability to manage the activities of daily life
- interrupted or poor sleep
- depression
- reduced quality of life.

Pain can be detected through:

- observation – noting signs such as grimacing and groaning when moving
- interviewing – asking questions about the location of the pain, whether it is getting worse or staying the same and asking if the pain is burning, aching, or tight, which will help identify the nature of the pain
- using pain intensity scales such as:
  - the Abbey pain scale, which is used to measure pain in dementia sufferers who are unable to verbalise
  - a Faces pain scale, often used with the elderly and based on facial expressions as a measure of their state of mind
  - Likert scales, which ask a patient to rate their pain on a scale of, say, 0–10, with 0 representing no pain, 5 moderate pain and 10 the worst possible pain.

Clients with pain should be monitored to keep track of their pain levels and observations must be recorded. Updates should be entered in their care notes so that corrective action can be taken if needed. Clients should be encouraged to record their pain levels on a regular basis.

Your organisation will have a process for dealing with pain sufferers and you should consult the individual’s care plan on how their condition is to be managed.
Pain management

Pain management is critical to a person’s health and wellbeing. Pain can be managed through the use of drugs or through the use of other therapies. When dealing with a chronic pain sufferer, be mindful of the psychological effects of pain.

If pain is managed with medication, particular care should be taken to make sure the client does not develop an addiction or any adverse effects to the medication. Exercise can also be used to manage pain, as can a positive mental attitude.

Remember, pain is an individual experience and some people have a much higher tolerance to pain than others. For this reason, do not dismiss a client who regularly experiences pain as a ‘whinger’; this pain may be a genuine symptom of a deeper health issue.

The following is an example of pain management.

Example

Bernard has a shoulder injury. This affects his ability to sleep and participate in everyday activities. Increasingly his enjoyment of life has become non-existent. He starts seeing a physiotherapist who provides him with exercises to help manage his pain. This improves his sleep patterns, reduces his pain and increases his ability to participate in everyday activities.

Practice task 11

1. Reflect on a time when you experienced optimal physical health. Briefly describe the situation. Record your pain levels in the following chart.

<table>
<thead>
<tr>
<th>No pain</th>
<th>Moderate pain</th>
<th>Worst possible pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

2. Reflect on a time when you experienced a minor injury or illness. Briefly describe the situation. Record your pain levels in the following chart.

<table>
<thead>
<tr>
<th>No pain</th>
<th>Moderate pain</th>
<th>Worst possible pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

3. Reflect on a time when you experienced a major injury or illness. Briefly describe the situation. Record your pain levels in the following chart.

<table>
<thead>
<tr>
<th>No pain</th>
<th>Moderate pain</th>
<th>Worst possible pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

4. Compare these three times in your life. Describe how your ability to carry out normal daily activities was affected. Explain how your quality of life was affected.
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› 'How am I supposed to know if a client’s health is deteriorating. I’m not a doctor.' Discuss this statement.
› 'It is best to be cautious when reporting suspected abuse.' Discuss.
› 'People should just learn to live with pain and stop whinging.' Do you agree with this statement? Why or why not?

Chapter summary

› People’s health and wellbeing are affected by a range of factors.
› Processes and actions that help support good health in a client include assessment, care plan development, care plan implementation and care plan review.
› Health promotion strategies include prevention, education and screening.
› Support workers must understand the limitations of their role and recognise when to seek the assistance of health professionals or other support services.
› Support workers must identify, report and record variations in a client’s physical condition.
› Clients who experience severe pain must be supported in managing this pain to improve or maintain their health and wellbeing.

Checklist for Chapter 2

Tick the box when you can do the following.

☑ Understand how a client’s circumstances affects their health
☑ Support good health in a client
☑ Promote good health in a client
☑ Seek appropriate support for a client
☑ Identify variations in a client’s physical condition
☑ Recognise how pain affects a client’s wellbeing
Chapter 3: Supporting a client’s emotional and psychological wellbeing

There is a strong connection between physical and emotional good health. Poor physical health may impact a person’s emotional and psychological health; likewise, poor emotional and psychological health may affect a person’s physical health.

A client’s circumstances may affect their emotional and psychological health. For example, a person’s life history, financial position, living arrangements and physical health may alter the way they view the world, their role within it and their place in society.

There are strategies for improving mental and emotional health. There are processes and actions that a worker can take to help change a client’s perceptions about themselves such as seeking the support and services of other appropriate professionals experienced in dealing with people’s physical and psychological wellbeing.

Just as you should look for variations in physical wellbeing, you should also look for indicators of change in a client’s emotional wellbeing.

You should also be aware of the possible signs of abuse and neglect so you can report incidents in a timely manner.

In this chapter you will learn about:

3.1 Understanding client circumstances, wellbeing and self-esteem
3.2 Promoting the client’s self-esteem and confidence
3.3 Seeking appropriate help to support a client’s emotional wellbeing
3.4 Identifying variations in a client’s emotional wellbeing
3.5 Recognising and reporting instances of abuse or neglect
3.1 Understanding client circumstances, wellbeing and self-esteem

All human beings have needs that must be met to ensure their physical and psychological wellbeing. Recognising what these needs are and identifying needs that are not being met is fundamental to a support worker’s role.

Circumstances and mental health

According to Maslow’s hierarchy of needs, people have a range of needs that extend from the most basic of needs to deeper psychological or intellectual needs. These include:

- Basic needs – the need for food and water, shelter, and sleep
- Safety and security needs – the need to be free from harm or the threat of harm
- Belonging needs – the need to love and be loved or to feel like a valuable part of a group
- Self-esteem needs – the need to feel good about ourselves
- Self-actualisation needs – the need to grow and develop intellectually, emotionally and socially

Client circumstances may place a number or all of these needs at risk. The following table helps illustrate how a client’s circumstances can prevent them from realising their needs.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Examples of circumstances placing these needs at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>• Older people and clients with disabilities may be on a fixed income limiting their ability to pay rent.</td>
</tr>
<tr>
<td></td>
<td>• A low income may limit a client’s ability to purchase healthy foods.</td>
</tr>
<tr>
<td></td>
<td>• Certain impairments can make it hard for clients to access food, prepare food and, in some cases, eat food. Cognitive impairments may also prevent clients from meeting their nutritional needs.</td>
</tr>
<tr>
<td></td>
<td>• Pain and poor physical and emotional health may impact on a person’s ability to get to sleep and stay asleep.</td>
</tr>
<tr>
<td>Safety and security</td>
<td>• Older people and clients with disabilities may have limited mobility, which may place them in unsafe situations.</td>
</tr>
<tr>
<td>Belonging</td>
<td>• Older people may find that their social networks get smaller as they age.</td>
</tr>
<tr>
<td></td>
<td>• Clients with disabilities may find they face barriers to making and maintaining friendships caused by bias and prejudice.</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>• Negative stereotypes about ageing or disabilities may alter a client’s perception of their value.</td>
</tr>
<tr>
<td></td>
<td>• Negative self-talk, such as ‘I’m useless’ or ‘I’m just a burden’, can also damage a client’s self-esteem.</td>
</tr>
<tr>
<td></td>
<td>• A lack of meaningful employment and activities may damage self-esteem.</td>
</tr>
<tr>
<td></td>
<td>• Clients may be discouraged or prevented from making their own choices, which can be emotionally and psychologically damaging.</td>
</tr>
<tr>
<td>Self-actualisation</td>
<td>• Missing out on opportunities to personal growth and skill development.</td>
</tr>
</tbody>
</table>
## Emotional and psychological needs

Emotional and psychological needs are linked. There are different ways to manage the impact of these needs. Support workers need to understand their level of responsibility and always seek the advice of their supervisor or other authority as required.

The following table helps explain these needs in greater detail.

<table>
<thead>
<tr>
<th>Emotional or psychological need</th>
<th>Description</th>
<th>How a support worker can assist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom from fear</td>
<td>Clients may experience fear of: &lt;ul&gt;&lt;li&gt;the loss of a loved one&lt;/li&gt;&lt;li&gt;illness&lt;/li&gt;&lt;li&gt;poverty&lt;/li&gt;&lt;li&gt;dying&lt;/li&gt;&lt;li&gt;being hurt.&lt;/li&gt;&lt;/ul&gt;</td>
<td>&lt;ul&gt;&lt;li&gt;Refer the client to a psychologist, GP or palliative care specialist.&lt;/li&gt;&lt;li&gt;Help support the client to maintain good health.&lt;/li&gt;&lt;li&gt;Help the client access income support from agencies such as Centrelink or refer them to a financial counsellor.&lt;/li&gt;&lt;li&gt;Make sure security measures are followed such as locking doors.&lt;/li&gt;&lt;li&gt;Provide the client with a duress pager and a list of people to call in an emergency.&lt;/li&gt;&lt;/ul&gt;</td>
</tr>
<tr>
<td>Freedom from anger</td>
<td>Clients may be angry about: &lt;ul&gt;&lt;li&gt;their changing health status&lt;/li&gt;&lt;li&gt;the way they are treated&lt;/li&gt;&lt;li&gt;their lack of self-determination.&lt;/li&gt;&lt;/ul&gt;</td>
<td>&lt;ul&gt;&lt;li&gt;Talk with the clients about their feelings.&lt;/li&gt;&lt;li&gt;Help them understand why they are feeling angry.&lt;/li&gt;&lt;li&gt;Refer the client to a psychologist or GP.&lt;/li&gt;&lt;/ul&gt;</td>
</tr>
<tr>
<td>Freedom from loneliness</td>
<td>Clients may feel lonely because: &lt;ul&gt;&lt;li&gt;their social networks are reducing&lt;/li&gt;&lt;li&gt;they are unable to attend and participate in social activities.&lt;/li&gt;&lt;/ul&gt;</td>
<td>Support clients to attend a range of social activities.</td>
</tr>
<tr>
<td>Freedom from guilt</td>
<td>Clients may feel guilty about: &lt;ul&gt;&lt;li&gt;their life choices&lt;/li&gt;&lt;li&gt;the things they have done&lt;/li&gt;&lt;li&gt;the things they failed to do.&lt;/li&gt;&lt;/ul&gt;</td>
<td>Refer client to a social worker, psychologist or trained counsellor.</td>
</tr>
<tr>
<td>Freedom from anxiety</td>
<td>Clients may feel anxious: &lt;ul&gt;&lt;li&gt;about a specific event&lt;/li&gt;&lt;li&gt;for no specific reason.&lt;/li&gt;&lt;/ul&gt;</td>
<td>Refer client to a social worker, psychologist or trained counsellor.</td>
</tr>
<tr>
<td>Emotional or psychological need</td>
<td>Description</td>
<td>How a support worker can assist</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| Accepting loss | Clients may face the loss of:  
  - physical and mental abilities  
  - friends and family members  
  - employment  
  - their home  
  - their independence. |  
  - Refer client to a diversional or occupational therapist.  
  - Refer client to a social worker, psychologist or trained counsellor.  
  - Let clients talk about loved ones.  
  - Encourage client to develop new social networks.  
  - Support clients to access welfare and other financial assistance. |
| Dealing with pain | Pain may cause clients distress. |  
  - Refer client to an appropriate pain management specialist. |
| Dealing with grief | Clients may experience profound sadness. |  
  - Acknowledge a client’s grief.  
  - Encourage the client to talk through their feelings.  
  - Refer the client to an appropriate specialist. |
| Dealing with bereavement | The loss of a significant other is often the source of emotional distress. |  
  - Acknowledge a client’s feelings.  
  - Refer the client to an appropriate specialist. |
| Accepting death | People nearing the end of their life may suffer stress at the thought of death. |  
  - Refer client to a palliative care specialist. |
| Dealing with degenerative issues | Degenerative illnesses or disorders cause progressive loss of cognitive, neurological, physical or sensory function. |  
  - Refer client to a palliative care specialist.  
  - Acknowledge the client’s feelings. |
| Security and contentment | Clients need to:  
  - feel safe and secure  
  - come to terms with their current circumstances. |  
  - Follow ageing in place guidelines.  
  - Refer the client to an appropriate specialist. |
| Veterans’ and war widows’ issues | Veterans’ and war widows’ issues include:  
  - loss of a loved one  
  - post-traumatic stress disorder  
  - substance abuse  
  - war-related physical disabilities and illness  
  - transition to civilian life  
  - anxiety and guilt. |  
  - Seek the support of the Department of Veterans’ Affairs  
  - Access returned services organisations or counselling services. |
# Chapter 2: Supporting the client's health

<table>
<thead>
<tr>
<th>Emotional or psychological need</th>
<th>Description</th>
<th>How a support worker can assist</th>
</tr>
</thead>
</table>
| Freedom from undue stress       | Negative stress may cause:  
|                                 | · anxiety  
|                                 | · a change in hormonal levels  
|                                 | · depression.  
|                                 | Stress may result in poor decision-making.  
|                                 | · Identify the sources of stress.  
|                                 | · Develop and implement strategies for removing or dealing with stressors. |
| Sense of control                | Clients may have a reduced sense of control.  
|                                 | They may rely on support workers to:  
|                                 | · help them with the activities of daily living  
|                                 | · manage their finances and social life.  
|                                 | · Ask the client for their preferences.  
|                                 | · Listen to the client.  
|                                 | · Encourage the client to use aids and adaptive devices that encourage independence.  
|                                 | · Promote independence. |
| Self-esteem                     | Clients may have poor self-esteem if they:  
|                                 | · have a poor perception of themselves  
|                                 | · make harsh judgments about themselves if they fail at a task.  
|                                 | · Encourage clients to look at situations more positively.  
|                                 | · Refer client to psychologist or other health professional. |
| Self-determination              | Client may feel unable to make decisions about their life.  
|                                 | · Find out about a client’s preferences.  
|                                 | · Assist them to achieve their goals. |
| Accepting a disability          | People with a disability may be:  
|                                 | · in denial  
|                                 | · angry  
|                                 | · depressed.  
|                                 | · Provide the client with the time and space to experience these emotions.  
|                                 | · Seek the support of a psychologist. |
| Personal identity               | Things that may reduce our sense of personal identity include:  
|                                 | · having to behave in certain ways  
|                                 | · having to follow rules  
|                                 | · not being able to live by our own beliefs and values.  
|                                 | · Respect the client’s values and beliefs.  
|                                 | · Treat each person as an individual.  
|                                 | · Focus on the person, rather than the disease, disability, disorder or impairment. |
| Sense of belonging              | Client may feel isolated or alone.  
|                                 | · Support the client to build and maintain social networks. |
| Accepting life stage            | Clients may have difficulties accepting their age.  
|                                 | · Encourage the client to explore and work through their feelings.  
|                                 | · Refer the client to a psychologist or health care professional. |
The following examples illustrate needs and how they can be met in a support situation.

**Example**

1. Maureen has experienced a number of losses since moving into residential care: the loss of her husband and friends to death, family members have moved away and she has lost her home. Maureen's support worker refers her to a social worker, who supports her to deal with these losses by:
   - encouraging her to talk about her concerns and feelings
   - challenging her negative thought patterns
   - helping her develop a sense of contentment.

2. William lives at home. He receives home and community care services. He has always been optimistic until recently when he was robbed at an ATM in his home town. Now he feels stressed. He jumps at every sound and is fearful. His sleep patterns have been disrupted and he showing signs of depression.

   William's support worker talks to the supervisor about William's issues. The supervisor organises a free psychological assessment through a victims of crime service. She also encourages William to meet with his neighbours and join a local Neighbourhood Watch group. In addition, she helps William find an electrician to install a motion sensor light at his front and back porch and a locksmith to fix the locks.

3. Melanie has an intellectual disability. Her parents are protective and try to control everything she does. As a result, Melanie perceives herself to be incapable and helpless; this has damaged her self-esteem. Melanie’s support worker helps build her self-esteem by challenging her to try new and achievable activities.

**Practice task 12**

Interview three experienced support workers about their understanding of emotional and psychological wellbeing and how they apply this understanding to their work. The support workers may be from the same service provider or from several service providers.

1. What do they think emotional and psychological wellbeing means? What do they understand by self-esteem?
2. How do they use this knowledge and understanding in their interactions with clients?
3. How would they identify the factors that may damage a client’s psychological and emotional wellbeing?
4. What steps do they take to support clients to develop their self-esteem?
3.2 Promoting the client’s self-esteem and confidence

Self-esteem comes from within, so in many respects it is the individual who has control over and must be responsible for maintaining their self-esteem. However, support workers can help their clients develop their self-esteem and confidence.

Strategies for promoting self-esteem and confidence

Strategies that a support worker can use to promote client self-esteem and confidence include:

1. Promoting choice
2. Promoting independence
3. Valuing the client
4. Treating the client with dignity
5. Focusing on strength and positives
6. Supporting the client to maintain their physical appearance

1. Promoting choice

Sometimes it is tempting to make decisions on behalf of the client to help save time. But this takes away their sense of control. It also undermines their confidence in their ability to make their own decisions and reduces self-esteem.

Clients should have choices in every aspect of their lives, from choosing what to wear through to relationship choices. Support workers can promote choice by:

› allowing sufficient time to explain rather than decide
› providing information about options
› encouraging the client to consider the benefits and drawbacks of a range of options
› encouraging the client to develop skills and knowledge that will increase their options
› helping overcome barriers such as transport, finances and other resources, which can limit a client’s choice.

2. Promoting independence

Sometimes clients don’t extend themselves or they forget how to accept challenges. Over time clients may become increasingly dependent on support workers in many aspects of their lives. Where possible, encourage clients to extend themselves. Assume the client is competent in all aspects of living unless assessment indicates otherwise.

There are aids and devices that can help clients with a physical disability or older people maintain their independence.
3. **Valuing the client**

Our thoughts, feelings and actions are intertwined. Your clients must be valued and treated with respect and dignity.

Self-image is often shaped by the people they associate with. Clients who feel valued by workers and others are more likely to value themselves.

4. **Treating the client with dignity**

Clients should be treated with dignity when:

- they are talked with
- they are talked about
- they are provided with services.

When you are talking with a client, make sure the conversation is age appropriate.

It is also important to talk respectfully about clients. The way we talk about people affects the way we think about them. If we talk about clients as if they are a burden, we may also treat them disrespectfully. Conversely, if we talk about clients in a positive way, we are more likely to meet their needs.

When providing personal care assistance, such as showering and dressing, it is important to protect the client’s dignity and privacy.

5. **Focusing on strengths and positives**

One way to help clients maintain their self-esteem and confidence is to focus on the things they can do. Use words and phrases that promote positive reinforcement.

You may notice that an older person has lost confidence or is suffering from low self-esteem. They may:

- not join in with activities
- prefer to watch rather than try tasks
- decline invitations to social activities
- seem quieter than in the past.

The following table provides examples of positive statements you could use to encourage your clients.

<table>
<thead>
<tr>
<th>What you should say</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can do it</td>
</tr>
<tr>
<td>Well done</td>
</tr>
<tr>
<td>Look at how well you are doing that</td>
</tr>
<tr>
<td>We can try again later</td>
</tr>
<tr>
<td>You have made a good start</td>
</tr>
</tbody>
</table>
6. Supporting the client to maintain their physical appearance

A client’s physical appearance may affect self-esteem and confidence. They may have a negative self-perception because they:

- need equipment for mobility; for example, a walking frame or wheelchair
- have problems getting dressed; for example, they cannot do their buttons up
- are no longer able to put on make-up or do their hair
- are no longer able to shave properly
- need continence aids.

You can help older people with their physical appearance by offering to help with hair, make-up and shaving. Suggest they talk to an occupational therapist about equipment to help with buttons, ties and make-up. Talk to them about the equipment (walking frame, wheelchair and continence aids) that might improve their mobility. Help them feel good about the way they look. Encourage them to do the things they can do. This will help them feel better about their physical appearance.

Practice task 13

Interview an older person or a person with a disability. Ask them about their confidence and self-esteem.

Ask them about the actions or experiences that help them maintain their confidence and keep their self-esteem high.

