Work effectively with carers (CHCICS304B)
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Before you begin

What you will learn

This learner guide is based on CHCICS304B Work effectively with carers from Version 3.0 of the CHCo8 Community Services Training Package.

Knowledge and skills required

The following is a list of the knowledge and skills required by the worker to work effectively with carers.

Knowledge

By the end of this unit students should know:

- Basic family relationships and dynamics
- Basic knowledge of the impact of disability and ageing on family and other natural supports
- Carer support organisations and resources
- Confidentiality and privacy requirements when working with a carer
- Relevance of the work role and functions to maintaining sustainability of the workplace, including environmental, economic, workforce and social sustainability
- Relevant legislation and policy, as identified in the Range Statement
- Relevant organisation policy
- Strengths-based philosophy and practice

Skills

At the conclusion of this unit it is critical that students demonstrate the ability to:

- Apply knowledge of basic home fire safety
- Establish and maintain healthy professional/work boundaries
- Identify carer needs
- Liaise and report to supervisor
- Maintain confidentiality
- Participate in strengths-based solution finding
- 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 directions 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 questions, 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

Apply basic problem solving skills to resolve problems within organisation protocols

Recognise, act upon and promote opportunities to enhance sustainability in the work context

Work effectively with clients, social networks, colleagues, supervisors and other services/agencies

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 separate glossary of key words used in the learning material can be found in Study Period 1. This glossary also contains definitions of various terms used throughout your guide.

## 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.
Before you begin

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.

Publications

Mace NL & Rabins PV 2006, *The 36-hour day – a family guide to caring for people with Alzheimer disease, other dementias and memory loss in later life*, 4th edn, Wellness Central, New York, USA.

Websites
Carers Australia and state and territory carer associations
<www.carersaustralia.com.au>

Commonwealth Department of Health and Ageing
<www.health.gov.au>

Commonwealth Respite and Carelink Centres


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=ToEXLdQC_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/
† Mind 42.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
† Online Tutorial Resources – http://www.khake.com/page67.html
† Writing essays – http://www.greatsource.com/iwrite/educators/e_forms.html
† Sense-Lang.org – Touch-typing and accuracy practice.
Introduction: Working effectively with carers

Working in community services means working with a wide range of different people. While a support worker’s primary focus is generally on the person with care needs, it is necessary to look more broadly at the client’s situation to see who else is involved in their care.

Often there will be a family member, partner or friend who provides unpaid care to those who have a disability, mental illness, terminal illness or who are aged and frail. There are approximately 2.8 million carers in Australia, which means that more than one in eight Australians provide this kind of care.

Therefore, carers must be considered in the planning and delivery of community services. Supporting the carer in their role is important to them, the person they care for and the wider community. Without the support of a carer, many people with care needs would need a significant amount of extra support services or residential care, which would place an impossible demand on the community and residential services available.

The carer’s role is not an easy one. Many carers are stressed and tired and become disconnected from other family members, friends and their community. Research has shown that a carer’s wellbeing is significantly affected by the work they do. One third of carers are severely or extremely depressed and, compared to the rest of the population, carers are around 40 per cent more likely to suffer from a chronic health condition and almost twice as likely to worry that their income will be insufficient to meet their expenses (Australian Unity Wellbeing Index, Survey 17.1 October 2007).

It is important that support workers are aware of the roles of carers and take their support needs into account when planning and delivering services.

Support workers need to be familiar with the rules and guidelines related to providing support to those with care needs as well as the organisations, services and resources that are available to support carers. They need to be able to work effectively with clients, carers, colleagues, social networks and other service providers to ensure the best service and support outcomes. Effective communication and observation skills are required to identify carer needs and find strengths-based and other solutions to meet these needs.
Developing this range of skills and knowledge will ensure that you, as a support worker in community care, are able to deliver high quality care and support to people with care needs and their carers.

Understanding sustainability

The unit of competency CHCICS304B Work effectively with carers now includes skills and knowledge requirements relating to sustainability principles and their application in the workplace. The information provided in this section provides an overview of these principles. You should consider sustainability principles as you undertake your learning, and think about how you can apply them in the context of this unit.

Sustainability means reducing our ecological footprint – our use of the Earth’s resources balanced with the Earth’s capacity to regenerate – without affecting our quality of life. All industries have the opportunity to incorporate sustainability principles and processes into day-to-day operations. Sustainability principles are broadly applied to the workplace in terms of environmental, economic and social aspects. An additional principle is that of workforce sustainability: how staff are trained and retained.