Use the information to develop a checklist that can be used by support workers to help develop a client’s self-esteem.
3.3 Seeking appropriate help to support a client’s emotional wellbeing

Your role and responsibilities as a support worker will be clearly defined in your position description. There are limits to the support you can give a client. You may not have sufficient time or the skills and knowledge to provide all the support a person requires. If you provide support that is outside of your job role, you may be subject to disciplinary action. You may breach your duty of care or cause injury or harm to the client or yourself.

You must be able to identify when a client requires assistance beyond your capacity; the type of assistance that is required and how to access that service. Examples of individuals, groups and agencies that can provide support include:

- your supervisor
- health workers
- sex therapists
- clergy/pastoral care providers
- loss and grief counselling
- palliative care support
- organisations that provide support services to individuals with specific health problems or disorders
- veterans’ and war widows’ associations
- mental health professionals

The level of support available from these people, service providers or organisations is given in the following table.

<table>
<thead>
<tr>
<th>Individuals, groups and agencies</th>
<th>Support offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors</td>
<td>Your supervisor may be able to suggest other ways you can help or they may be able to offer extra help to the client. They may need to refer the client to another service or health care professional.</td>
</tr>
</tbody>
</table>
| Health workers                   | Health workers may be able to help the client with their emotional and psychological needs.  
A diversional therapist may be able to help with problems to do with activities and social needs.  
An occupational therapist can help the client access and use adaptive aids and equipment to promote their independence. |
| Sex therapists                   | Sex therapists may be able to help clients deal with sexual problems or dysfunction brought on by old age or a disability. |
| Clergy/pastoral care providers   | A member of the clergy, pastoral care worker or a spiritual leader may be able to help the client with emotional or psychological needs. |
### Loss and grief counselling
These services are available for people who have experienced loss. A loved one may have died or the client may have had a personal loss. Loss and grief support organisations can provide support through individual grief counselling and through group support.

<table>
<thead>
<tr>
<th>Individuals, groups and agencies</th>
<th>Support offered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Palliative care support</strong></td>
<td>Palliative care is available to those who are dying, their families and friends. Palliative care agencies can provide emotional support, such as counselling, companionship and support groups or physical support such as nursing. Useful information on palliative care is available from the Palliative Care Australia website: <a href="http://www.pallcare.org.au">www.pallcare.org.au</a>.</td>
</tr>
</tbody>
</table>
| **Specific support organisations** | There are many organisations that provide support to people with a particular disease or disorder, including:  
  - MS Society  
  - Parkinson’s Australia  
  - Alzheimer’s Australia  
  - Arthritis Australia.  
  These associations have information about the disease as well as counsellors and support groups for people with the disease, their families and friends. |
| **Veterans’ and war widows’ associations** | These are support associations for people who have served in war, as well as their spouses and families. These associations can often provide support with:  
  - counselling and financial needs  
  - medical care  
  - community and residential care  
  - companionship  
  - transport.  
  The Returned and Services League (RSL) (www.rsl.org.au); the Department of Veterans’ Affairs (www.dva.gov.au) and the Vietnam Veterans Association of Australia all provide information and support for returned servicemen and women and their families. |
| **Mental health professionals** | A social worker or psychologist can help if the client needs counselling. A psychiatrist can help if the person has a psychiatric illness. |

The next example shows how a support worker recognises the limits of her responsibilities.
Example

Jessica is working with Larry, a war veteran and his wife, Lynda. Lynda approaches Jessica to ask her for advice on how she should deal with Larry because he has experienced disrupted sleep, night terrors and mood swings since returning from service. He now finds it particularly difficult to interact with his family.

Jessica is aware that providing advice is both outside of the scope of her job and her expertise. She acknowledges Lynda's feelings by saying, 'It sounds like this is causing you a lot of concern. Would you mind if I speak to my supervisor for more suggestions?'. Lynda accepts this offer.

Jessica’s supervisor meets with Larry and Lynda to suggest a range of options, including:

- seeking assistance from the Department of Veterans’ affairs
- using the services of a psychiatrist
- using a social worker to help Lynda and Larry communicate.

Recognise the limits of your role and refer a client to the appropriate support agency when necessary.

Practice task 14

Select one of the following case studies. Then complete the activities.

Case study 1
Jessica has been diagnosed with MS. She is fearful about her condition. Her family has reported that since the diagnosis Jessica has suffered from mood swings and is anxious about losing her independence.

1. What are the indicators of emotional/psychological poor health?
2. Identify the support services that could help Jessica. Provide a reason for your selections.

Case study 2
Ben is a disability services worker. He is working with James, a client with whom he experiences frequent clashes.

James is not making any progress towards the goals listed on his care plan. He is gaining weight but refuses to discuss the matter with Ben.

1. Explain whether Ben should continue to work with James.
2. Discuss what Ben should do and why.
3.4 Identifying variations in a client’s emotional wellbeing

When you are working with clients, be aware of how they look, their actions and body language, as well as what they say. Observation should be a skill you develop and maintain. You should remain alert to and report:

› erratic behaviour
› mood swings
› sudden improvements in mood
› anger
› expressed interest in suicide
› excessive alcohol or drug use
› complaints of poor health
› self-harm; for example, cutting
› risky behaviour; for example, driving under the influence of drugs or alcohol or engaging in unprotected sex.

Your organisation will have procedures and protocols for you to follow if you observe these behaviours regularly, you should report them to your supervisor immediately and make a record in the communication book.

You must act immediately, if the client shows signs of being suicidal; for example, if they:

› say they want to die
› explain how they will commit suicide
› engage in self-harm
› have a sudden improvement in mood
› give their possessions away
› say the world will be better without them.

You must follow your workplace policies and procedures in this circumstance and contact you supervisor or authorised personnel as soon as possible.

With mental health issues, it is important to take quick action to ensure the client’s needs are addressed immediately.
The following example demonstrates the importance of acting quickly and decisively.

**Example**

Joan has been unhappy for some time. Her worker Lara visits her and notices that her flat is empty. Joan’s mood is uncharacteristically upbeat. On Kate’s arrival, Joan says, ‘It will be all over soon.’ Lara notices a bottle of pills on the counter. She asks how many Joan has swallowed. She replies, ‘All of them.’ Kate immediately calls emergency services requesting an ambulance. She then calls her supervisor.

**Practice task 15**

Interview a supervisor in a community services setting. Discuss with them why early intervention is critical when a person’s emotional or psychological health is at risk. Record their responses.
3.5 Recognising and reporting instances of abuse or neglect

As mentioned in Chapter 2, abuse can be physical, sexual, psychological or financial, and can include neglect.

Abuse and neglect can have physical effects, including bruises, bleeding, laceration, breaks, weight loss, malnutrition and dehydration. The psychological and emotional effects of abuse are also troubling, although not always as immediately apparent.

People who have been or who are being abused or neglected may:

› have difficulty asserting their own rights
› display evidence of low self-esteem
› have trouble trusting others
› have difficulty maintaining relationships
› experience mental health issues
› suffer from post-traumatic stress disorder
› engage in risky behaviours such as drug and alcohol abuse or unprotected sex
› engage in self-harm (for example, cutting) or attempt suicide.

Reporting abuse or neglect

You need to be aware of your duty-of-care obligations to report abuse and neglect, particularly in relation to mandatory reporting. Be mindful that if you suspect that someone is being abused, you have a responsibility to report this situation to your supervisor, who will also have reporting obligations.

You must follow your organisation’s reporting policies and procedures. You must also accurately and objectively document the incident. Make sure you include the following details:

› what you saw (for example, the size, location and type of bruising)
› when you saw it
› what you did
› the client’s response
› follow-up action taken.

This information may be recorded in progress notes, care notes and an incident report form. Be mindful that if legal action is taken in relation to abuse or neglect, your observations are critical.

If you suspect abuse is occurring or you have witnessed abuse, you must act quickly to ensure the client’s safety. This may prevent further abuse from occurring or the abuse escalating.
Example
Lionel is a client who was abused as a child. As a result he expects others to hurt him and often forms relationships with people who are abusive. He also self-harms. The scars on his arms and legs are a sign of his feelings of self-loathing.

His worker organises a referral to a psychologist, who helps Lionel challenge his perception that he deserves abuse. The psychologist also helps him deal with emotions associated with the abuse. In addition, she helps him recognise and break the pattern of abuse that he continues to replicate through his choices of abusive partners.

Practice task 16
Contact a support worker and ask them about their experiences with abuse or neglect. This discussion must be general and not include specific information about individual clients.
1. Outline the strategies they use to identify potential cases of abuse or neglect. Summarise how they deal with these instances.
2. Briefly explain why older people and people with disabilities are vulnerable to abuse.
3. Research the short-term and long-term psychological and emotional effects of abuse. Record the information as a poster for display in a workplace.

Discussion topics
Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› 'Client’s physical needs are more important than their psychological needs.' Do you agree with this statement?
› 'There is nothing that can be done about psychological and emotional issues.' Do you agree with this statement?
› Why is it important that services work together when assisting a client with mental health issues? Discuss.
Chapter summary

- Client's living situations, health and wellbeing, income and relationships shape their psychological and emotional wellbeing.
- Workers can help support the emotional and psychological wellbeing of clients by providing responsive, client-centred services.
- A client's self-esteem can be fostered by promoting choice and independence, valuing the client, treating the client with dignity, focusing on the client’s strengths and supporting the client to maintain their physical appearance.
- Sometimes it is appropriate to seek help from other personnel to help support a client's emotional wellbeing. You have a duty of care to seek this help.
- Variations in appearance and behaviour can point to underlying emotional and psychological disturbances.
- Clients who have been abused or who are currently being abused may present with a range of mental health issues.

Checklist for Chapter 3

Tick the box when you can do the following.
- Understand client circumstances, wellbeing and self-esteem
- Promote the client's self-esteem and confidence
- Seek appropriate help to support a client's emotional wellbeing
- Identify variations in a client's emotional wellbeing
- Recognise and report instances of abuse or neglect
Chapter 4: Understanding a client’s cultural and spiritual preferences

Australia is a diverse and multicultural society. There are people from a range of social, cultural, religious and linguistic backgrounds. Your clients may have views, values and beliefs that are markedly different from your own.

Support workers do not need detailed knowledge of every culture or religion; however, it may be helpful to have an understanding of some of the main aspects of your client’s culture and religion or be able to access this information when you need it. This shows you respect your client’s beliefs and practices.

In this chapter you will learn about:
4.1 Embracing a client’s cultural and spiritual preferences
4.2 Ensuring work practices accommodate cultural and spiritual preferences
4.3 Ensuring communication is culturally sensitive
4.4 Supporting a client’s cultural and spiritual practices
4.5 Providing the client with relevant cultural and spiritual information
4.1 Embracing a client’s cultural and spiritual preferences

More than 200 languages are spoken in Australia and about 15 per cent of Australians speak a language other than English. Support workers, coordinators and agencies must recognise and respond to individual and cultural differences in order to meet the needs of clients, families and co-workers from various cultural backgrounds.

Culture, religion and spirituality

Cultural needs extend beyond language and ethnicity. For example, some non-ethnic communities in Australia identify as a community with specific cultural needs, such as members of the deaf community and the gay and lesbian community. People who identify with a particular religion, regardless of their ethnic background, may also have specific cultural needs.

Culture

Culture refers to the standards or values held by a group of people. We commonly think of culture as connected to people from a specific continent, country, ethnic or religious group. For example, cultural groups in Australia includes Aboriginal and Torres Strait Islander people and people from a range of backgrounds such as African, Middle Eastern, European, Asian and Pacific Islander. Cultural groups are often distinguishable because of factors such as appearance, dress, diet and religious rituals and traditions.

Culture may influence:

› lifestyle choices
› ideas about gender
› the role of the family
› attitudes towards people with disabilities and to ageing
› recreational choices
› dietary habits
› communication practices and protocols
› ideas about privacy and modesty
› dress
› the role of religion.

Religion

Religion may be very important to your clients. You may need to familiarise yourself with your client’s belief systems to ensure you are meeting their needs. An important feature of religions is where and how prayer occurs, who leads in prayer and how festivals are observed. Depending on the religion, followers may attend a church, temple, synagogue or mosque. They may go on a certain day of the week or at a special time of year. They may go to celebrate an event.
Chapter 3: Supporting a client’s emotional and psychological wellbeing

For some people, there might be a religious person who is important to them. This might be a priest, minister, rabbi or imam. This person might conduct religious events, lead prayers, run classes or visit people at home.

Some people do not go to formal religious events but they might still be religious. Their beliefs and the things they value might still be part of their religion. They just choose not to attend church, visit a synagogue or celebrate their religion in a formal way. Some people might have time at home for religious events. They may pray at night or give thanks before a meal.

You need to be aware of and respect your client’s religious beliefs.

Spirituality

Not all cultures have an organised religion. This does not mean that group members are without spirituality; for example, Indigenous Australians gain their sense of spirituality through their connection with the land.

Religion and spirituality do not have the same meaning. Spirituality refers to a person’s sense of wellbeing and contentment. Some people develop their sense of wellbeing and contentment through organised religion and activities such as praying.

Others develop their sense of wellbeing through less formal acts such as walking on the beach, taking time out to listen to calming music or through yoga and meditation.

The importance of culture and spirituality

People gain their sense of identity from the things they do and the people they associate with. People who are unable to maintain their cultural links risk losing their sense of identity. Cultural networks can help a person maintain their sense of connectedness with the wider community.

Whether it is through religion or spirituality, a sense a peace can support a person’s health and wellbeing. As discussed earlier, a person’s spirituality can be developed through formal or informal religious practices or through other activities. A sense of peace can help a person develop the ability to respond to life’s challenges. This quality can help a person deal with the changes that may occur as a result of a disability or impairment or as part of the normal ageing process.

It is good practice to consider all of the factors that help a client maintain their sense of self when promoting their wellbeing and supporting them through their care plans. Learning about the culture and religious or spiritual beliefs of clients, talking to them about what they need and showing respect for their customs is part of providing high quality care. To impose your own views on clients is inappropriate.

Do not let your particular views on culture, religion or beliefs change how you work with older people or people with a disability. You must treat them as individuals.

Be aware of how some religious rituals or ceremonies might affect older people. If people are fasting, it may affect their health. Drinking wine, an important custom for many European cultures, may affect the medication a client is taking. If you think there is a problem, you should talk to your supervisor.
While a general knowledge of different cultures, religions and spiritual practices can help support workers be aware of possible preferences and needs, great care should be taken not to expect all people from the same culture or religion to act in the same way.

There are a number of equal opportunity and anti-discrimination laws that make it illegal to discriminate against people on the basis of their culture or religion. Support workers are required to take all reasonable steps to accommodate and support a client’s cultural and religious needs.

The following example illustrates unsatisfactory practice by a support worker.

**Example**

Isaac is from a Jewish background. The support worker is aware that Judaism prohibits the consumption of pork products. Bacon and eggs are served at breakfast. The worker pulls the plate away from Isaac saying, ‘You can’t eat that’.

Isaac responds, ‘Why not?’.

The support worker says, ‘You’re Jewish’.

Isaac states, ‘I’m a non-practising Jew. I don’t follow all of the rules’.

In this situation the support worker made assumptions about Isaac based on generalisations.

**Practice task 17**

Read the following scenarios. In each scenario, is the support worker showing respect for the client? Tick ‘yes’ or ‘no’.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A support worker tells a client, who is a practising Muslim, that other people feel threatened when he prays in public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A support worker arranges transport for a client so they can attend a regular church service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A support worker regularly researches information about her client’s culture and religion to ensure she is meeting their needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A support workers says to a client, who is a practising Catholic, ‘We always have meatloaf on Fridays, we can’t change things just for you’.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.2 Ensuring work practices accommodate cultural and spiritual preferences

A person’s culture may affect how they feel about interacting with a worker of another gender, their willingness to ask for help, dress and dietary requirements as well as the need for privacy and an appropriate environment to participate in spiritual activities and other ceremonial observances.

Working in a culturally appropriate manner

Support workers will meet clients from a range of cultures and ethnic backgrounds. Some aged care and community service facilities specifically cater for people from a particular culture. At times, you need to adapt the way you do things to suit different people.

Following the organisation’s rules and guidelines

No matter where you work, you must follow the policies or rules of your workplace. Policies and procedures ensure the care facility or service runs smoothly and efficiently. You also have a duty of care to the clients you work with, to ensure they are treated well. Sometimes you may encounter a situation where a policy or procedure may need to be adapted to meet a client’s needs; for example, a person may need to pray when everyone else is having lunch. Discuss these situations with your supervisor to find ways to meet the client’s needs.

Aged care facilities and community service organisations prepare a care plan for each client receiving the service. This includes a section that details the person’s cultural needs. You must follow the care plan to ensure your client’s cultural needs are met.

If a client speaks very little English, support workers should try to find another person who speaks the client’s language, or use an interpreter. Where possible, try to access a qualified interpreter who is able to accurately communicate a client’s words without bias or influence. Family members or friends may choose to speak for a client.

Considering modesty when providing assistance

In some cultures, males and females mix freely. In other cultures, females do not freely mix with males. It is not a support worker’s role to judge these differences, but to cater for them. This is a particularly important when it comes to providing personal care.

A major part of a support worker’s job may be to provide care, which includes showering, toileting and grooming. Some people get upset and embarrassed when they need personal care, so having a good relationship with the client and understanding their cultural background helps to make this easier. For example, some Muslim women cannot accept personal care assistance from males. In this situation, a female care worker should be available to assist with these tasks. Also, in some cultures, people take their shoes off when they enter a house. This requirement should be respected by a worker but only if it does not put them at risk or go against occupational health and safety (OHS) requirements. You may need to discuss this with your supervisor to find a mutually acceptable outcome.
A person’s modesty needs can be met by:

- ensuring that people are only showered by people of the same gender
- keeping genitals and breasts covered during showering and bathing
- providing a chance for women to swim in female-only settings
- keeping wrists, ankles, legs, arms, hair and head covered.

Making physical contact

In many cultures it is usual practice to kiss people when you greet them or to touch them on the arm when you are speaking to them. In other cultures it is considered very rude to touch others. For example, you may be caring for a person who is very upset about something. You want to comfort them and put your arm around them. To many people this may be rude or even threatening. Always ask the client if it is okay to touch them first.

Contacting families and other carers

It may be necessary to communicate with the client’s family and carers to learn about their cultural needs. Remember, you must respect the family’s cultural values as well as the client’s. Family members can often help you to understand the client. It is important to know who to contact; sometimes the entire family is involved in decision-making, while at other times, just one person makes decisions for a family.

Understanding the client’s cultural and spiritual needs is essential to the support worker’s role.

Dealing with the deceased

Each culture has its own beliefs and customs regarding the deceased. For example, in Australian Aboriginal culture, the name of the deceased is not spoken for a certain amount of time after death. People of the Hindu faith are usually cremated and their ashes thrown into a river. White clothes or armbands are usually worn by people of some Asian cultures when there is a death in the family, and they perform ceremonies to assist the dead person into the next world. Some religions such as Islam forbid autopsy and cremation. Jewish people are sometimes buried within 24 hours of their death.
You need to know how to treat a deceased person and their family with respect. If the person you are caring for has a terminal illness, there may be a specific plan in place to be implemented in the event of their death. This plan should contain information about who to contact and what arrangements have been made for the care and treatment of the body after death.

Providing food services
Many cultures have specific beliefs relating to food. When assisting a client with their food or if your organisation provides meals to clients, you must meet their cultural and dietary requirements. For example:

- Most Jewish and Muslim people do not eat pork, and for some people the meat that they do eat must be prepared in a special way; for example, it must be kosher or halal.
- Some people may be vegetarian, so they do not eat meat or animal products.
- Many people of Asian cultures do not eat dairy products and like to include rice with every meal.
- Some people are used to eating very hot and spicy food.
- Some people’s culture or religion forbids them to drink alcohol.
- In some cultures there are fasting periods when people don’t eat.

If you are ever unsure about a client’s food needs, it is better to ask than offer the person something that may upset or offend them.