Environmental sustainability

Environmental sustainability means using the earth’s resources without substantially affecting the ability of future generations to have access to them. This includes maintaining the beauty of the natural environment.

To a certain extent, this can be achieved through the use of renewable rather than non-renewable resources. Electricity produced from wind or solar energy is considered a renewable resource, because we can reasonably expect that wind and sun will continue to be available. Choosing to buy electricity produced from renewable resources is a good way to promote environmental sustainability.

Oil and coal are non-renewable resources. There is a limited supply, which will eventually run out. We cannot continue to use these resources at the same rate and expect our children to be able to do the same.

Environmental sustainability is also about taking things from the natural environment at a slower rate. For example, using less paper in your workplace may reduce tree logging, which may, in turn, reduce the amount of greenhouse gases in our atmosphere.

Many organisations now pride themselves on being ‘green’ workplaces. This means they are trying to reduce their environmental impact. It is easy to look at big manufacturers and see how they could reduce their environmental impact. We can see the pollution they create; the waste they produce that needs to be disposed of; and the large quantities of water they use. However, you may wonder how, in a small organisation, you can make a difference. You can do so by using the 3Rs – reduce, reuse and recycle. An example of this process is shown in the following table.
The first step is to print or copy as few things as possible. Don’t just automatically print an email; consider first if you actually need to keep a hard copy or whether an electronic copy is enough. Printing or copying on both sides of the paper will dramatically reduce the amount of paper you use. Buying paper made from recycled products also reduces the environmental impact.

Wherever possible, use the same paper again. If you have finished with a copy of something, use the reverse side for notes. If it is something that several people need to read (for example, a copy of an interesting article), consider setting up a system to circulate one copy for everyone to pass on when they have finished.

When you have finished with the paper, make sure it is recycled. Use a box to collect your paper for recycling at your desk then transfer it to the recycling bin when it is full. Remember that for some documents, it is important to comply with your organisation’s requirements for storage and disposal. Some things, such as client letters or orders, may need to be printed for legal reasons. Other documents may need to be shredded before they are recycled to maintain confidentiality.

If everyone in an organisation aims to reduce, reuse and recycle, then the amount of waste produced and energy and water used will decrease. Another important benefit is that the cost to the organisation should also decrease.

**Economic sustainability**

Economic sustainability means identifying ways to ensure all resources are used in the most efficient, beneficial and responsible way. In most businesses, economic sustainability is driven by management, but everyone has a role to play.

Economic sustainability encompasses:

- the efficient use and acquisition of resources, such as securing ongoing and recurring funding
- purchasing equipment that meets quality standards, is fit for purpose and can be reused or recycled at the end of its life
- recruiting and retaining qualified staff (see workforce sustainability)
- establishing effective operational processes and procedures so that work is defined and organised in the most appropriate and efficient way
- reducing wasted or duplicated effort wherever possible.

For most workers, their responsibility is to follow their workplace policies and procedures and to use equipment and resources appropriately and according to the manufacturer’s guidelines.

**Social sustainability**

Social sustainability is about ensuring future generations have the same or greater access to social resources. The aim of social sustainability is to create healthy and liveable communities through the development of formal and informal processes, systems, structures and relationships.
In community services, this is achieved by embracing practices that promote cooperative and effective relationships such as:

- ensuring all clients have equal access to participation in the service
- supporting diversity in the community and service
- ensuring staff and clients enjoy a safe and healthy care environment.

For most workers this involves:

- communicating clearly with clients and carers
- establishing a trusting, collaborative and professional relationship with them
- following occupational health and safety policies and procedures
- incorporating cultural and linguistic diversity requirements.

**Workforce sustainability**

Workforce sustainability means retaining the right people with the right skills to meet current and future business requirements. Workforce sustainability should be considered in terms of recruitment, motivation and job satisfaction, stress, career paths, staff turnover and job design. For example, your organisation’s workforce sustainability policies and procedures may refer to:

- accessing education and training
- accessing external expertise and advice
- reporting OHS concerns or issues.

For most workers, it is your responsibility to:

- understand what is expected of you
- follow workplace policies and procedures
- report any improvements or deficiencies you become aware of.