Always check the client’s care plan or care notes regarding food and nutritional needs, as sometimes decisions to fast or to only eat particular types of food or liquid may have health and nutrition implications. Ensure you are aware of the ability of each client to speak for themselves and to make reasonable decisions about food and their nutritional needs. For example, a client with dementia may become distracted or focused on another task or activity, and forget to eat. Don’t confuse behaviour, which is the result of an illness, ageing or a disability, with behaviour related to religious or cultural preferences.

Dress requirements
For some people, clothes are a very important part of their culture. You must be familiar with the clothes each client likes to wear. For example, in some cultures it is important to wear clothes that cover particular parts of the body. Some people may like to wear traditional clothes or observe the clothing customs of their culture as part of their everyday life; for example:

- wearing a headscarf to cover their hair
- taking shoes off when entering a house
- wearing a tie
- wearing a yarmulke (skull cap)
- wearing an Indian sari.
Always respect a client’s clothing choices and talk to your supervisor or the client if the clothing choices they make create difficulties for you in carrying out your work tasks. You may need to negotiate a compromise that allows you to do your job safely and effectively but also shows respect for the client’s clothing choices.

**Asking for help**

In some cultures there is great shame involved in admitting vulnerability or asking for help. Other cultures allow people to express their emotions more freely. A support worker can help by paying attention to visual cues such as grimaces, which may suggest a person is in pain. Proactively attending to client needs can also avoid a client having to ask for help.

**Providing an appropriate environment for spiritual activities**

Clients should be able to carry out their religious or spiritual beliefs wherever they are living. They should be able to celebrate and worship in a way that is appropriate to them and their beliefs. Privacy can be important for religious or spiritual events.

They might want to pray, read religious texts, join in a religious studies class, meditate, receive a blessing or give thanks for a meal. It is part of your job to help them meet their needs. For religious or spiritual events, people might like to be alone or in a quiet place.

As a support worker, you can help with privacy: understand and agree on a way that you can be aware of when a client needs freedom from interruption. Your supervisor may be able to help with this.

For many people, there may be a special place they go to meet their spiritual needs. This may be a church, temple, synagogue or mosque; it may be a quiet, secluded part of a garden; it may be a multi-purpose room. A client may need assistance with transport to a religious centre, or their support worker may be responsible for arranging a room for a religious event by bringing in special objects or leaving space on the floor for prayer mats.

The important thing is that support workers understand the requirements of the client and can put in place strategies to meet the client’s needs. This approach is evident in the next example.

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**Example**

Talia works at an aged care home for clients with complex needs. She notices that a number of the clients express regret at not having the opportunity to pray in peace. She speaks with her supervisor and the director of nursing about this. As a result, they set up a prayer room catering to the needs of people from a diverse range of religious backgrounds. They also organise a roster of visiting clergy and religious leaders to visit to give guidance to clients of different religious persuasions.
Chapter 4: Understanding a client’s cultural and spiritual preferences

Practice task 18
Read the case study and write down your responses to the following tasks.

**Case study 1**
Miss Cirak has never been married. She is deeply religious and feels uncomfortable talking with men. A male support worker has been rostered on. As part of his daily duties he is required to change Miss Cirak’s bedding. This is a source of great distress. Although the support worker is sympathetic, acknowledges her concerns and attempts to distract Miss Cirak, she becomes increasingly agitated. The support worker continues with his task and reminds Miss Cirak that he’s just trying to do his job.

1. Discuss whether there is a problem with the worker’s attitude or whether he could have done things differently.
2. Is the service provider meeting the client’s cultural needs? Explain your response.

**Case study 2**
Sunil is a practising Muslim. His faith requires that he pray at set times during the day. Sunil’s support worker, Leon, says he is unable to adjust his schedule to cater for Sunil’s needs. According to Leon, another client needs assistance to shower at the time Sunil wants him to help with preparations for prayer. Leon says, ‘I’ve got too much to do. I just can’t meet everyone’s demands’.

1. Is there a problem with Leon’s attitude? Explain your reasoning.
2. Suggest a strategy to meet Sunil’s needs.
4.3 Ensuring communication is culturally sensitive

Communication is an important part of working with clients. Effective interpersonal communication skills are critical to assessing client needs, developing and implementing their care plan and seeking information from the client about their needs.

Good communication is part of your job. You will communicate with:

› the client
› the client’s family members and advocates
› your supervisor
› visitors
› other health professionals
› personnel from other agencies.

The volume and tone of your voice and your body language are essential components of the communication process. If you are aware of your body and your voice when you are talking, you can make sure you communicate clearly and with respect. You can also change your body language and your voice to respect the needs of the client.

Culturally aware communication

There are many ways to demonstrate that you know about and understand a person’s customs and beliefs by the way you communicate with them. Effective communication is the result of understanding that a person’s cultural background and experiences may influence how that person interacts with others. Be aware that behaviour or communication that is ‘normal’ to you may not be normal for someone from a different cultural background.

Show cultural understanding and empathy

Demonstrate that you understand the customs of others by greeting them in the way they prefer to be addressed. In Australian culture people are usually addressed with their given name while in Asian cultures the family name often comes first, followed by the person’s given name. Some people are happy to be addressed by their given name, others may prefer you to use their title.

When you first meet someone, you should find out what they would like you to call them. Names are very important to people, so never shorten a name just because you can’t pronounce it. Learn how to pronounce people’s names correctly.

Some people who migrate to Australia do so because of wars in their own country. Be aware of this and take care with the questions you ask, as the person may not want to talk about their experiences. You can’t always know how someone feels; however, you can do your best to show empathy and think about how they may feel.

People may also have difficulty filling out forms, reading or making calculations if English is their second language. Don’t assume this means their mental abilities are poor; rather understand that it is their lack of experience with English. You should assist them by showing them what to do and by avoiding using words or terms that may confuse them such as slang or colloquial terms.
Practice task 19

For the cultures you researched earlier, find out how people from that culture like to be addressed and how you can respect their culture as you communicate with them. Write down at least three things that you find out.

Talk as an equal

When communicating with people, avoid talking condescendingly or as if you are more important or know more than the person you are talking to. You should never make people from different cultures feel they and their opinions are not valued. When some people talk to people from another culture, they tend to speak very loudly and slowly. This is usually unnecessary and may demonstrate a lack of respect for the person.

Clients who speak English as a second language and who have a speech difficulty as a result of a disability may be particularly hard to understand. There are different strategies you can use to help communicate with these clients; for example, you can:

- use photos, symbols or pictures
- use gestures and facial expressions
- limit background noise interference
- limit visual distractions
- use the information in care plans and care notes.

Try not to limit the amount you communicate with someone who has difficult speech patterns just because it is time consuming and challenging.

Use language everyone can understand

All languages have their own slang and colloquial terms. A client may use colloquial terms from their own language, when they speak English, without realising it may have a very different meaning in English. If you are ever unsure about what a client means, ask them to explain their words or phrases using different words. Avoid using technical terms or abbreviations that are not understood by clients.

Be honest

You should be honest when communicating with others. If you have a problem understanding or communicating with someone from another culture, be honest about it and speak to your supervisor. They will be able to help you resolve the difficulties, as most communication barriers can be easily resolved.

Different communication practices

You must treat everyone politely. Being polite in Australian culture means you should:

- smile and shake a person’s hand when you meet them
- look people in the eye and give them your full attention when they are talking to you
- don’t interrupt a person when they are talking
- wait until someone has finished speaking before you walk away.
While these things are polite in Australian culture, different cultures may show courtesy in different ways. You need to determine how to behave courteously for each of your clients. Always ask your supervisor if you are unsure how to treat someone to ensure you are not being disrespectful to them.

Communication practices that are considered polite in one culture may be considered impolite or even rude in other cultures. Typical differences in communication practices are outlined below:

- **Eye contact** – people from Western cultures maintain eye contact to demonstrate honesty and respect. In some Asian cultures and Indigenous cultures, eye contact is a sign of hostility and aggression.
- **Smiling** – in some cultures, smiling is viewed as a way to show openness, happiness and friendliness. In some cultures, smiling can be used to mask unease, worry or embarrassment.
- **Personal space** – some people feel comfortable standing in close proximity while others require a greater level of personal privacy.
- **Formal respect** – some cultures have rigid hierarchies and expect that older people and senior family members be given special titles and be shown extra consideration and respect. Other cultures are far less formal and allow people to mix freely.
- **Touching** – some cultures are highly demonstrative. For example, in Indian culture it is not uncommon to see men holding hands as a sign of friendship.

You can find out more about communication practices by:

- watching the way the client interacts with others, including the styles of address used, the use of personal speech and the use of eye contact
- asking the client in a non-confrontational way
- conducting research into different cultural groups using the Internet
- speaking with representatives and elders from different multicultural groups.

---

**Practice task 20**

Find out how communication practices differ across two cultures, particularly with respect to your own culture. Record your findings in the following table.

<table>
<thead>
<tr>
<th>Culture</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye contact</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Smiling</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Personal space</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Showing respect</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Touching</strong></td>
<td></td>
</tr>
</tbody>
</table>
4.4 Supporting a client’s cultural and spiritual practices

Cultural and spiritual practices can include:

- participation in regular religious services
- ceremonies and celebrations
- family and community obligations.

To support a client’s cultural, religious or spiritual practices, you first need to be aware of what the practices are, what the client requires to participate in the practice and what you need to do to support them. As noted earlier, asking the client and their family may provide you with all the information you need. If necessary, you may also be able to locate an ethnic or religious group that can assist you with information, ideas and resources. Bear in mind also that supporting a client in their cultural practices applies as much to people born in Australia as it does to other nationalities.

Regular practices will form part of your routine and that of the client but there may be special ceremonies and celebrations that you need to assist the client to participate in.

Participating in regular religious services

Many groups have activities that are a regular part of their religion that happen each day or week. Examples include:

- a Jewish person going to a synagogue each Saturday
- a Catholic person going to mass each week
- a Muslim person praying several times each day
- a Hindu person praying and making offerings at a shrine in the family home.

Celebrations and ceremonies

Cultural groups hold celebrations and ceremonies to:

- mark the changes in the calendar and the seasons
- acknowledge the contribution made by others
- remember the dead
- celebrate life.

Some examples of celebrations and ceremonies are provided in the following table.
<table>
<thead>
<tr>
<th>Celebration/ceremony</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anzac Day</td>
<td>Anzac Day is held on 25 April and now symbolises the sacrifices of all Australian veterans.</td>
</tr>
<tr>
<td>Chinese New Year</td>
<td>Chinese people celebrate the New Year at different times of the year to coincide with the lunar New Year. Parades and public celebrations are features of this cultural event.</td>
</tr>
<tr>
<td>Christmas</td>
<td>Christmas is a time of Christian celebration, though it is also celebrated by atheists and others.</td>
</tr>
<tr>
<td>Easter</td>
<td>A Christian celebration of the resurrection of Christ. Easter is also a pagan celebration of spring and fertility.</td>
</tr>
<tr>
<td>Passover</td>
<td>Passover is an eight-day festival commemorating the freeing of the Israelites from slavery in ancient Egypt. During Passover, no work is permitted and there are strict dietary rules that must be observed.</td>
</tr>
<tr>
<td>Ramadan</td>
<td>This is the ninth month of the Islamic period. During this period Muslims must fast during the day and practise abstinence.</td>
</tr>
</tbody>
</table>

**Family and community obligations**

Depending on a person’s cultural background there will be variation in the commitment to and involvement with family and community. For example, Indigenous Australians’ obligations extend beyond their immediate family to their wider family and community. They may be expected to pay more attention to the needs of others than non-Indigenous Australians, including attending the funerals of all members of their community who die.

The example of Indigenous connection with family and community has commonality with many other cultures. For many older people from other ethnic or cultural groups, family or community can be a vital constant in their lives, without which their lives may be empty. A similar connection may exist for people with their belonging to religious or spiritual groups. Support workers need to understand these obligations and connections, providing the support and means for clients to participate as they need to. To facilitate a client’s ability to participate in spiritual and cultural events you may need to devise strategies to access required resources, which can include:

- time
- money
- transport
- confidence
- support personnel.

**Practice task 21**

Reflect on the cultural groups you have been investigating in earlier practice tasks. Investigate their:

- special events, including the purpose and the activities
- beliefs and values.
4.5 Providing the client with relevant cultural and spiritual information

Establishing and maintaining cultural and spiritual links can help clients:

- preserve their personal identity
- feel like they belong
- sustain their traditions.

In some cases clients may require additional help. In particular, clients may need to find out about networks available in the community. These networks can include:

- ethnic organisations
- churches and religious congregations
- church-run social groups.

Finding out about networks

You can find out more about these networks by contacting the local council, which may have information about cultural groups in their area. They may be able to provide you with a contact, such as a community development officer, who will have a good knowledge about cultural groups, including contacts, purpose and membership eligibility. Municipal libraries often allow not-for-profit organisations and community groups to display information on public notice boards. A community centre is often a hub that can provide information about networks in the client’s local area.

You could conducting an Internet search for church or ethnic groups or use an online community directory, such as ServiceSeeker, that allow the user to specify the type of service as well as the location. The local telephone directories may also help you find out about suitable networks.

Sharing information about networks

Clients cannot make an informed choice unless they are aware of available options but make sure they are not overwhelmed with information.

You can help by gathering the information and presenting it to the client in a way that is easy for them to understand. In some cases, you may need to make the first approach to a network for the client, or provide their family or significant other with details so they can make the approach.
The next example illustrates a suitable approach taken by a support worker.

Example

Goetlieb is a Lutheran. While he has not attended church in many years, he feels he needs to re-establish his connections with the church. His support worker, Anna, calls the local council, which provides her with the contact number for the nearest parish. Anna calls this number and speaks with an administrator who provides her with information and contacts for:

- the Lutheran church and the pastor
- a Lutheran community meal
- a Lutheran hostel.

Anna finds out more information by contacting the providers directly. She finds out about availability, eligibility, referral processes and the services provided. Anna then conveys the information to Goetlieb. She asks questions to confirm Goetlieb’s understanding, level of interest and preferences.

Practice task 22

Find out about the services available for people from a particular cultural group in your area. Investigate availability, eligibility, the referral process and services provided.

<table>
<thead>
<tr>
<th>Service 1</th>
<th>Service 2</th>
<th>Service 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral processes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› What should a worker do if their cultural and religious beliefs clash with those of a client? Discuss.

› How can participating in cultural and religious networks help a client’s physical and psychological health? Discuss.

Chapter summary

› Culture is often a major factor in determining a person’s expectations and spiritual needs.

› Spiritual health can enhance a person’s physical and mental health. For some people family and community belongingness is essential to their wellbeing.

› Communication practices can vary greatly between cultures. Support workers need to be aware of these differences and adjust their own communication style.

› A support worker can support a client’s spiritual practices by providing them with the time and space needed for spiritual fulfilment and by undertaking strategies to overcome barriers preventing participation.

› A support worker can also help by providing clients with information about spiritual and cultural networks that can help address their clients’ needs.

Checklist for Chapter 4

Tick the box when you can do the following.

❑ Embrace a client’s cultural and spiritual preferences
❑ Ensure work practices accommodate cultural and spiritual preferences
❑ Ensure communication is culturally sensitive
❑ Support a client’s cultural and spiritual practices
❑ Provide the client with relevant cultural and spiritual information
Chapter 5: Creating an environment that suits the client’s needs

Consider your own home. It is likely you have made some effort to make sure it is visually appealing, relatively neat and clean, reflects your tastes and personality and is comfortable. Clients who have physical disabilities and impairments, intellectual disabilities, psychiatric disabilities, poor mental health or a limited income can have trouble maintaining their physical surrounds.

Workers can play a key role in helping clients manage their living environment. In addition, workers play a significant role in ensuring client safety, security and comfort. Safety is a key consideration. Workers have a duty of care to make sure the client’s environment is safe for all people, including the client, the client’s family members, health professionals and other visitors. Workers can contribute to maintaining a safe workplace by recognising and reporting hazards that present a risk.

Aids and equipment can also be used to help the client manage their environment safely, to enhance their comfort and to help promote independence.

A person’s environment is more than their physical surrounds. Daily routines and customs also contribute to a person’s environment. Where possible workers should not only work around these routines but encourage and support the client to maintain these routines.

Your role and responsibilities in regard to assisting the client maintain their environment depend on your employer and your job role. Where there are gaps in the service you provide, it may be appropriate to encourage the client to use additional support services.

As always, workers must balance the preferences of the client, the client’s autonomy and independence with the safety of all when assisting the client to create an environment that meets their needs.

In this chapter you will learn about:

5.1 Encouraging clients to maintain their environment
5.2 Helping clients to feel secure and comfortable
5.3 Identifying hazards and reporting to the supervisor
5.4 Using aids to support client comfort, safety and wellbeing
5.5 Supporting the routines and customs of clients
5.6 Informing and promoting support services to the client
5.1 Encouraging clients to maintain their environment

You may support your clients in various places, including:
› their own dwelling
› independent living accommodation
› independent living units
› group accommodation
› residential aged care facilities
› community centres
› employment services.

Types of environment

The following table provides a brief explanation of each of these terms as they relate to aged and disabled people.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Description</th>
</tr>
</thead>
</table>
| Their own dwelling                | In the past people with disabilities, whether congenital or acquired through trauma, disease or as part of the ageing process, were expected to move into institutions. It is now recognised that institutionalisation isolates clients and prevents them from experiencing a ‘normal’ range of life activities. Where possible, clients are now supported to stay in their homes. This helps them retain existing social links and maintain a sense of autonomy. Federal, state and local governments work together to provide home and community care services. These services can help clients with:  
  • housekeeping  
  • transport  
  • shopping  
  • basic garden maintenance  
  • the activities of daily living. These services are part of the federal government’s broader goal of ageing in place to minimise the disruptions experienced by the client as their needs change. |
| Independent living accommodation | Some clients may live in shared accommodation with other people in the community. Workers do not live on site, but visit at scheduled times or as required.                                 |
| Independent living units          | Independent living units are normally located within an aged care facility. The units replicate the units that are found in the wider community; however, the clients have access to 24-hour care should it be required. |
Chapter 4: Understanding a client’s cultural and spiritual preferences

<table>
<thead>
<tr>
<th>Environment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group accommodation</td>
<td>Group accommodation is appropriate for people with complex needs and/or who have challenging behaviours. Group accommodation is still situated within the wider community. Houses within residential areas are staffed on a 24-hour basis by two or more workers who can help clients with the activities of daily living as well as supporting clients to navigate through daily interactions with one another and the wider community.</td>
</tr>
<tr>
<td>Residential aged care facilities</td>
<td>Previously there were two types of residential care: low care and high care. Clients would move from their homes to low-care accommodation. As their condition deteriorated and their needs grew they were moved to high-care accommodation. This process was often traumatic for the client and their families as the venues would often be in different suburbs. There are still two tiers of residential services: low care and high care. However, these tiers are often provided in the same venue. This helps support the government’s policy of ageing in place.</td>
</tr>
<tr>
<td>Community centres</td>
<td>Community centres, including neighbourhood houses, are facilities designed to encourage and enable people from the community to interact. They often receive funding from a range of government departments. They provide a venue where people can meet and develop links and friendships within their neighbourhood. This helps improve individual resilience and the capacity of the wider community.</td>
</tr>
<tr>
<td>Employment services</td>
<td>Employment services, known as employment service providers (ESPs), employ case managers who are responsible for identifying a client’s skills and knowledge, helping them develop and act on career goals and to access training and other resources to help improve their employment prospects.</td>
</tr>
</tbody>
</table>

Helping a client maintain their environment fulfils a number of basic needs. Environments that reflect the client’s personality, preferences and interests help that client maintain their sense of self and their identity. In addition, taking an active interest in their living conditions provides people with a sense of control.

In cases where a client’s physical and mental condition is deteriorating, participating in activities that contribute to maintaining their environment can help slow the loss of physical and mental capacities. In situations where a client is undergoing rehabilitation to improve their capacity, maintaining the environment can give the client a chance to practise and improve on everyday living skills.

A tidy, well-maintained environment can also help a person gain or maintain a positive outlook. It can also help with organisation, safety and cleanliness.

**Contributing to maintaining an environment**

Some suggestions for how support workers can contribute to maintaining various environments are listed in the following table.
<table>
<thead>
<tr>
<th>Environment</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their own dwelling</td>
<td>· Help with cleanliness and tidiness.</td>
</tr>
<tr>
<td></td>
<td>· Encourage clients to remove debris.</td>
</tr>
<tr>
<td></td>
<td>· Encourage clients to update photos of family members and loved ones if available.</td>
</tr>
<tr>
<td></td>
<td>· Support clients to access funding to repair or remove and replace broken or damaged furniture.</td>
</tr>
<tr>
<td>Independent living accommodation</td>
<td>· Assist clients to access comfortable furniture and fittings.</td>
</tr>
<tr>
<td></td>
<td>· Help clients personalise the environment by placing photos and pictures on the walls.</td>
</tr>
<tr>
<td></td>
<td>· Assist clients to identify cleaning requirements.</td>
</tr>
<tr>
<td></td>
<td>· Encourage clients to develop and use a cleaning schedule.</td>
</tr>
<tr>
<td>Independent living units</td>
<td>· Help clients personalise the environment by placing photos and/or pictures on the walls.</td>
</tr>
<tr>
<td></td>
<td>· Help clients keep the area neat and clean.</td>
</tr>
<tr>
<td>Group accommodation</td>
<td>· Assist clients to access comfortable furniture and fittings.</td>
</tr>
<tr>
<td></td>
<td>· Help the clients personalise the environment by placing photos and/or pictures on the walls.</td>
</tr>
<tr>
<td></td>
<td>· Assist the clients to identify cleaning requirements.</td>
</tr>
<tr>
<td></td>
<td>· Encourage the clients to develop and use a cleaning schedule.</td>
</tr>
<tr>
<td>Residential aged care facilities</td>
<td>· Encourage clients to place photos on the walls and to use bedding from home if appropriate.</td>
</tr>
<tr>
<td></td>
<td>· Encourage clients to use decorations from home.</td>
</tr>
<tr>
<td></td>
<td>· Use available storage to minimise clutter and to store items safely and securely.</td>
</tr>
<tr>
<td>Community centres</td>
<td>· Encourage clients to develop decorations as part of various community programs.</td>
</tr>
<tr>
<td></td>
<td>· Where appropriate display photos of clients participating in activities at the centre.</td>
</tr>
<tr>
<td></td>
<td>· Initiate and monitor a cleaning schedule.</td>
</tr>
<tr>
<td></td>
<td>· Encourage clients to tidy their working space and the rooms at the end of each session.</td>
</tr>
<tr>
<td></td>
<td>· Encourage clients to volunteer.</td>
</tr>
<tr>
<td></td>
<td>· Develop a community garden.</td>
</tr>
<tr>
<td>Employment services</td>
<td>· Check condition of furniture and fittings.</td>
</tr>
<tr>
<td></td>
<td>· Remove any debris and rubbish.</td>
</tr>
</tbody>
</table>

**Following procedures**

The strategies for supporting the client may vary between settings. Regardless of the setting, workers must always take a client-centred approach to service delivery and follow organisational policies and procedures.
Workplace policies and procedures and other related information should be considered.
For example:

- Your job description will tell you about your roles and responsibilities. If supporting
  the client to maintain their environment is outside your scope of responsibilities,
  you may need to speak to your supervisor about expanding your job role or seeking
  the support of additional services.

- The client’s care plan describes what needs to be done, the personnel required to
  carry out the actions and how it should be done.

- Occupational health and safety policies and procedures dictate how, when and
  who should carry out safety audits in the client’s home. These procedures will also
  provide guidance about how safety risks should be rectified.

The following examples describe responses to different environmental situations.

```
Example

Example 1
John has an acquired brain injury. He is highly intelligent but his injury has affected
his short-term memory. He struggles to find clothing, his wallet and a list of daily tasks. This is a
source of frustration. He is also embarrassed about the condition of his unit and is reluctant
to invite friends over to visit.

His worker, Kelly, helps John tidy his apartment and identify commonly used items. John and
Kelly place a bowl on a counter near the front door for John’s keys and wallet. Kelly and John
work together to develop a list of tasks that John can manage to keep his living area clean and
tidy. They include these tasks on John’s daily list. John prints this list from his computer each
night and places the list on the fridge in preparation for the next day.

Each day John works through the tasks on his list. This gradually becomes a routine and, as it
is followed and the condition of his unit improves, John is happy to invite friends over.

John and Kelly have dealt effectively to improve John’s living environment without compromising
John’s independence. In fact, they have increased John’s independence because he can now
deal with daily tasks efficiently.

Example 2
Max and Maureen live at home. They are generally in good health; however, Max has arthritis
and Maureen has osteoporosis. This has affected their ability to maintain their garden. The
paths are overgrown with weeds, which could cause Max, Maureen or others to trip and fall.
Elsewhere the grass is long and dry, which is a fire hazard.

With permission from Max and Maureen, their support worker, Lila, obtains quotes from a
number of local gardeners and handymen. Max and Maureen select a service that is within
their budget.

Example 3
Emma has a mild intellectual disability. She is moving from her parents’ home into her own
apartment. Her support worker, Samantha, helps Emma source cheap but comfortable
furniture from a local op-shop. Samantha also encourages Emma to bring photos and posters
from home to help decorate the apartment.
```
### Practice task 23

Select one of the case studies and write down your responses to the following tasks.

**Case study 1**

Jan, 89, lives at home. The house is constantly full of smoke from cigarettes, the wood heater in the lounge room and an electric oven in the kitchen. She has a number of cats and dogs that roam freely through the house. She has accumulated a lot of possessions, including books and magazines that date back many years, which fill every space. The cluttered environment makes it difficult to clean the house.

1. Identify the issues with Jan’s living environment.
2. What policies and procedures would you need to consider?
3. Explain what you could do to improve Jan’s environment.

**Case study 2**

Dan, Ethan, Liam and Elijah are young adults with complex and challenging behaviours. They live in group accommodation with at least two workers in attendance at any one time. In the past workers have tried to get the young men to take responsibility for their environment but have found it easier just to clean and maintain the environment themselves.

1. What policies and procedures should the workers consider?
2. What should the workers do?

**Case study**

Salina is supporting a young person from a Sri Lankan family to move into independent living. Salina thinks it’s important to help the young person personalise their environment. Salina’s supervisor is supportive but places a number of restrictions on what Salina and the client are allowed to do.

1. What is your opinion about the supervisor’s attitude? Is it appropriate? Explain your answer.
2. If you were Salina, what would you do to assist the client?
5.2 Helping clients to feel secure and comfortable

A client’s environment must reflect their own interests and be safe and functional. Clients also need to feel comfortable and secure.

Helping a client feel comfortable

A number of different factors contribute to a client’s feeling of comfort and safety. Four of the most common factors are discussed in the following table.

<table>
<thead>
<tr>
<th>Factor contributing to a client’s feeling of comfort</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture</td>
<td>Furniture needs to be well maintained for the comfort of the client. Saggy couches or old mattresses can make it difficult to relax and experience a good night’s sleep. This can exacerbate existing physical disabilities and contribute to poor posture. Furniture must not be too low to the ground. Low furniture can make it difficult for clients to transfer themselves safely and comfortably to and from the furniture.</td>
</tr>
<tr>
<td>Access</td>
<td>Clients need to be able to access all areas of the home or venue. In particular they need to be able to access: toilets and bathrooms, kitchens, key meeting areas. Steps, uneven floor surfaces, narrow entrances and exits and clutter can prevent clients from moving safely and quickly from one area to another. This may increase the likelihood of falls. It can also be the sources of discomfort and embarrassment for clients with urinary incontinence and/or faecal incontinence who need to be able to access the toilet quickly. In shared settings, such as at employment service providers, community centres and training venues, clients who are unable to access all areas may experience feelings of isolation or be unduly inconvenienced.</td>
</tr>
<tr>
<td>Temperature</td>
<td>Temperature must be kept at a moderate level. Some disabilities such as autism can cause clients to be particularly sensitive to extremes in temperature. Other disabilities can hinder a person’s ability to accurately perceive temperature. An environment that is too hot or too cold can cause a client to experience discomfort. The temperature can be regulated or moderated by heating or cooling mechanisms, insulation and the use of blinds.</td>
</tr>
<tr>
<td>Tidiness and cleanliness</td>
<td>Often the terms ‘tidy’ and ‘clean’ are used interchangeably; however, they have different meanings. A tidy room is an ordered room where everything is arranged neatly. A clean room is free from rubbish, dust and dirt. A room can be tidy but not clean. Likewise, a room can be clean but not tidy. Cleanliness and tidiness can help prevent disease and rodent infestation.</td>
</tr>
</tbody>
</table>
Helping a client feel secure

Security has two aspects: safety and stability. A sense of safety and security is particularly important to the wellbeing of older people and people with disabilities, who often need the reassurance that they are free from the threat of danger or harm. Likewise, a sense of permanency or constancy contributes to satisfying feelings that life is stable and predictable.

Security and safety

A client needs to feel their home, residential facility or other setting is safe and secure. Feelings of security can be promoted through the following strategies:

- Use locks, although keys should always be kept in deadlocks to prevent a client and others from being trapped in a building in the event of a fire or another emergency.
- Keep bushes and trees trimmed and well-maintained to prevent potential intruders from being able to find cover and break into the building unobserved.
- Install and maintain motion sensor lights that are activated by movement, reducing the likelihood of a potential intruder breaking into the building unobserved.
- Provide emergency contact numbers for the client to call (including family contacts), programmed into a phone if possible.
- Keep a list of key contacts by the phone.

Security and stability

A person’s home should provide a base, giving the client a permanent place to rest, relax and enjoy life. Clients who have to move constantly, or face the threat of moving, may feel insecure and unsettled. Where possible, clients should be placed in a setting where their long-term needs can be met.

Security can also be described in financial terms: financial instability can threaten a client’s sense of security. For example, clients on low incomes or who have difficulty managing their finances may be threatened with eviction or evicted from their premises.

In some support roles, workers will be required to monitor the client’s financial situation to ensure the client has sufficient income to manage their everyday expenses and manage their income. Clients with poor financial skills may require education about managing a budget and may also benefit from seeking the support of a community-based financial adviser who can advocate on their behalf, if necessary.

Providing a client-centred service

The service provided should be client centred. The client’s perceptions of their level of comfort and security should always be considered. Their feelings should be acknowledged and respected. In instances where all possible steps have been taken to promote the client’s feelings of comfort and security, but the client still expresses feelings of discomfort and insecurity, it may be appropriate to seek the services of a suitable health care professional who can encourage the client to express and deal constructively with their feelings.
Chapter 4: Understanding a client’s cultural and spiritual preferences

Funding and referral

When promoting and supporting a client’s feelings of comfort and security, you may need to seek the services of other agencies or additional funding to pay for modifications.

Each service provider has policies and procedures relating to securing funding, as do government agencies that provide the funds. When seeking funding, speak to your supervisor. They will inform you about the steps you need to follow, which may include seeking approval, obtaining quotes and generating a purchase order and the paperwork involved.

The procedures for making referrals can be quite detailed and vary between organisations. Once a need has been identified, making a referral includes:

- discussing options with the client and other key stakeholders
- selecting a provider, and checking on eligibility and costs
- confirming the client’s wish to use the referral
- filling out a referral form
- filling out a consent to exchange information form in conjunction with the client or advocate
- sending the referral form, consent form and other related documentation to the service provider
- arranging for the client to meet with the service provider
- following up with the service provider and the client about the service provider
- updating the care plan and care notes.

The following example illustrates different approaches to meeting client comfort, security and safety needs.
Example

Scenario 1 – Helping Dorthea feel secure

Dorthea lives in a nursing home. She is highly intelligent but is physically disabled due to osteoporosis and arthritis. She is worried that some of the more physically able but cognitively impaired residents in the home will enter her room at night and harm her.

Lisa, her support worker acknowledges Dorthea’s feelings and then shows Dorthea the different wings of the home, telling Dorthea about the measures taken to protect all residents. She also shows Dorthea how to use her emergency call button.

Lisa also makes a care note so other professionals are aware of Dorthea’s concerns.

Scenario 2 – Making Peter’s environment more comfortable

Peter lives at home on a farm near a small rural town. He has experienced heart and lung problems and lost a great of muscle strength. He has difficulty moving into and out of his armchair, and the seat of his armchair is sagging.

His wife, Janene, says, ‘We’d love to buy a new chair but we don’t have a hope of getting into town. Peter finds long car trips challenging and I can’t drive. It’s a pity because we put money aside for new furniture ages ago’.

The nearest major centre is over an hour away. His worker, Janice, discusses the matter with her supervisor, Maria. Maria suggests that Janice look online for alternatives, options and prices.

After conducting some research, Janice finds a number of options, which she takes to Janene and Peter. Janene and Peter discuss their options with Peter’s physiotherapist before purchasing a recliner lift chair. A chair that allows Peter to easily get in and out without relying on his wife is delivered to Peter’s home.

Scenario 3 – Securing Lauren’s housing

Lauren is a young adult with a mild intellectual disability. She rents a Department of Human Services (DHS) house. She has received a letter stating that she will be evicted unless she brings her account out of arrears. She phones her worker, Frank, in a panic.

Frank calms Lauren down and arranges for her to visit the centre immediately. On discussing the matter with Lauren it becomes clear to Frank that Lauren is having difficulty managing her finances. He talks to Lauren about the possibility of attending additional living skills classes to help her learn to manage her finances in the long term. He also raises the possibility of using a financial counsellor. Frank explains to Lauren in plain language what a financial counselling is and what it involves.

Lauren agrees that she would like to participate in classes and see a financial counsellor. Frank updates Lauren’s personal support plan and calls the service providers to check on referral protocols. He also fills in a referral form and a consent to exchange information form for each of the service providers. A copy of these forms is retained on file and the originals sent to the service provider.

Frank also calls DHS and asks that they hold off on eviction as Lauren is actively seeking a solution. DHS ask for this information in writing. Frank asks Lauren to fill out a consent to release the information. He also writes a letter to DHS in conjunction with Lauren and faxes it to the department. He keeps copy on file.

Lauren’s personal support plan is amended. Frank makes a note in his diary to call Lauren in a week’s time to follow up on the planned action, gather Lauren’s feedback and record her progress in her care notes.
Chapter 5: Creating an environment that suits the client’s needs

Practice task 24
Select one of the following case studies and complete the activities.

Case study 1
Beth lives at home in an old house. She receives home and community care services. She is quite worried about potential intruders as the door locks are quite old and the keys for these locks are generic. She feels unsafe having her doors and windows open in warmer weather because she feels vulnerable.

In addition, the lighting on her front porch is poor. There are bushes blocking the front door from view and a number of large shrubs around the house. She says she is often frightened when people ring her doorbell.

1. Explain why action should be taken.
2. What could you, as Beth’s home and community care worker, do to improve Beth’s feelings of security?

Case study 1
Bryan has a psychiatric disability. His house is untidy with a lot of debris in each of the rooms. There is evidence of rodent infestation, dishes are often unwashed for long periods and there is stale food in the cupboards and refrigerator.

1. Explain what action must be taken.
2. What could you, as Bryan’s support worker, do to improve his comfort?
5.3 Identifying hazards and reporting to the supervisor

All employees have legal and organisational occupational health and safety (OHS) responsibilities. These responsibilities are described in legislation, which typically requires employers to take all reasonable steps to provide and maintain a safe workplace.

Employees must also participate in maintaining a safe workplace. Key legal responsibilities every employee has include:

- following lawful instructions
- working safely
- reporting potential or actual risks to the health and safety of anyone who may enter the workplace.

Another part of being clear about your responsibilities for workplace safety relates to the duty-of-care requirements of your position; that is, your obligation to not act in a way in which a reasonable person would envisage could cause harm.

In fulfilling your role, tasks and responsibilities, ensure you work safely and your actions or inactions do not put you or clients at risk. Your obligations also extend to identifying and informing appropriate personnel about hazards and risks.

Hazards and risks

As a support worker, you need to understand the difference between a hazard, which is something with the potential to cause harm; and a risk, which is the likelihood of harm occurring and an estimate of the severity. Harm can be mental or physical and may result as a consequence of a one-off accident or develop over time.

In your role, you will encounter various hazards and associated risk factors. It may be part of your job to identify these factors. This is the first step in preventing or minimising the risk.

Hazard and risk types

There are different types of hazards. Some broad categories you may encounter in your work role are identified in the following table. The table also describes some of the associated risks. Like hazards, risks can also fall into broad categories but are best thought of in relation to hazards. In your role, you may encounter risks such as work environment risks; work situation risks; and people risks.
<table>
<thead>
<tr>
<th>Hazard</th>
<th>Examples</th>
<th>Risks</th>
<th>Strategies for overcoming risks</th>
</tr>
</thead>
</table>
| Biological | Infectious diseases such as influenza, hepatitis, gastroenteritis, AIDS, tuberculosis | Poor health, weight loss, disability, death | • Practise good respiratory etiquette (washing hands after sneezing, covering the mouth when coughing or sneezing).  
• Wash hands regularly.  
• Wear personal protective equipment (PPE) when exposed to body fluids such as blood, faeces, urine, saliva and mucus.  
• Wash and sanitise dirty linen.  
• Use sharps containers for needles. |
| Biological | Pests such as rodents, cockroaches and ants                               | Poor food hygiene                          | • Keep all areas clean and tidy.  
• Dispose of rubbish promptly.  
• Clean and sanitise food preparation areas.  
• Use pest exterminators. |
| Chemical   | Common chemicals used in the workplace such as cleaning detergents        | Explosions                                 | Follow the instructions on material safety data sheets (MSDS).        |
|            |                                                                          | Fire                                       |                                                                       |
|            |                                                                          | Burns                                      |                                                                       |
|            |                                                                          | Fumes                                      |                                                                       |
|            |                                                                          | Respiratory problems                      |                                                                       |
| Electrical | • Frayed cords  
• Faulty appliances  
• Mixing electricity and water | Electrical shocks                         | • Use authorised contractors to test and tag electrical equipment.    |
|            |                                                                          | Burns                                      | • Repair or replace damaged electrical equipment.                     |
|            |                                                                          |                                            | • Ensure all electrical appliances are kept away from water.          |
| Physical   | • Manual handling  
• Transferring and lifting clients  
• Slips and falls  
• Using a keyboard to process paperwork | Acute or chronic injuries                  | • Use specialised equipment for transfers.                            |
<p>|            |                                                                          |                                            | • Have no-lift policies.                                              |
|            |                                                                          |                                            | • Keep floors dry.                                                   |
|            |                                                                          |                                            | • Replace uneven floor surfaces.                                     |
|            |                                                                          |                                            | • Use non-slip flooring.                                              |
|            |                                                                          |                                            | • Ensure that people are trained to use computers safely.            |
|            |                                                                          |                                            | • Ensure people have access to a safe work station.                  |</p>
<table>
<thead>
<tr>
<th>Hazard</th>
<th>Examples</th>
<th>Risks</th>
<th>Strategies for overcoming risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial</td>
<td>• Long hours</td>
<td>Stress</td>
<td>• Provide relief staff.</td>
</tr>
<tr>
<td></td>
<td>• Shift work</td>
<td></td>
<td>• Provide sufficient change over periods between changes in shifts.</td>
</tr>
<tr>
<td></td>
<td>• Violent or aggressive clients</td>
<td>Mental health issues</td>
<td>• Provide training in dealing with difficult clients.</td>
</tr>
<tr>
<td></td>
<td>• Stress</td>
<td></td>
<td>• Have plans in place to deal with clients known to be dangerous.</td>
</tr>
<tr>
<td></td>
<td>• Bullying and harassment</td>
<td></td>
<td>• Implement an employee assistance program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provide staff with training and support to fulfil their job role requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Encourage staff to debrief after dealing with stressful situations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Implement a bullying and harassment policy and procedure.</td>
</tr>
<tr>
<td>Emergencies</td>
<td>• Violent or aggressive clients</td>
<td>Physical and psychological</td>
<td>• Provide training in recognising emergencies.</td>
</tr>
<tr>
<td></td>
<td>• Fire</td>
<td>injuries</td>
<td>• Implement and use emergency procedures.</td>
</tr>
<tr>
<td></td>
<td>• Bomb threats</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Terrorist activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Armed hold-up</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your workplace will have clear policies and procedures that explain how hazards can be identified and how they should be reported.

**Identifying hazards**

Most organisations use an audit form or a checklist to identify hazards. The following is a sample hazard identification checklist.
Example

Hazard identification checklist

<table>
<thead>
<tr>
<th>Type of hazard</th>
<th>Comment/action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate lighting</td>
<td></td>
</tr>
<tr>
<td>Appropriate household cleaning equipment</td>
<td></td>
</tr>
<tr>
<td>Manual handling (for example, lifting loads)</td>
<td></td>
</tr>
<tr>
<td>Limited ventilation</td>
<td></td>
</tr>
<tr>
<td>Infectious diseases</td>
<td></td>
</tr>
<tr>
<td>Open wounds/cuts</td>
<td></td>
</tr>
<tr>
<td>Chemicals or medications</td>
<td></td>
</tr>
<tr>
<td>Faulty electrical equipment</td>
<td></td>
</tr>
<tr>
<td>Overloaded power points</td>
<td></td>
</tr>
<tr>
<td>Pets</td>
<td></td>
</tr>
<tr>
<td>Bathroom equipment and supplies</td>
<td></td>
</tr>
<tr>
<td>Loose floor coverings</td>
<td></td>
</tr>
<tr>
<td>Client behaviour (for example, aggressive or challenging behaviours)</td>
<td></td>
</tr>
</tbody>
</table>

You may be required to complete the checklist as part of your job role, or others within the workplace may have this responsibility. Checklists are one way of identifying hazards. Other methods include observation and feedback from others.

Reporting OHS problems

Your workplace OHS policies and procedures are written to match OHS legislation. One of your responsibilities is to follow these policies and procedures. Part of the policies and procedures covers reporting hazards and other OHS issues. You need to know what needs to be reported and how to report it.

If you observe any of the dangers listed in the previous table or you feel worried about security or safety, you should report your concern to your supervisor using the relevant workplace forms. In addition, if the hazard relates to a client’s house, notes should be made in the relevant client care notes.
You may have other opportunities to report hazards. These opportunities may include:

- speaking with an OHS representative or OHS officer
- participating in OHS committee meetings
- participating in team meetings where OHS issues and other risks are addressed
- participating in case conferences where safety issues relevant to a client living at home are discussed.

In the following three very different examples, the workers fulfil their duty of care by informing others of the hazards. You will see how the workers use a number of different mechanisms to communicate hazards, including discussion, documentation and signs.

### Example

**Example 1**

Jennifer works in home and community care. She is visiting a client, Lionel, for the first time. Lionel is a smoker, who often falls asleep with a cigarette in his mouth.

Jennifer undertakes an audit of Lionel’s home. Lionel’s house is cluttered with furniture and hoarded items; many of the rooms are difficult to get in and out. Furthermore Lionel does not have a functional smoke alarm.

Lionel’s behaviour and the environment increase the likelihood of fire.

Jennifer speaks to her supervisor. They discuss this matter with Lionel. After consultation with Lionel a cleaner is employed and a skip is hired to remove excessive waste. A smoke alarm is also installed.

**Example 2**

Kelvin is a worker at a group accommodation house for young people with disabilities.

One night Barry, a client, becomes angry with Kelvin. Barry raises his hand to strike Kelvin. Kelvin makes a note in the handover book and also fills out an incident report form. Barry calls his supervisor who initiates a meeting to develop a behaviour management plan for Barry.

Workers are instructed to monitor Barry’s behaviour.

**Example 3**

Vinay works as a personal care assistant at a nursing home. He notes there is liquid on the floor on the hallway. He asks a fellow worker to watch the spill to prevent others from slipping on it. He then organises a sign with the words ‘wet floor’ to signal the potential hazards to others. Finally he mops the floor.
## Practice task 25

1. You are required to conduct a safety audit of the environment in your workplace. If you are not currently working in community services or health, approach an organisation you can research, or use your own home for the purposes of a home and community care environment assessment.

<table>
<thead>
<tr>
<th>Hazard area</th>
<th>Yes</th>
<th>No</th>
<th>Comment if further action is required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the exits and entrances clear?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the steps, ramps or pathway to the door well-maintained and even?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there sufficient lighting?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a smoke detector been installed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the smoke detector have a working battery?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you move freely around the furniture and other items?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are pets controlled?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has electrical equipment been tested and tagged?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was equipment last tested and tagged?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are any of the cords on electrical items frayed or damaged?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all chemicals stored according to the specifications on the relevant material safety data sheets?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are chemicals only used in well-ventilated areas?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are hand-washing facilities available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are specialised equipment and aids well-maintained and fit for their intended purpose?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is rubbish well-contained and removed at least daily?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are food preparation areas clean and sanitised?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any evidence of the presence of rodents or bugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Interview a supervisor in a community services setting. This could be in your own workplace or one with which you are familiar.
   a) Find out if this organisation has an OHS committee.
   b) Find out who the OHS officer is and what their responsibilities are.
   c) Find out how they report OHS issues and problems.
   Record your findings.
5.4 Using aids to support comfort, safety and wellbeing

The aims of any program designed to support older people, people with disabilities and other clients should be to maximise the client’s comfort, safety and wellbeing without compromising their independence or autonomy. In some circumstances, the use of aids can help achieve these goals.

An aid is any device that enables a person with a disability to function as independently as they can within society. Devices are available to help people with a range of disabilities, including supports for dressing, grooming, communicating and mobility.

Wheelchairs and other mobility aids provide disabled people with independence.

Some of the various kinds of aids available to clients are described in the following table.

<table>
<thead>
<tr>
<th>Category of aid</th>
<th>Aid</th>
<th>How it assists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchairs and scooters</td>
<td>Manual wheelchair</td>
<td>Assist with mobility. Manual wheelchairs must be operated by the client or the carer. Clients who use manual wheelchairs must have sufficient upper body strength to propel themselves or have access to 24-hour care. Some wheelchairs are suitable only for indoor use for short periods of time, while other wheelchairs can be used both indoors and outdoors. There are also wheelchairs that are suitable for specific tasks and activities. For example, there are chairs that are suitable for use in the shower or those customised for sport. Manual wheelchairs are not suitable for grossly overweight clients.</td>
</tr>
</tbody>
</table>
### Chapter 5: Creating an environment that suits the client’s needs

<table>
<thead>
<tr>
<th>Category of aid</th>
<th>Aid</th>
<th>How it assists</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motorised or electric wheelchair</strong></td>
<td>These are more costly than most manual wheelchairs but require less physical effort on the part of the client. Motorised wheelchairs are usually operated through the use of a joystick. For people with poor or no hand control or strength, other input devices can be used. Motorised wheelchairs can be used by heavier clients.</td>
<td></td>
</tr>
<tr>
<td><strong>Scooter</strong></td>
<td>People may be physically able but tire easily. For these clients a motorised scooter offers independence. Like wheelchairs, scooters vary in weight, suitability for indoor and outdoor use, cost and whether they can be dismantled.</td>
<td></td>
</tr>
<tr>
<td><strong>Walking sticks</strong></td>
<td>Suitable for people who need some assistance with balance.</td>
<td></td>
</tr>
<tr>
<td><strong>Walking frames</strong></td>
<td>Provide additional support for balance and assist with bearing the weight of client; should not be used for a sustained period of time.</td>
<td></td>
</tr>
<tr>
<td><strong>Wheeled walking frames (rollators)</strong></td>
<td>Suitable for clients who do not have the strength needed to lift the walking frame.</td>
<td></td>
</tr>
<tr>
<td><strong>Hoists</strong></td>
<td>Lifts the client via the use of a sling and a mechanical or pulley system. Hoists are useful for clients to move clients to and from sitting and laying positions. They are used to transport clients between beds and chairs and from room to room.</td>
<td></td>
</tr>
<tr>
<td><strong>Swivel devices</strong></td>
<td>Swivel devices are used to turn the client while minimising the risk to both the client and the worker.</td>
<td></td>
</tr>
<tr>
<td><strong>Chair ejectors</strong></td>
<td>Chair ejectors help a client move from a sitting to a standing position. A chair ejector can help some clients stand up independently or can minimise the amount of weight the client needs to bear.</td>
<td></td>
</tr>
<tr>
<td><strong>Chair lifts</strong></td>
<td>Chair lifts are used to transfer the client and their chair from one location to another.</td>
<td></td>
</tr>
<tr>
<td><strong>Transfer sliders and boards</strong></td>
<td>Transfer sliders and boards are used to transfer a client from one flat board to another.</td>
<td></td>
</tr>
<tr>
<td><strong>Swivel cushions</strong></td>
<td>Assist with transfers that involve rotation.</td>
<td></td>
</tr>
<tr>
<td><strong>Transfer turntables</strong></td>
<td>Assist with transfers that involve rotation.</td>
<td></td>
</tr>
<tr>
<td><strong>Bath and shower mats</strong></td>
<td>Help reduce risks of falls.</td>
<td></td>
</tr>
<tr>
<td><strong>Bath and shower seats</strong></td>
<td>Help reduce risks of falls in showers. Allow the carer to shower the client without having to provide full physical support.</td>
<td></td>
</tr>
<tr>
<td><strong>Grab bars</strong></td>
<td>Reduce the risk of falls.</td>
<td></td>
</tr>
<tr>
<td><strong>Locator dots</strong></td>
<td>Give a person a tactile reference. For example they can be placed on exit doors to help provide guidance in the event of an emergency.</td>
<td></td>
</tr>
<tr>
<td>Category of aid</td>
<td>Aid</td>
<td>How it assists</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>Dressing aids</td>
<td>Button hooks</td>
<td>Allow people with difficulties from conditions such as arthritis to do up or undo buttons with minimal discomfort.</td>
</tr>
<tr>
<td></td>
<td>Dressing sticks</td>
<td>Allow people to reach for and put on their clothing independently.</td>
</tr>
<tr>
<td></td>
<td>Long shoe horns</td>
<td>Extend people’s capacity to reach to their feet, helping them put their shoes on.</td>
</tr>
<tr>
<td></td>
<td>Zipper pulls</td>
<td>Allow people with difficulties caused by conditions such as arthritis to do up or undo zippers with minimal discomfort.</td>
</tr>
<tr>
<td>Grooming aids</td>
<td>Ergonomic combs and brushes</td>
<td>Special long grip handles extend people’s capacity to reach to their heads.</td>
</tr>
<tr>
<td></td>
<td>Hinged mirrors</td>
<td>Allow people with diabetes to see their feet. This is particularly important as people with diabetes often have limited feeling in their outer limbs. They can overlook wounds, which can become infected ultimately leading to amputation.</td>
</tr>
<tr>
<td></td>
<td>Long-handled foot brushes</td>
<td>Help maintain the cleanliness of the feet.</td>
</tr>
<tr>
<td></td>
<td>Nail brushes with suction cup base</td>
<td>Assist people who have difficulty gripping a nail brush clean their own finger nails.</td>
</tr>
<tr>
<td></td>
<td>Nail file and clipper sets</td>
<td>Help people who have difficulty grasping nail files and clippers care for their finger nails.</td>
</tr>
<tr>
<td></td>
<td>Long-handled toenail clippers</td>
<td>Assist people to reach to their feet and care for their nails.</td>
</tr>
<tr>
<td>Cooking aids</td>
<td>Clip-on peelers</td>
<td>Allow people with limited strength to peel fruit and vegetables by minimising discomfort and providing additional support.</td>
</tr>
<tr>
<td></td>
<td>Crockery with suction base</td>
<td>Assists people with physical disabilities. It prevents spills.</td>
</tr>
<tr>
<td></td>
<td>Jar openers</td>
<td>Assist people with weak grip and limited strengths to open jars.</td>
</tr>
<tr>
<td></td>
<td>Liquid level indicators</td>
<td>Suitable for people with vision impairment. It prevents overflows by helping the user determine when the cup or other vessel is nearly full.</td>
</tr>
<tr>
<td></td>
<td>One-handed knife</td>
<td>Holds the food item secure while cutting. It is suitable for people who have one hand or alternatively limited strength in one of their hands.</td>
</tr>
<tr>
<td></td>
<td>Saucepan holder</td>
<td>Allow people with weak arm and hand muscles to cook. It keeps the pot or pan stable while the person stirs the ingredients.</td>
</tr>
</tbody>
</table>

The next example demonstrates how a client’s comfort, mental health and wellbeing can be improved with assessment by a health care professional and the provision of appropriate aids.
Example
Sharmily has a physical disability. She feels upset because her independence has been affected. She says, ‘I am always waiting. I can’t do anything on the spur of the moment’. Her support worker, Aimee, recognises that Julia’s sense of wellbeing is compromised. Aimee raises this issue with her coordinator, Caterina, who then discusses the matter with Sharmily. Caterina organises an occupational therapist to assess Sharmily’s needs and to make recommendations. Then Sharmily and Caterina apply for funding under the aids and equipment program for subsidised equipment such as dressing, grooming and mobility aids. Their application is successful. Sharmily’s care plan is updated to reflect the changes and her wellbeing is monitored. Sharmily’s support workers note that her outlook and mood has improved as a result of her increased independence.

Finding out about aids
There are many aids available. You can use the sources outlined in the following table to find out more information about aids:

<table>
<thead>
<tr>
<th>Source</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational therapist</td>
<td>An occupational therapist can help clients overcome barriers to participation by modifying the environment or by suggesting specialised equipment and aids.</td>
</tr>
<tr>
<td>Other workers</td>
<td>Other workers may be able to tell you about their experience supporting clients to use different aids. The client’s privacy should always be respected when discussing experiences with other workers.</td>
</tr>
<tr>
<td>Independent Living Centres</td>
<td>Independent Living Centres (<a href="http://www.ilcaustralia.org">www.ilcaustralia.org</a>) are located in each state and territory. Independent Living Centres can help clients with: · assessment of needs · funding options · education about aids and equipment.</td>
</tr>
<tr>
<td>Commonwealth Carelink Centres</td>
<td>Commonwealth Carelink Centres (<a href="http://www.commcarelink.health.gov.au">www.commcarelink.health.gov.au</a>) provide information to older people and people with disabilities about services available.</td>
</tr>
<tr>
<td>Specialist stores and manufacturers that hire and sell aids and equipment</td>
<td>Workers can visit specialist stores to view equipment and to ask questions about its use.</td>
</tr>
</tbody>
</table>

Practice task 26
Research the Independent Living Centre in your state or territory. Contact the organisation to find out about:
· aids available
· funding
· eligibility.
Record the information as a fact sheet or chart for use by other support workers.
5.5 Supporting routines and customs of clients

All community services must provide a client-centred service. For this reason alone, workers must take all reasonable steps to facilitate established routines and customs of their clients.

There are other reasons why established routines are important. For example, established routines can help provide people with a sense of security and help clients with cognitive defects manage their days. Some people with disabilities, such as autism spectrum disorders, can become distressed if their routines are disrupted.

Routines can include:
- time of sleeping and time of waking
- meal choices
- daily rituals
- other customs, which can include cultural, religious or spiritual customs.

Supporting clients routines and customs

It is common for support workers to follow a defined series of three steps when supporting client routines and customs.

1. Identifying routines

The client is the person who can usually best describe their preferences, daily routines and customs. Your role is to help uncover these routines through the use of questioning. You should use a combination of open-ended, probing and closed questions to help clarify the client’s preferences.

2. Developing a care plan to accommodate routines

Information gathered from a client, their family and others involved in their care should be used when developing a care plan. Remember that a care plan should be person centred, and foster independence and autonomy.

3. Accommodating routines

Documenting routines and developing care plans are important steps in accommodating and supporting routines. Follow-up action should be undertaken to ensure routines are accommodated when the care plan is implemented by consulting with the client or others involved in their care. You should do this as part of the care plan review process and document the information in their care plan. In addition, you must provide follow-up if the client is dissatisfied with the service.

In the next example Raoul, a support worker, begins a conversation with an open-ended question that invites his client, Achmed, to describe his daily activities. Then Raoul asks a probing question to find out more information. Finally he uses a closed question to clarify preferences.
Example

Raoul is working with Achmed. Raoul says to Achmed, ‘Tell me about your typical day’.
Achmed says, ‘Well, I like to get up early’.
Raoul clarifies, ‘Early? What time is early?’.
Achmed says, ‘Around about 7 am. Then I like to have a cup of tea and read the paper. I really enjoy the peace and quiet. I usually go for a walk after breakfast’.
Raoul says, ‘Would you still like to go for a walk after breakfast?’.
Achmed responds, ‘Yes, I’d like to keep doing it’.
The conversation continues.

When developing Achmed’s care plan, Raoul must make sure all support activities help Achmed maintain his routine. Achmed requires support with showering. Raoul discusses this with Achmed and identifies that he likes to have a shower after his walk. This is accommodated in the care plan.

Later Raoul follows up to ensure Achmed’s needs are met. He consults with Achmed and others involved in his care. He finds one worker is showering Achmed at 7.15 am, disrupting his routine. Raoul follows this up with the worker and documents this in Achmed’s care notes.

Practice task 27

1. Reflect on your own routines. Make notes about:
   • how you start each day
   • whether you have particular meals you enjoy eating
   • other activities or tasks that you complete at specific times of the day
   • other things you like to do regularly
   • how you ‘wind down’ at the end of each day
   • how you feel when your routine is disrupted, especially by issues outside of your control.
2. Reflect on how clients might feel if their personal routines were disrupted or ignored. Record your thoughts.
5.6 Informing and promoting support services to the client

Clients may require support to stay at home such as modifying their environment and identifying appropriate aids and equipment. They also may require assistance identifying and accessing funding or other services.

A range of services that can help clients are outlined in the following table.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service details</th>
</tr>
</thead>
</table>
| Meals on Wheels                              | Each state and territory has a branch of the Australian Meals on Wheels Association. Meals on Wheels provide nutritious meals for older people living in the community. There are a number of advantages of this service:  
  - Older people can stay at home longer.  
  - Older people’s nutrition needs can be met.  
  - The volunteers from Meals on Wheels can be a source of social interaction.  
  - The meals are not means tested.  
  - The cost of meals is kept low.  
  - Meals can be modified in content and texture to meet the special needs of older people. |
| Home and Community Care (HACC) agencies      | Older people may need support to stay in their home. Home help can include support with shopping, personal care, meal preparation, basic housekeeping, gardening, transport and companionship. Councils, religious groups, volunteer organisations, not-for-profit organisations and private businesses also provide home and community care services. |
| Community aged care packages (CAPD)         | Care services help people with different care needs stay at home, remain independent and connected to the community.                             |
| Extended Aged Care at Home (EACH) packages   | High-level care services, such as nursing, domestic assistance, in-home respite, personal care and other services, that support people to stay at home. |
| Centrelink                                   | Provides means-tested and income-tested support to eligible people looking for work, those with disabilities and older people.               |
| Department of Veterans’ Affairs              | Provides support to veterans and their families.                                                                                              |
| Charities                                    | Provide quality second-hand furniture, clothing and other goods free or at a low cost to people in need.                                           |
| Department of Human Services                 | Provides low-cost accommodation to people in need.                                                                                            |

You must provide clients with all of the information they need to make informed decisions about the care they receive. This should include details of services needed as well as details about services available. Information can be conveyed to clients verbally. Brochures and other information can be used to help the client understand the features and benefits of various service options.
In order to be actively involved clients must be informed about:

- types of services available
- levels of service available
- commitment expected and possible outcomes
- financial costs and potential drawbacks and benefits.

Your employer may have a policy and procedure to follow when providing information about other services to a client. Often this will involve you notifying your coordinator or supervisor, who will then initiate action and follow a process of identifying client needs, identifying appropriate services and making recommendations and referrals.

It is not enough to provide the client with these resources. The support worker and their coordinator must make sure the client and their advocate understand the information. If language is a barrier, some pamphlets are provided in a number of languages or the services of an interpreter can be enlisted.

It can be difficult to process and manage a great deal of information. A support worker and/or coordinator can help a client identify the strengths and weaknesses of various service providers. One helpful approach is to draw up a table evaluating each service on the basis of:

- cost and distance from home
- travel options
- perceived benefits
- who will be involved
- frequency of contact
- eligibility and client responsibilities.

In the following examples three different situations illustrate how service options can be identified and accessed to improve the level of support to clients.

---

**Example**

**Scenario 1**

Lila, 75, is unable to cook due to a fractured wrist. Nadia, her worker, tells Lila about Meals on Wheels. They look into the service together and find the meals are within Lila’s budget. As an added bonus, Lila enjoys the interaction with the Meals on Wheels volunteer.

**Scenario 2**

Franco, 22, has an acquired brain injury. His worker, Rex, helps him access Centrelink disability payments, rent assistance and Department of Human Services housing.

**Scenario 3**

Grace, 87, lives at a nursing home. She has arthritis. She is no longer able to move independently with the support of a cane. The coordinator at the home organises the assistance of an occupational therapist, who recommends the use of a wheelchair.
Practice task 28

Select a service option that would assist clients to create and maintain an environment suitable to their needs and preferences.

1. Research the service option. Collect pamphlets, brochures and other materials that could be used to help explain this service option to a client.

2. Identify and elaborate on the following features:
   a) level of service available
   b) commitment expected
   c) possible outcomes
   d) financial costs
   e) potential drawback and benefits.

3. Practise explaining these features to a friend, co-worker, fellow student or family member playing the role of a client.

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› ‘A home is just a place to rest and eat.’ Do you agree with this statement?
› ‘Home is where the heart is.’ Discuss.
› ‘Security is more than just feeling safe.’ Is this right?
Chapter summary

» Clients live in a range of environments and access a wide range of services.
» Clients should be encouraged and given the opportunity to maintain their environment in a way that reflects their personality and preferences.
» Clients also need to feel comfortable, safe and secure in their environments. Support workers and service providers may make referrals to other agencies to improve client comfort or security.
» Workers share responsibility for identifying and reporting hazards in the clients’ environments.
» Aids can be used to improve client comfort and to help a client navigate and enjoy their environment.
» Routines help create a pleasant and familiar environment for clients.
» There are a range of services available to help create and maintain a suitable environment for clients. Support workers need to have the knowledge and skills to identify, locate and suggest appropriate additional support resources.

Checklist for Chapter 5

Tick the box when you can do the following:

☐ Encourage clients to maintain their environment
☐ Help clients to feel secure and comfortable
☐ Identify hazards and report to the supervisor
☐ Use aids to support comfort, safety and wellbeing
☐ Support routines and customs of clients
☐ Inform and promote support services to the client
Chapter 6: Understanding clients and their sexuality

A person’s sexuality may be determined by their environment, their personality and by biology. Sexuality involves people’s thoughts, actions and emotions.

As people age, or as a consequence of a disability or medical condition, they may experience a number of changes. These changes can include changes in physical capacity, reduced self-esteem, and perhaps losing a partner to death or illness. These life changes can affect a person’s sexual interactions.

Wider environmental factors, such as societal attitudes, also affect the way clients view themselves, as well as their ability and willingness to express themselves sexually.

Workers need to support clients to overcome these barriers and to express their sexuality. To achieve this, workers must be able to recognise and overcome their own prejudices and preconceptions about sex and sexuality.

Workers must acknowledge unmet needs wherever possible. This helps validate client experiences and is a starting point for developing strategies to address unmet needs.

In this chapter you will learn about:

6.1 Understanding how clients’ circumstances affect their sexuality
6.2 Recognising the impact of community values on sexuality, ageing and disability
6.3 Being tolerant of a client’s sexuality
6.4 Supporting the client to express their sexuality
6.5 Respecting different spiritual expressions of sexuality
6.6 Acknowledging unmet needs about sexuality and identity
6.1 Understanding how clients’ circumstances affect their sexuality and identity

The words sexuality and sex are often used interchangeably, but they are not synonymous. Sex generally refers to the act of intercourse and related activities or to a person’s gender. Sex is both an action and a description. Sexuality is far more complex.

Sexuality involves a person’s sexual:
- thoughts
- feelings and emotions
- preferences
- boundaries
- actions.

There is conjecture about whether sexuality is determined by nature or nurture: whether people are born with a sexual orientation or grow into it. Sexual orientation is not clear cut. Heterosexual people prefer partners of a different gender, homosexuals are same sex attracted, and some people have both heterosexual and homosexual preferences.

Our sexuality is part of our personal identity – our sense of self. Gender identity is part of personal identity. In most cases there is a good match between biology and gender identity. However, there are people whose idea about their gender does not match up with their organs. Transsexuals see themselves as a person of one gender trapped in the body of the opposite gender. Transsexuals should not be confused with transvestites, who like dressing in the clothes of the opposite gender.

Heterosexuality is the main form of sexuality in our society. This means that in some parts of society, homosexuality and same-sex-attracted people are stigmatised. As a result some same-sex-attracted people feel pressured to conceal their true sexual identity and may experience shame, which can be damaging to their mental health. There are many ways to express ourselves sexually but society normalises some expressions of sexuality and sees other expressions of sexuality as being abnormal.

Expressions of sexuality
There are various expressions of sexuality.

Love and affection
The need for belonging and acceptance, loving and being loved are fairly universal. We show our love and affection through our actions and our words. Sex can also be a way to express love and affection. People can have sex without any feelings of love or affection. In some cases, people may have sex with people in order to be loved. Likewise clients may feel that someone loves them because they have had sex with them. In these respects, people with cognitive impairments or intellectual disabilities are particularly vulnerable. They can be emotionally and physically hurt or subjected to abuse.
This creates an ethical dilemma for workers. People with disabilities, like all people, have a right to sexual autonomy. In other words, they have a right to make decisions about who they will and will not have sex with. Yet they may not have the capacity to make informed decisions. A worker can help by ensuring the client has access to information and understands sexual health. A social worker may also be able to help a client gain insight into reasons why people may choose to have sex.

**Love and affection are universal needs.**

The following example illustrates the steps that can be taken to help empower clients to make safe choices without taking away their rights to express themselves.

**Example**

*Janice, 18, has an intellectual disability. She attends sex education classes where she learns the difference between sexual and caring forms of touch. She also learns to be assertive about her rights and preferences.*

**Touch**

Touch can be a way of bonding. Touch can be pleasurable and can be another way of expressing love and affection. In some cases a client’s only experience of touch may be through the interactions during personal care routines such as showering, dressing and grooming. Clients with cognitive impairments may interpret this touch as being sexual. Workers must discourage and report inappropriate behaviour. In some cases distraction should be used to redirect the client. Workers must always focus on the behaviour, not the person.

The following scenarios demonstrate how inappropriate behaviour can be managed without belittling the client.
Example

Scenario 1
Laura works as a personal care worker. She is showering Mr Boundy who has dementia. Mr Boundy reaches for Laura's breasts. Laura says, 'No, Mr Smith'. She then places a face washer in his hands and says, 'Will you hold this for me please?' This action distracts Mr Boundy by giving him something to do with his hands. Later she fills out an incident report.

Scenario 2
Jessica is a home and community care worker. She is helping Samuel, a client with a physical disability but no cognitive impairment, into the hydrotherapy pool. Samuel slips his arm around her and says, 'This is like going swimming with a girlfriend'.
Jessica replies calmly, 'But not really. I'm just helping you into the pool'.
Samuel acknowledges Jessica's comment: 'I know, but I miss having someone to put my arms around'.
Jessica says, 'We can look at the possibility of more recreational activities to give you the opportunity to meet someone if you would like'.
In this situation Jessica acknowledges and takes steps to meet Samuel's needs without stepping outside of the boundaries of her job role.

Physical appearance
Society places a great deal of value on physical appearance. This marginalises people who have visible disabilities or who are ageing. Workers can help by assisting with showering and grooming tasks. Visits to the hairdresser and purchasing new clothing can help a client's confidence. Positive reinforcement in the form of appropriate compliments can also help build client self-esteem.

The following example helps illustrate the how a person with a disability can be supported to improve their appearance and self-esteem.

Example
Jessica, 45, is currently undergoing chemotherapy. During a visit from her support worker she expresses feelings of self-loathing due to the changes in her physical appearance, which include bloating and hair loss.
Her worker organises a referral to the ‘Look good ... feel better’ program where people with cancer are given support in dealing with the changes to their appearance. In addition, her worker organises a referral to a psychologist who can discuss body issues with Jessica.

Need for privacy and discretion
Older people and others in group accommodation and shared residential settings may experience difficulty finding privacy. Privacy is important to allow people to have sex with a consenting other or masturbate with dignity.
If a client is not behaving inappropriately, has the capacity to consent and is engaging in consensual sex with another person, workers need to exercise discretion. Discretion can include:

- knocking before entering rooms
- not entering rooms with ‘do not disturb’ signs
- looking the other way and excusing yourself from the room.

The following is an example of a worker exercising discretion.

**Example**

Lionel works as a personal care attendant at a nursing home. He knocks on Mr Jefferson’s door and enters. He notices that Mr Jefferson has his hand under the sheets and appears to be touching himself. Mr Jefferson looks sheepish and says, ‘I didn’t hear you knock’. Lionel excuses himself and leaves the room.

**Access to assistive/protective devices**

**Protective devices**

Expressions of sexuality that involve the exchange of body fluids such as intercourse, oral sex and anal sex, carry with them a degree of risk. Workers have a duty of care to provide information and support to clients to reduce the likelihood of the transmission of sexually transmitted diseases such as chlamydia, HIV, warts, herpes and hepatitis.

A worker can also help to ensure a client has access to protective devices. While protective devices can help prevent the transmission of sexually transmitted diseases, there are number of barriers that can prevent people with disabilities, older people and other clients from using protective devices. These include:

- lack of knowledge about sexually transmitted diseases
- lack of knowledge about the availability of protective devices
- inexperience using protective devices
- difficulties acquiring protective devices
- poor attitude towards protective devices
- an unwillingness or inability to demand that protective devices are used.

Ultimately it is the client’s decision whether or not they use protective devices. A worker can help by referring the client to a sexual health centre where a sexual health worker can help:

- change a client’s attitude by giving them information about the likelihood of acquiring an STD
- help a client gain an awareness of the consequences of sexually transmitted diseases, which range from discomfort to premature death
- learn how to use protective devices.

If you are aware that a HIV-positive client is engaging in unprotected sex, you have a duty of care to report this to the Department of Human Services in your state or territory.
Assistive devices

Not all people with disabilities are able to use protective devices. In some cases it is appropriate to ensure clients have access to assistive devices such as long-handled reaches so they can reach protective devices.

Clients may not be able to find a partner. In these cases the use of sex aids or employing the services of sex workers can help clients fulfil their sexual needs. In fact, some sex workers cater specifically to the needs of people with disabilities.

Practice task 29

Select one of the following case studies and reflect on:
- how the client’s circumstances affect their sexuality and identity
- how you would feel if you were in the client’s situation.
Make notes about your responses.

Case study 1
Heidi, 65, was a model. For the last 20 years she has felt as if she is invisible. She says, ‘No-one notices you once you get a few grey hairs and wrinkles’.

Case study 2
Con, 22, is a same-sex-attracted man who has an acquired physical disability. He is currently living in shared accommodation and has no privacy. Because he lives with three other young men who are openly prejudiced against same-sex-attracted people, Con hides his sexuality despite having the same sexual needs as a typical male of his age.

Case study 3
Janie, 40, has multiple sclerosis. She separated from her partner just after her diagnosis. She says, ‘I miss having sex’.

Case study 4
Bob, 76, is widowed. He says, ‘I want a partner again. It’s not just the sex I miss. It’s the cuddles afterwards’.
Chapter 5: Creating an environment that suits the client’s needs

6.2 Recognising the impact of community values on sexuality, ageing and disability

We are a sexual society. Images of sex, and sexual people can be seen in the movies, on television and in magazines. Typically people seen as being sexual share similar qualities: they are young, attractive and without impairments or disabilities. These images perpetuate the idea that only certain types of people can be sexual.

For some reasons, the perception that older people and people with disabilities are not interested in sex or don’t need sex or are asexual continues to dominate. Some parts of the community feel that people with disabilities and older people either can’t have sex, don’t want to have sex or shouldn’t have sex. In fact, people with disabilities and older people:

› can have sex but in some cases need to make adjustments
› want to have sex but can’t always find a willing partner
› have as much right to sex as anyone else.

The following example illustrates how community values on sexuality and disability can affect a client.

Example
Frank, a client with an acquired physical disability, is same-sex attracted. He has recently moved from the city to the country with his life partner, John.

John and Frank are in the main street of the town holding hands. They overhear one of the locals saying, ‘Have a look at those two. I don’t know why they closed the institutions’.

Another local says, ‘... and they’re holding hands. I don’t care what those people do, as long as I don’t have to look at it’.

John and Frank stop holding hands in public. They avoid the main street of the town and other public areas as much as possible.

Community values and attitudes regarding disability and ageing can prevent clients from seeking a sexual partner and engaging in public displays of affection. This can make clients feel as if they are deficient. However, the sexual needs of clients are the same as the rest of the population. They include:

› a willing partner or partner substitute
› privacy
› education
› protection and contraception.
Practice task 30

For this task you are required to take a survey of the community attitudes in your area. You may survey friends, family members, co-workers or fellow students.

1. You should interview at least five people and collect their responses in the following questionnaire.

For each statement indicate whether you believe the statement is true or false

<table>
<thead>
<tr>
<th>Statements</th>
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<th>F</th>
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<tbody>
<tr>
<td>People with physical disabilities:</td>
<td></td>
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<tr>
<td>Shouldn’t have sex</td>
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<tr>
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<tr>
<td>Should only have sex if they are in a monogamous relationship</td>
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2. Collate the responses in the following table.

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<thead>
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3. Discuss how you think these attitudes would impact on the sexuality of:
   a) a person with a physical disability?
   b) a person with an intellectual disability?
   c) an older person?
   d) a same-sex-attracted person?
6.3 Being tolerant of a client’s sexuality

Our ideas about normal sexuality are shaped by our upbringing, our family, the people we associate with, wider society, and religious or spiritual beliefs.

Consider the following statements:

- ‘Only married people should have sex.’
- ‘Only people in monogamous relationships should have sex.’
- ‘Sex is only for the purposes of producing children.’
- ‘Sex is for fun.’
- ‘Sex should only occur between a man and woman.’
- ‘Anyone can have sex with anyone else providing all parties are consenting.’

Each of these six statements is value-laden, contradictory and an expression of personal opinion. Each statement is a reminder that decisions about sex and sexuality are personal.

The first step in providing care without bias is to recognise your own views and values. It is not for a support worker to give advice or tell clients what is ‘normal’. Rather, the role should acknowledge there are many different views about sex and sexuality are personal.

As a worker you are required to have positive regard for all clients. Positive regard is positive feelings about the value and worth of your client. An aspect of positive regard is appreciating the ways in which clients are different. In order to appreciate clients, you must be able to demonstrate empathy.

The following example illustrates how a worker can avoid imposing their views on others without changing their own views or values.

Example

Ted, a support worker from a deeply religious background, is approached by Lynda, who is attracted to women. Lynda asks Ted for his viewpoint on her attraction to other women, seeking confirmation from someone else that her feelings are not unnatural.

While Ted believes that same-sex attraction is immoral, he realises he is not permitted to impose his views on others. He says, ‘There are many views on sex. Would you like to talk to someone who knows a little bit more about this than me?’.

Lynda agrees. Ted speaks to his supervisor before arranging a referral to a sexual health worker.

If a client approaches you with a sexual concern, you should:

- listen
- acknowledge their concerns or feelings
- make a referral to an appropriate medical or allied health professional if required.
Practice task 31

Conduct research into same-sex attraction and prepare an information chart or bulletin for support workers. Use the following tasks to guide you:

1. Identify and list a range of support services or resources to which you could refer clients concerned about sexuality.
2. How do the views and values of others affect same-sex-attracted people?
3. What could happen if the views and values of others are imposed upon clients?
4. What rights are impinged upon?
6.4 Supporting the client to express their sexuality

Able-bodied young people holding hands, kissing, hugging and expressing themselves sexually is seen as natural and normal. By contrast, clients with disabilities and older clients face a number of barriers to expressing their sexuality. These barriers can include social attitudes, lack of a partner or low self-esteem.

Support workers can play a significant role in assisting clients overcome their barriers. Strategies to support clients include:

- seeking out role models with disabilities
- helping a client participate in a range of social activities
- building a client’s self-esteem by valuing them.

Expressions of sexuality

Expressions of sexuality can include:

- glances and loving looks
- hugging
- caressing and stroking
- holding hands
- kissing
- sitting close together
- masturbation
- touching genitals and other forms of foreplay
- vaginal, oral or anal intercourse.

In some cultures all of these expressions of sexuality are considered private. In Western culture, glances and loving looks, hugging, caressing and stroking, holding hands, kissing and sitting close together can be done in public. However, touching genitals and other forms of foreplay, masturbation and having vaginal, oral and anal intercourse can only be done in private.

When clients are expressing themselves sexually in public appropriately, take care not to show disapproval through your words or body language. Such actions may inhibit clients from expressing their sexuality.

Some conditions, such as dementia and acquired brain injury, cause clients to lose insight about boundaries. These clients may attempt engage in foreplay, masturbate or have intercourse in public. In these cases it is appropriate to redirect and distract the client. If this is not possible, consider leading the other clients from the room.

You may also consider whether the person is expressing other needs such as discomfort, boredom or the need for touch and intimacy.
Respecting client privacy

Clients need to have time and space to express themselves sexually. Workers must always be mindful of this when approaching bedrooms. Where possible, clients should be given their own rooms. If this is not possible, space should be made available for clients to enjoy time with their spouses or significant others. Workers must never judge or evaluate their clients, nor should they punish clients. Nevertheless, inappropriate behaviour must be dealt with for the dignity and wellbeing of all.

The following examples illustrate how clients can be supported to express themselves appropriately.

**Example**

Scenario 1

Clara is an 80-year-old with dementia. She is touching herself inappropriately. Her worker asks Clara to stop. Clara continues touching herself inappropriately. The worker distracts Clara with a book. Clara stops touching herself. The worker then realises that Clara was bored. Clara’s care notes are updated accordingly.

Scenario 2

Sid and Marie are clients with disabilities. Lawrence, their worker, has taken Sid, Marie and other young clients to a restaurant. Sid and Marie cuddle at the table. They become increasingly amorous. Lawrence asks Sid and Marie to step outside for a moment.

Away from the others, Lawrence reminds Sid and Marie about earlier discussions regarding appropriate and inappropriate public touching.

Lawrence updates the couple’s care notes.

**Practice task 32**

1. Conduct a role-play with a friend, family member, co-worker or fellow student. You are to play the role of worker, while the other person plays the role of the client. Assume the client has been exhibiting inappropriate sexual behaviour. You need to explain to them the difference between appropriate and inappropriate expressions of sexuality.

2. Imagine you are working with a client with a severe physical disability, Suzanne. Suzanne tells you, ‘I’m just about to give up going out. I am sick of seeing the shock and disgust on people’s faces every time I hold my boyfriend’s hand’.

   How could you support Suzanne to express herself sexually?

3. You are working with a client who tells you they are same-sex attracted. They want to tell their friends and family members.

   Explain how you could support this client to reveal their sexuality to friends and family members.
6.5 Respecting different spiritual expressions of sexuality

Spirituality and sexuality are often seen as being completely different. Sex involves the physical body, whereas spirituality involves something much less tangible. Nevertheless, in some religions sexuality and spirituality are linked. For example, in mainstream religions such as Christianity, sex between a man and a woman is seen as being a sacred union. By contrast, in pagan religions, sex can be seen as a way to achieve spiritual enlightenment.

People’s religious or spiritual beliefs may also dictate their beliefs about:
- whether contraception should be used; for example, some Catholics believe in using only the rhythm method of contraception
- the circumstances in which an abortion is appropriate if at all
- the context for sex; how, when and why people should have sex
- a woman’s right to say no
- virginity
- same-sex attraction
- which, if any, parts of the body should be displayed
- sex before marriage
- adultery.

Client views and values may differ greatly from your own or they may be very similar. Regardless, you have a responsibility to respect the rights of all to hold differing views and values. You should also be mindful that clients may find the views and values expressed by other clients offensive.

When managing these situations, try to balance the feelings of all involved. Initially try distracting the clients by raising neutral topics of conversation. If this doesn’t work, separate the clients. Discuss the rights of all to hold their own opinions. Report the matter in writing in the handover or communication book and verbally to your supervisor.

The following example illustrates a situation where a worker needs to consider the client’s rights.

---

**Example**

Jillian holds strong religious views that she shares with everyone. She refers to a recent tragedy in the community saying, ‘It’s God’s punishment for the actions of homosexuals’.

The worker, Valerie, takes Jillian aside. She explains, ‘Jillian, I appreciate you find homosexuality offensive. However, we have to be respectful of all people. Please stop making unpleasant comments about homosexuality’.

Valerie records the incident and her actions in the handover book. She also discusses the matter with her supervisor, who then discusses the issue with all of the workers involved in Jillian’s care. The workers monitor Jillian’s behaviour to ensure the wellbeing of all.

In this situation Jillian’s rights were respected, but not at the expense of other clients.
### Practice task 33

Select one of the following case studies then complete the related tasks.

<table>
<thead>
<tr>
<th>Case study 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack is a personal care attendant working with Mavis and Betty who live in a group setting. Some friends of Mavis are visiting – a family of four, which includes parents and their two children. Betty asks the couple to tell her about their wedding ceremony. They tell Betty that they are not married. Betty turns to another client and says, ‘I don’t believe in sex before marriage. It’s just sinful’. Jack says, ‘No-one cares about your opinion’.</td>
</tr>
</tbody>
</table>

1. Discuss the rights and values of the people in this scenario. Whose rights were not met?
2. How would you have handled this situation?

<table>
<thead>
<tr>
<th>Case study 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are working with a group of young people with disabilities. One of the clients in the group, Jake, holds strong religious views. He tells one of the other clients, Sara, ‘You look like a tramp. Don’t be surprised if you get raped in that outfit’.</td>
</tr>
</tbody>
</table>

1. Discuss the views or values of the clients in this case?
2. As a support worker, how would you handle this situation?
6.6 Acknowledging unmet needs about sexuality and identity

Sex and related activities meet a number of needs, including the need for love, affection and touch. Sex helps people show love and feel loved. For a number of reasons clients may not have all of their needs met.

Factors leading to unmet needs

There are many reasons why older people, people with disabilities and other clients can have unmet needs related to sexuality. These include:

- medical conditions affecting desire and performance
- the loss of a partner
- changes in a person’s living arrangements
- changing physical capacity
- increased sexual needs
- insufficient time
- lack of privacy
- pressure from others to cease sexual activities.

Finding out about unmet needs can present workers with a number of challenges. Workers should respect a client’s privacy. However, many clients feel uncomfortable talking about sex and sexuality and so may not raise the issue unless asked.

Protocols for assessing sexual needs include:

- asking the client for permission to discuss sexual issues
- asking appropriate questions
- documenting the client’s response
- taking follow-up action to address any needs or concerns.

Information that should be discussed includes:

- whether the client is sexually active; this can help establish whether client sexual needs are being met
- the number of partners (this can help assess the risk of sexually transmitted diseases)
- the level of satisfaction with the frequency and the quality of sexual interactions
- whether they have any problems with sexual function such as erection or lubrication
- whether pain is experienced during or after sex.

This information can be used to determine whether the client requires any further support as well as the type of support required. Clients may be referred to various personnel for additional support. More information about the support services that are available to address unmet sexual needs is provided in the following table.
### Personnel and Role

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>Doctors can help clients deal with pain or sexual dysfunction and any underlying medical issues.</td>
</tr>
<tr>
<td>Sexual health workers</td>
<td>Sexual health workers can discuss safe sex and/or different ways to have sex to lessen pain and/or to increase satisfaction.</td>
</tr>
<tr>
<td>Psychologists and social workers</td>
<td>Psychologists and social workers can discuss other issues that may reduce the quality or the quantity of sexual interactions. They can also help clients deal with the loss of a partner or loved one.</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Your supervisor should be kept informed about unmet needs as well as planned interventions. They may also be able to offer you advice about strategies and support services available.</td>
</tr>
<tr>
<td>Sex therapists</td>
<td>A sex therapist can help a client deal with thoughts and feelings about sexuality as well as strategies for dealing with negative self-talk. They can also suggest ways to increase pleasure and help both partners address their needs.</td>
</tr>
<tr>
<td>Sex worker</td>
<td>Sex workers can help address client’s immediate needs for sexual expression and touch.</td>
</tr>
</tbody>
</table>

The next example shows how a support worker handles the support needs of two clients.

---

**Example**

John is working with a client, Norm, and his partner Elizabeth.

Elizabeth says that Norm wants ‘sex all the time’. Norm says that Elizabeth ‘never wants sex’. John, noting Elizabeth’s defensive body language and Norm’s look of fury, realises this is a real issue causing distress. He says, ‘Do you mind if I ask you some questions?’. Elizabeth and Norm agree.

John’s more detailed questions reinforce the original conversation and reveal that Norm wants to have sex more often than Elizabeth does. The results of the discussion also provide more information. In particular, Elizabeth finds sex painful.

John prepares detailed interview notes, which he includes in Elizabeth and Norm’s respective files.

John suggests the couple talk to a sex therapist to talk about their different levels of desire and that Elizabeth see a doctor for assessment about her discomfort.

John asks Elizabeth and Norm each to fill out a permission to release information form and then completes a referral form for both providers.

John keeps a copy of all paperwork in the clients’ files. He also follows up on the outcomes with both the service providers and John and Elizabeth.
Practice task 34

Prepare responses to the following questions and present the information as a flow chart or poster to be used for the induction of new support workers.

1. Why is it important to help clients with unmet needs?
2. Are there any ethical dilemmas associated with supporting a client to access the services of a sex worker?
3. In what circumstances would it be appropriate to see the support of other services in meeting client needs?
4. Why is it important to gain permission from clients to disclose information before writing referral letters?
5. Why should all documentation, including the results of assessment, completed permission to release information forms, copies of referral letters and notes taken about follow up be kept on file?

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- 'Sex is for the young.' Do you agree with this statement?
- 'It is best to ignore inappropriate sexual behaviour.' Discuss this idea.
- Workers have a duty of care to understand clients and their sexuality. Why?

Chapter summary

- Sexuality involves people’s sexual thoughts, feelings and emotions, preferences, boundaries and actions.
- Common myths about older people and people with disabilities are that these people can’t have sex, shouldn’t have sex and don’t want sex.
- Community attitudes about older people, people with disabilities and sex can act as a barrier preventing clients from expressing themselves sexually.
- There are many different sexual norms. Providing no-one is harmed, people’s sexual preferences and choices should be respected.
- Cognitive impairments can cause clients to exhibit inappropriate sexual behaviours.
- Other service providers can help address unmet needs.
Checklist for Chapter 6

Tick the box when you can do the following.

☑ Understand how clients’ circumstances affect their sexuality
☑ Recognise the impact of community values on sexuality, ageing and disability
☑ Be tolerant of a client’s sexuality
☑ Support the client to express their sexuality
☑ Respect different spiritual expressions of sexuality
☑ Acknowledge unmet needs about sexuality and identity
Chapter 6: Understanding clients and their sexuality

Chapter 7: Completing documentation

Accurate and up-to-date record-keeping underpins quality service provision that meets the individual needs of clients. Actions are documented in a way that increases accountability and duty of care. Completing documentation and reporting is an essential role of support workers and coordinators.

There are many different types of documentation and reports used in aged care, disability and home and community care settings. These documents may relate to clients, staff and to the organisation and its operations. Support workers need to be aware of and abide by legislative requirements, policy requirements and organisational protocols about how documentation and reports are completed, maintained and stored.

Documentation has a range of uses – from collecting information about a client’s health needs and showing how these needs will be addressed, to guiding actions taken and those yet to be taken. Documentation also records and communicates client progress and issues that may affect their ability to achieve optimal health.

Client records must be accurate and up to date. Most organisations have policies and procedures for ensuring the integrity of client information. This means documents must be current, accurate and reliable.

Documentation is completed so information can be easily shared between workers and others involved in the care of a client. This information must be complete, factual and accessible. There are organisational and sometimes legal requirements about who completes documentation; when it must be completed and how and where it is stored.

Your workplace will have systems to manage information.

In this chapter you will learn about:

7.1 Complying with reporting requirements
7.2 Completing documentation
7.3 Maintaining documentation
7.4 Filing documentation
7.1 Complying with reporting requirements

Reporting and documentation requirements in aged care, disability and home and community care settings are extensive. There are two main purposes for accurate record-keeping based on communication and accountability.

The first is about maintaining accurate information to respond to client needs and to provide effective and quality services. Records and documentation may identify client needs; act as a guide for planned action and provides a reference point to ensure the client is receiving the required services, particularly if several workers support a client. Information lacking accuracy or currency about a client’s status or the issues affecting them may mean incorrect care or disjointed services are provided.

Written records provide evidence that actions have been performed and give an account of procedures that have been followed. Passing on documentation regarding changes in individuals, incident reports or hand-over records may also assist in meeting individual duty-of-care requirements. Documents provide evidence of the actions or lack of due care and compliance with industry standards in the event of an incident, accident or other adverse effect. A common expression in community services is, ‘If it is not written down, then it did not happen’.

Another compelling reason for complying with organisational reporting and recording requirements is to demonstrate accountability to service users, funding bodies, government and other stakeholders. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Inaccurate or ineffective reporting and documentation may impact an organisation’s professional reputation.

Organisational policies

Your current or future workplace will have policies that dictate:

› how information is gathered
› who receives information about a client’s progress
› how the information is stored
› who may access the information.

These policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards, including:

› privacy laws
› freedom of information legislation
› regulations and codes of practice
› aged care or disability services standards and principles.
Collecting information

Examples of workplace reports and documentation that collect information relevant to aged care, disability services or home and community care needs include:

- personal information forms
- initial health assessments
- personal care plans
- case documentation
- incident and accident reports.

The following table provides some general examples of reports that workers may be required to complete.

<table>
<thead>
<tr>
<th>Report/documentation</th>
<th>Examples</th>
<th>When completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client details</td>
<td>Referral and assessment information</td>
<td>Ongoing and as required</td>
</tr>
<tr>
<td></td>
<td>Health, social, cultural information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Client plans including goals, incident reports, medication information, case notes</td>
<td></td>
</tr>
<tr>
<td>Service data</td>
<td>Hours spent on each activity, with each client, in each program area – usually entered directly into an electronic database</td>
<td>As required by funding body/government department/organisation’s board – often collected daily and submitted quarterly</td>
</tr>
<tr>
<td>Organisational reports</td>
<td>Annual reports</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Strategic plans</td>
<td></td>
</tr>
<tr>
<td>Project and program reports</td>
<td>Progress reports at intervals throughout project or program delivery</td>
<td>Ongoing and at conclusion of program or project if it is not ongoing</td>
</tr>
<tr>
<td></td>
<td>Evaluation reports</td>
<td></td>
</tr>
<tr>
<td>Human resources/staffing</td>
<td>Time sheets</td>
<td>Ongoing and as required</td>
</tr>
<tr>
<td>records</td>
<td>Performance appraisals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruitment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Induction and exit procedures</td>
<td></td>
</tr>
</tbody>
</table>
**Personal information forms**

A personal information form is completed the first time a client uses a service. The basic information about the client may include:

- first name, middle name and last name
- address
- telephone number
- date of birth
- Medicare number
- emergency contact details
- details of medical conditions, allergies, medication.

**Health assessments**

Initial health assessments are used to identify physical, psychological, emotional and cultural needs. Support workers may not be directly responsible for completing these forms with a client, but it is helpful to know something of their contents. Health assessments can include:

- health assessment questionnaires
- cognitive function questionnaires
- intake interviews.

The following example shows an extract from a health assessment questionnaire that gathers additional information to build on details in the client's personal information.
### Example

#### Health assessment questionnaire (extract)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14. Vision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have problems with your eyesight?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ■ No □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15. Hearing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have problems with your hearing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ■ No □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16. Oral health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular dental check-ups?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ■ No □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have dentures?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>17. Feet</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have problems with your feet?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ■ No □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18. Continence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Do you ever wet yourself?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes ■</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often □</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Is this related to coughing or sneezing?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>19. Physical examination</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient’s weight: 80 kg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient reports chronic obstruction pulmonary disease (COPD) has lead to a decrease in activity.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient’s height: 155 cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BMI</strong> 33.3 – Clinically obese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP/pulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic BP mm/Hg: 175</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diastolic BP mm/Hg: 75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse rate</td>
<td>Regular ■ Irregular □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider check for postural hypotension</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Personal care plans

Care plans outline roles and responsibilities for those involved in providing care and support. Care plans always include:
- the client’s goals
- actions
- personnel responsible
- resources required
- measurable outcomes.

Case documentation

Case documentation can include:
- medical records
- progress notes
- test results
- completed questionnaires
- completed assessment tools
- service delivery plans
- records of client feedback.

This information can be used to develop an understanding of the progress of the client’s general condition or provide an insight into changes in their health condition. This information can also be used to find out what has and has not worked for the client.

Medical reports often help assess a client’s needs, sometimes summarising the results of complex testing in plain language. This is an effective and efficient way of accessing a wide range of information about a person’s physical and mental health, the types of test used, the results of tests, diagnosis and prognosis.

This information may also be used to assess a client’s eligibility for income support, other services and Medicare rebates. The major benefit of this is that the doctor’s report can act as an enabler helping the client access relevant services.

Incident and accident reports

All support workers have occupational health and safety responsibilities. Communicating with others about risks is part of these responsibilities. If you witness a workplace accident involving a client or another person, you may be required to fill out an accident report form. Recording near misses or incidents also assists in making improvements to workplace safety to minimise hazards or risks.

The next example is of an accident/incident report form.
Example

Sara is an older person. One day her support worker, Lois, finds her on the bathroom floor. Sara said she tripped over. Lois helps Sara up and makes an appointment with her doctor. Then she completes the following form.

<table>
<thead>
<tr>
<th>Section 1: Witness details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name: Johnson</td>
</tr>
<tr>
<td>Worker ☑️ Visitor ☐ Client ☐ Contractor ☐</td>
</tr>
<tr>
<td>Phone number: 03 5411 1111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2: Details of injured person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name: Apora</td>
</tr>
<tr>
<td>Gender: M ☐ F ☑</td>
</tr>
<tr>
<td>Worker ☐ Visitor ☑ Client ☑ Contractor ☐</td>
</tr>
<tr>
<td>Was the person injured? Yes ☑ No ☐</td>
</tr>
<tr>
<td>Go to section 3 Go to section 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3: Details of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 23/2/2012</td>
</tr>
<tr>
<td>Location (on the person's body) Bruising – left hip</td>
</tr>
<tr>
<td>How did the injury occur? The client reported that she tripped over.</td>
</tr>
<tr>
<td>Was medical help sought? Yes ☑ No ☐</td>
</tr>
<tr>
<td>If yes, provide details Name: Jack Black, MD Contact details: 25 Kalinga St, Bendigo Phone: 5555 2222</td>
</tr>
<tr>
<td>If no, explain why not</td>
</tr>
<tr>
<td>Witness’s name: Lois Johnson</td>
</tr>
<tr>
<td>Witness’s signature: L. Johnson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 4: Details of near miss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who was involved?</td>
</tr>
<tr>
<td>What were they doing at the time of the near miss?</td>
</tr>
<tr>
<td>What equipment was involved?</td>
</tr>
<tr>
<td>Was PPE used?</td>
</tr>
<tr>
<td>Where did the near miss occur?</td>
</tr>
<tr>
<td>Who was the near miss reported to?</td>
</tr>
<tr>
<td>Witness’s name:</td>
</tr>
<tr>
<td>Witness’s signature:</td>
</tr>
</tbody>
</table>
Section 5: Follow up action (To be completed by an occupational health officer.)

What follow up action was taken?

Name:
Role:
Date:
Signature:

Practice task 35

Contact an experienced support worker to find out more about the reports they are required to complete. If you are currently in the workplace you may like to use your own workplace as a resource.

Record your results in a table similar to the following one.

<table>
<thead>
<tr>
<th>Document/report/record title</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7.2 Completing documentation

Many of the documents, reports and records completed by workers are considered a legal record of the support provided to clients and how the organisation manages matters such as occupational health and safety and infection control. Most government-funded organisations undergo regular audit evaluations where records are examined to ensure work is carried out to the appropriate standard.

Different types of information may need to be documented at different times and several people may enter information on a single record. There may be a weekly report on skills development of individuals; and a funding agency may require additional reports to be made monthly.

Protocols of recording information

The protocols of recording information may be inferred from or detailed in organisational policies and procedures, or even based on unwritten industry standards. Confidentiality and record management must meet legislative requirements. Seek advice from your manager regarding questions about the protocols surrounding recording information.

Objective and factual

Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability and ensures individuals are described in ways unaffected by judgments, stereotypes, assumptions or opinion.

The next table compares subjective with objective or factual information.

<table>
<thead>
<tr>
<th>Subjective language</th>
<th>Objective or factual language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Smith seemed depressed.</td>
<td>Mrs Smith stated, 'I am feeling depressed'.</td>
</tr>
<tr>
<td>Alex acted aggressively.</td>
<td>Alex rose quickly, slammed the door and raised his voice saying, 'Get lost and leave me alone!'.</td>
</tr>
<tr>
<td>Tamara looked nervous when I mentioned her parents.</td>
<td>When I asked Tamara about her relationship with her parents she looked down and twisted her hands and did not answer.</td>
</tr>
<tr>
<td>Mark is a drug addict.</td>
<td>Mark uses heroin regularly.</td>
</tr>
<tr>
<td>Mr Thompson is unable to care for himself at home.</td>
<td>Mr Thompson requires full physical assistance with all aspects of personal care, grooming and meal preparation.</td>
</tr>
</tbody>
</table>
Timely
The nature of a report or document, along with the expectations of the organisation determine the timelines and protocols for completion of reports. Reports such as funding submissions or statistical reports to government, have externally set time frames. Internal documentation are dictated by urgency, organisational policy and the end use of the information. For example, client notes or case notes should be completed regularly so the most current information is always available.

Confidentiality of other parties
Often case notes, programming and incident reports include interactions that involve events with other clients and people. Confidentiality of clients and others must be maintained when writing notes or reports recorded in another client’s file or records.

Language, jargon, acronyms
Each part of the community sector often has its own language and jargon. To ensure clarity and accuracy, use complete words rather than abbreviations or acronyms and plain English instead of jargon. Ensure language matches the needs of the intended audience.

Spelling
Spelling is another critical aspect of recording information. Spelling a person’s name incorrectly may have a number of unintended consequences. Their data may be confused with another person’s data leading to serious privacy breaches, confusion or duplication of records. Incorrect spelling of medical terms can cause confusion; for example, the treatments for and effects of hyperthyroidism and hypothyroidism are quite different.

Other considerations
When completing workplace documentation, there are other points to consider:

- Writing must be legible and comprehensible.
- Completed documents generally must not be changed. Errors or alterations should be identified in an additional note or new record, clearly explaining the reason for the change. Do not use correcting fluid to change a written note or record. Computer-based records may not allow changes to saved information.
- Use the appropriate form. This helps other workers identify the required information. Make sure you have completed all sections and entries make sense.
- Read information back to the client and/or their advocate to confirm its accuracy. While this may take extra time, clarifying information helps prevent mistakes that may take considerable time and effort to rectify.
- Records should be signed and dated by the person completing them. Computer-based records may require a log-in to access records that identify the author.

In the following example, Jason, a coordinator, confirms the information in an intake form with Travis, a new client.
Example

<table>
<thead>
<tr>
<th>Name:</th>
<th>Travis Harrington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>23/7/1945</td>
</tr>
<tr>
<td>Address:</td>
<td>Unit 12/245 Main St GEELONG VIC 3220</td>
</tr>
<tr>
<td>Phone number:</td>
<td>5555 5555</td>
</tr>
</tbody>
</table>

Do you currently have any of the following health conditions? (Please tick)

- [ ] Cardiovascular problems
- [ ] Lung problems
- [x] Breathing conditions
- [ ] Cancer
- [ ] Endocrine problems
- [ ] Depression

Have you experienced problems with any of the following health conditions in the past? (Please tick)

- [ ] Cardiovascular problems
- [ ] Lung problems
- [x] Breathing conditions
- [ ] Cancer
- [ ] Endocrine problems
- [ ] Depression

Have you sought medical help in the last 12 months?

- [ ] Yes
- [x] No

If yes, please give details

<table>
<thead>
<tr>
<th>Name and contact number for your GP:</th>
<th>Name:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr Jenny Brown</td>
<td>4555 5555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency contact:</th>
<th>Name:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nanette Harrington</td>
<td>5555 5555</td>
</tr>
</tbody>
</table>

Relationship: Spouse

When running through the details, Travis corrects Jason, saying that he lives at unit 22 not unit 12. Furthermore, he had a skin cancer scare in the past but it turned out to be a non-malignant mole. Jason amends this information.
Practice task 36

1. Interview some support workers currently in a community services setting that interests you. Ask them the following questions.
   a) Why is it important to spell information correctly?
   b) Why is it important to make sure all information is entered correctly?
   c) How do you deal with out-of-date information in the workplace?
   Record the answers.

2. Rewrite the following extracts from reports using objective language. You may have to add some details to the scenario in order to rewrite the extract.

<table>
<thead>
<tr>
<th>Extract from report</th>
<th>Re-written objectively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sofina was up all night screaming and creating havoc.</td>
<td></td>
</tr>
<tr>
<td>Peter cannot be trusted to stay in the car without a staff member, as he provokes the other clients.</td>
<td></td>
</tr>
<tr>
<td>Richard refuses to discuss moving into an aged care facility and becomes aggressive when the matter is raised. He is unrealistic about his understanding of his abilities to take care of himself and is at risk.</td>
<td></td>
</tr>
<tr>
<td>Mary appears distressed when the support worker arrives in her home and will not comply with any requests the support worker makes.</td>
<td></td>
</tr>
</tbody>
</table>

Here are some tips to assist in report writing.

**Tips**

- Use the correct format; check if there is a template.
- Use the organisation’s letterhead when appropriate.
- Follow protocols about using organisational stationery.
- Use terminology that is appropriate for the intended audience; for example, you may use different terminology in a report that is going to a funding body compared with a report that is for a client or their family.
- Ensure all reports are objective, accurate and easy to read.
- Make sure your reports are sending the message you want to deliver as a professional, using appropriate language, presentation, grammar and spelling.
- Show drafts to another authorised person for feedback; some organisations have a requirement that any outgoing reports are signed off by a manager.
7.3 Maintaining documentation

Recording and documenting work is an ongoing task. Documentation should not be allowed to get out of date. It must be completed as the work is done to prevent errors or omissions. It could be required at any time by other workers, by your supervisor, government agencies or for legal proceedings.

Generally, records of past work are stored and maintained even if they no longer appear relevant, or have been superseded by more recent information. These documents may be required to assess changes in a client’s needs over time, to demonstrate past support or to show a history of quality care.

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.

Your workplace will have procedures and guidelines about how and when documentation is to be completed. The next example shows the procedure a support worker follows when completing records.

Example

Jen is a support worker for an in-home support service. When she visits a client in their home, she signs a sheet to indicate that care has been provided as per the care plan. If there is information that other workers or the client or their carer may need to know, this is noted in the communication book in the client’s home. Urgent information is reported by phone to her supervisor. Once a week, Jen is paid for an additional hour to go into the office and enter information about the care she has provided into each client’s computer record. It is expected that information about each client is never more than one week out of date.

Practice task 37

Interview a support worker or supervisor in an aged or disability support service. Find out how they are expected to maintain documentation. How often do they need to enter information in client records? What other documentation do they regularly complete and how often? Record their answers.

Currency of client records

Client personal details can change as people move or change contact details. If you have not updated their records to ensure currency of the details, you risk not being able to contact the client or an appropriate person when you need to.

It is not only client personal details that can change. Client conditions can improve or worsen or their circumstances or preferences may change. Unless records are updated decisions may be made based on out-of-date data.
Maintaining internal documents

There are many internal records that need to be kept current and accurate.

Organisational and operational documents

Operational reports may include funding reports, reports regarding supplies and equipment, annual reports, business plans, staff performance appraisals and complaints, and financial forms. If you forget to complete paperwork, there may be significant consequences later on in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

The next example highlights a range of monitoring requirements that a worker may need to follow.

Example

Karen is a support worker in an adult training and support service for clients with intellectual disabilities.

When Karen arrives at work, she completes the staff register, noting the time she starts work. Before the clients arrive, she checks the personal care supply cupboard and completes a supplies request for items that need restocking or replacing.

When the clients arrive, Karen assists them as necessary with personal care tasks such as transfers, toileting and putting on and taking off coats, aprons and shoes. Each task she completes is recorded in the client’s progress notes in their file.

In the afternoon, Karen takes a work vehicle to the shops to buy supplies. She records the kilometres and reason for travel in the vehicle log book and on her return completes a petty cash form to record the money she has spent. Karen updates the supplies checklist to record her purchases. When she has finished work for the day, Karen records the time she finishes in the staff register.

Time sheets

A time sheet records the hours you have worked and, in some cases, the clients you have seen and details such as kilometres driven. An accurate time sheet determines your pay and may also be used for invoicing clients or funding bodies for hours of service provided.

Occupational health and safety checklists

Occupational health and safety checklists record when safety inspections have been carried out and any actions required to improve or maintain safety. Documentation may be used to record safety checks on a workplace, vehicles or clients’ homes. It may relate to physical safety, infection control, safety with chemicals, food safety or equipment. You may be required to complete and document safety checks as part of your role.
Performance appraisals

When staff performance is assessed, a record of the outcomes and plans for development or improvement are completed. Some organisations may ask you to complete a self-appraisal to say how you think you are performing and how you could develop and improve in your role.

Funding and grant submissions

Submissions for new or ongoing funding need to accurately reflect actual activities. They must include accurate information about the specific objectives of the project or program together with an explanation of how the funding will assist to meet these objectives. The objectives detailed on the funding submission may be referred to later as part of an evaluation or report on the success of the program.

Policies and procedures manual

A policies and procedures manual is a living document that guides the daily activities of staff members. Policies and procedure manuals must be up to date and reflect current practices within the organisation, as they are a critical reference for all employees of a service provider.

Practice task 38

Approach an aged care or disability services agency that you are familiar with and request an interview/discussion with a staff member who can answer questions about maintaining accurate information. Alternatively, you may base this task on your own organisation or workplace.

Use the following statements as the basis for your discussion.

1. What are the strategies in place to ensure client information is accurate and up to date?
2. What are the policies the organisation has about maintaining documents and reports?
3. Are there any strategies or guidelines about version control of hard copy documents?
4. What type of information is provided to external stakeholders such as funding bodies?

Record details of the discussion.
7.4 Filing documentation

In any organisation there will be policies, guidelines and procedures about where reports and documents are to be filed. Records must be stored in the correct place so they can be easily located and referred to when required.

Within client files, each type of record or document will be stored in the same place. For example, in a client file you might find that personal information is always at the front, progress notes next, assessments behind that and payment records at the back. In electronic files, particular information is recorded in a specific place such as a window or field for progress notes and a section for assessments. Many community agencies use electronic systems that allow users to input all client details, referrals, assessments and case notes directly to a client database. These systems may be password-protected, which limits access to authorised staff only.

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

Storing documentation

Privacy laws demand that an agency has valid reasons for collecting, storing and disseminating information about clients. There are also various guidelines on file retention times. The following table gives examples of different types of information and storage protocols.

<table>
<thead>
<tr>
<th>Information to be stored</th>
<th>Why it is stored</th>
<th>How it is stored</th>
</tr>
</thead>
</table>
| Information about legislation and standards | • As a reference for obligations of the organisation and workers  
• To ensure currency and accessibility of information about legislation and standards | In some organisations this information is stored within policy documents. It may also be displayed visually (for example, summary posters) to increase accessibility. |
| Information about other agencies         | • As a reference for the organisation and workers  
• To ensure currency and accessibility of information about other services so it can disseminated or accessed as required | This information may be filed or stored electronically. It is not confidential so does not have to be locked or password protected. |
| Organisational policies and procedures   | • As a reference for obligations of the organisation and workers  
• To ensure information about policies and procedures is accessible and up to date | This information may be in hard copy and provided to staff. In some organisations policies and procedures are only available electronically to ensure the most recent records are used. |
Chapter 7: Completing documentation

<table>
<thead>
<tr>
<th>Information to be stored</th>
<th>Why it is stored</th>
<th>How it is stored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client files and information</td>
<td>• So a plan can be developed and implemented to meet individual needs</td>
<td>This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.</td>
</tr>
<tr>
<td></td>
<td>• To meet duty of care and other legal requirements</td>
<td></td>
</tr>
<tr>
<td>Staff information</td>
<td>• So human-resource functions (recruitment, induction, professional development, performance appraisal) can be implemented</td>
<td>This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.</td>
</tr>
<tr>
<td></td>
<td>• To meet duty-of-care and OHS obligations</td>
<td></td>
</tr>
</tbody>
</table>

The next example illustrates the importance of establishing and following proper procedures for document filing.

**Example**

For the last 15 years, forms for staff to apply for recreation leave were filed under ‘P’ for photocopies. Everyone knew this, and laughed when they reached for a form. A new worker thought this was silly and re-filed the forms under ‘R’ for recreation leave. The worker was away one day when another worker wanted to apply for leave but no one could find the forms!

**Practice task 39**

Read the case study and complete the task.

**Case study**

Susan has received information from a client’s carer that the 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 client’s case notes and on the ‘bus pickup’ whiteboard in the coordinator’s office.

Susan records the information as per the procedure. The bus driver now knows not to go to the client’s house and the coordinator knows the client’s absence is expected and does not need to check up on them when they do not arrive for the day program.

Now, assume that Susan is in a hurry. Rather than recording the information in the file and on the white board, she writes a note and sticks it to the coordinator’s computer screen, assuming the coordinator will see it next time she is at her desk. The note falls to the floor as Susan leaves the office.

List three possible consequences of Susan’s actions in recording this information.
Documentation must also be complete. Your organisation will have standard operating procedures that must be followed:

- on intake
- when developing care plans
- when providing care
- when consulting with others
- when reporting incidents and accidents.

These standard operating procedures will also provide information on the types of forms that must be filled out. The forms you require may be stored electronically or available in hard copy. Regardless of whether your organisation uses paper-based or electronic forms, use the most current version. Using superseded forms may result in a failure to collect and record the information required for the client’s support.

**Example**

Polly works for a disability services provider. Every month she prints a number of copies of standard assessment forms from the intranet. Her supervisor called her two weeks later to let her know the forms had been updated. As a result, Polly had to contact her clients again to gather additional information to ensure the new assessment forms were up to date.

**Updating information**

There may be times when additional information is required to meet new standards. For example, when privacy legislation was introduced, community service providers had to get both existing and new clients to sign ‘consent to disclose information’ forms. If they did not do this, it would be illegal for them to share this information with other agencies.

It is extremely important to regularly review and update all information to ensure it complies with all identified requirements.

**Storing the information**

Information should always be kept in safe and secure areas. It is common to store hard copy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to clients and other members of the public.

Electronic filing systems are common. In most cases software allows information to be retrieved using one or many fields such as a client’s last name or file number. Electronic filing systems use a password instead of a key and a lock to protect the information. You should avoid logging on for another staff member and always log off when leaving the computer.

Finally, you must always follow organisational procedures for filing information to ensure it is not lost and can be readily retrieved by authorised personnel.
Chapter 7: Completing documentation

Ensure information is filed correctly in a secure area.

### Practice task 40

Read the case study and write down your responses to the tasks.

**Case study**

Mariah is a client of XYZ Care. She has recently been diagnosed with a serious health condition. Details of this health condition are forwarded to XYZ Care. The coordinator reads the information while standing at reception but is distracted by a phone call. The coordinator leaves the paperwork on the desk at reception and one of the administrative staff, thinking the information is rubbish, throws it out with the standard rubbish.

Later a new coordinator takes over Mariah’s case. She makes decisions without taking into account Mariah’s condition.

1. Identify what went wrong.
2. Outline the possible consequences for the workplace, Mariah and the care coordinators.

### Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- ‘Community support workers should focus on caring for people, not paperwork.’ Discuss.
- Discuss the role collection and use of information play in health care.
- Who should take responsibility for the management and filing of health-related information in the workplace? Why?
‘When professionals discuss a client, it’s acceptable to use language that is not objective as everyone understands the intent and it creates a clearer picture of the situation.’ Do you agree with this statement?

Chapter summary

- Documentation can be used to identify and keep a record of client needs and the steps taken to meet these needs.
- The integrity of client information is critical to client care.
- There is legislation that affects information collection, use, access and storage.
- Protocols require that client information contained in reports is objective and factual.
- When completing documentation, support workers must check the content, accuracy and currency of the information.
- Client information must also be complete. Your workplace will have policies and procedures to ensure all required information is collected.
- Information must be stored according to organisational procedures.

Checklist for Chapter 7

Tick the box when you can do the following.

- Comply with reporting requirements
- Complete documentation
- Maintain documentation
- File documentation
Glossary

**Adaptive equipment**: Adaptive equipment assists people with disabilities to participate in daily activities.

**Advocate**: An advocate helps their client make decisions about their care. An advocate may attend discussions about their client’s support and care. They make sure their client receives the service they want and need.

**Adoptive family**: Adoptive families take full permanent legal responsibility for all parenting duties for some people, including those with disabilities.

**Ageing in place**: Ageing in place is a government policy enabling a client to live in their own home as long as possible, bringing the services to the client, rather than moving the client to where the services are.

**Anomalies**: Anomalies are irregularities, abnormalities or differences.

**Asexual**: Asexual means not interested in sex.

**Autonomy**: Autonomy means person’s ability to make their choices about their lives.

**Cardiac**: Cardiac relates to the heart.

**Care note**: Care notes describe care incidents or any work that has been done with a client. Care notes may record information about a client’s health. They are usually kept with the care plan.

**Care plan**: A care plan describes the care needs of a client. It explains what care is needed and how and when the care should be provided.

**Case conference**: A case conference is a formal meeting where stakeholders, including the client, discuss ways to achieve the client’s goals and develop an action plan.

**Client centred**: A client-centred approach means the client is the most important part of the service.

**Congenital**: Congenital means present at birth.

**Debilitating**: Debilitating means seriously weakening or incapacitating.

**Dietitian**: A dietitian is a qualified health professional who specialises in the study of food and its nutritional properties. Dietitians give advice on the design of special diets.

**Disengaged**: To be disengaged is to be isolated, disconnected or emotionally removed from the community or other people.

**Duty of care**: Duty of care is the term used to describe the obligations employers and employees have to each other and those they are caring for. It includes making sure you provide appropriate care to meet the person’s needs, treat them with respect and maintain a person’s right to privacy.

**Empathy**: Empathy is the ability to perceive and feel directly the emotions of another.
**Endocrine:** The endocrine system produces and secretes hormones that are distributed throughout the body. These hormones regulate growth, **metabolism**, heart rate, organ function, bone density, mood.

**Enrolled nurse:** See ‘Division two nurse’

**Faecal incontinence:** Faecal incontinence means difficulty in, or inability to, maintain normal bowel control.

**Foster family:** A foster family is an individual or couple and their children who take on the role of the family for short-to medium periods in instances when a child’s legal guardian is not able to fulfil their responsibilities as a parent.

**Gastrointestinal:** The gastrointestinal system, also known as the digestive system, is responsible for breaking down food and expelling waste. It includes the stomach, liver, small and large intestines.

**Gender identity:** Gender is an aspect of personal identity, it is one’s view of oneself as male or female, irrespective of biology.

**Halal:** Halal food is prepared and presented according to Islamic law.

**Intake:** Intake refers to the process of admitting a client into care and assessing their needs.

**Integrity:** Information has integrity when it is accurate, current and reliable.

**Intervention:** An intervention is treatment, including taking steps to address problems, conditions or complaints.

**Kosher:** Kosher food is food prepared and presented according to Jewish law.

**Mandatory reporting:** Mandatory reporting refers to the legal requirement to report suspected or actual abuse of a client.

**Metabolic:** Metabolism is all the physical and chemical processes occurring in the body that allow life and normal functioning.

**Optimal health:** Optimal health is the best possible physical, psychosocial, and spiritual wellbeing a client is capable of achieving.

**Pain threshold:** The amount of pain a person needs to feel before the sensation of pain is experienced.

**Palliative care:** Palliative care is the care of a person who is dying. It means making sure they suffer as little as possible when medical care cannot make them better.

**Pathogens:** Pathogens are bacteria and viruses.

**Physiotherapist:** A physiotherapist is a health professional who uses exercise and physical activities to help condition muscles and improve level of activity. Physiotherapy is helpful for people with a debilitating illness.

**Pneumonia:** Pneumonia is a type of lung infection caused by a virus or bacteria. Pneumonia can strike suddenly or gradually. With appropriate treatment, it takes about seven to 10 days to cure.
Post-traumatic stress disorder: Post-traumatic stress disorder (PTSD) is a severe and ongoing emotional reaction to traumatic events that have threatened or caused grave physical harm. Events can include witnessing a violent or unexpected death, a threat to the person’s or another person’s life, serious physical injury, an unwanted sexual act, or a threat to a person’s physical or psychological safety.

Protocols: Protocols are the set of rules and behaviour workers are to follow in an organisation.

Respite: Respite means time away from normal caring duties. Respite means carers (such as family members) can do things like go shopping, see a movie or visit a friend.

Respite family: A respite family is an individual, couple, or family who takes on the role of the carer while the person’s full-time carer has a break.

Respiratory system: The respiratory system includes the nose, mouth, tongue, voice box (larynx), windpipe (trachea) and lungs. The respiratory system is responsible for ensuring that the body has sufficient oxygen intake to oxygenate the blood and that it expels carbon dioxide.

Safety audit: A safety audit is the process of identifying and documenting hazards and risks.

Self-esteem: Self-esteem means how you feel about yourself and your own value as a person.

Significant other: A significant other is a person you have a long-term relationship with; for example, a spouse, son, daughter or friend.

Sign: A sign is an indication of illness or disease that is visible or measurable.

State enrolled nurse: See ‘Division two nurse’

Stereotype: A stereotype is a belief or idea about a person or a group of people.

Symptom: A symptom is a sign of an illness or disease that is not measurable or readily observable; it may be based on how the patient feels.

Transsexual: A transsexual is a person whose gender identity conflicts with their sexual biology.

Transvestite: A transvestite is a male who likes to dress up in women’s clothes or a female who likes to dress up in men’s clothes.

Triage: Triage is the first point of assessment.

Urinary incontinence: Urinary incontinence means difficulty in, or inability to maintain normal bladder control.