Sustainability policies and procedures may be explicitly labelled or simply addressed within other policies and procedures.
Chapter 1: Acknowledging the carer as part of the care team

Carers may spend as much as 24 hours a day, seven days a week, or as little as a couple of hours a fortnight providing care and support to a person with care needs. A carer may provide support to a person in their own home or in a residential setting. Regardless of the amount or location of the care being provided, carers make a vital contribution to the lives of the people they help.

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

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

In this chapter you will learn about:

1.1 Identifying the importance of family roles and relationships
1.2 Confirming the role of the carer
1.3 Identifying the carer’s skills and knowledge
1.4 Identifying and confirming job function boundaries
1.5 Identifying and confirming carer needs
1.6 Providing support
1.7 Respecting confidentiality and privacy
1.1 Identifying the importance of family roles and relationships

When providing care for older people or people with a disability, it is important to learn as much as possible about the person themselves, their family relationships and the family dynamics.

During an initial interview with the client, a service provider will seek to make an accurate assessment of their needs. This will include finding out about their:

- abilities
- medical and physical condition
- upbringing, culture, religion and work history
- likes and dislikes
- family and other relationships – whether they have a partner, children, brothers and sisters, which of their relatives are still living, who they live with, and who visits them often or provides regular support.

In order to ensure all relevant information about the family relationships and dynamics of the person requiring care is available, we need to provide the opportunity to share this information. Family dynamics are significant. Some families have difficulties in their relationships and these clients may prefer that only certain members of their family are involved in planning their care or receive information about them. It is important to understand which family members are providing support to the client and what type of support they provide. Sometimes friends or neighbours may take the place of family.

Effective communication is vital at this early stage. Discussing family relationships, especially where there are difficulties or if close family members have passed away recently, can be sensitive and difficult for a client. Make sure the person does not feel that you are prying when asking about their family relationships; don’t ask for more information than is required and respect their feelings and level of comfort when this is being discussed. The required information will probably not be obtained in a single interview but gathered piece by piece over time.

Information about family roles and relationships will be documented in the client’s file, in their personal profile and in their care plan. Workers providing support to the client must be familiar with the family relationships and dynamics that surround the client. The information can be shown using a genogram. An example follows.

![Genogram Example]

**Client:** James
- Seven years old
- Suffered from depression
- Has a learning difficulty

**Mum:** Jenny
- 32 years old

**Dad:** Steve
- 37 years old

**Sister:** Hayley
- Three years old

**Brother:** Liam
- 14 years old

**Genogram Diagram:**
-Steve
-Jenny
-Hayley
-James
-Liam
-Arrows indicate relationships and conditions.
Being aware of the family relationships and dynamics means support workers can provide care in a way that acknowledges the value, the difficulties and the importance of the client’s relationships. It means that in supporting the client, workers can assist the family members in a way that works with their caring roles. This may mean helping them to overcome difficulties they may have in providing support or helping them to come to terms with the condition or disability of their loved one.

The following example shows how a worker gains information from a client about her family relationships.

**Example**

Susan is interviewing a new client, Patrizia. The client lives in her own home and requires assistance with personal care tasks and house cleaning. Susan asks the client the following questions:

Susan: Do you have children?
Patrizia: Yes, two sons and a daughter.

Susan: Do they live nearby?
Patrizia: One of my sons lives interstate, the other lives about 30 minutes drive away, with his wife and two small children. My daughter and her husband live three streets away. They don’t have children.

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

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

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

**Practice task 1**

Imagine you can no longer care for yourself independently. Make a list of the family and friends you have, and think about how you would feel about them helping you. What relationship dynamics might impact on your family members or friends providing care for you?
1.2 Confiming the role of the carer

A carer is defined by government funding bodies as a family member, friend or neighbour who provides regular and sustained care and assistance to another person, without receiving payment for their caring role, other than a pension or benefit. Many funded programs that support caring relationships are aimed at supporting the primary carer of a person with care needs. The primary carer is the person who provides most of the informal assistance to the care recipient.

These definitions are quite formal and are used to assess a carer’s eligibility for funded services in the community. However, clients who live in residential care may also have a carer or carers who provide support and assistance, despite the person being in full-time supported care. Carers may help a person with just a few tasks or many. They may provide care 24 hours a day, seven days a week, or for a few hours on an infrequent basis.

A carer may be a family member, a friend or a neighbour, an adult or a child, who has taken on the responsibility of providing support to a person with care needs and assisting them to maintain as much independence as possible.

Support workers and service providers must be aware of what the caring role is and who the client describes as their main carer or carers. Information about carers and their roles, gathered as part of the commencement assessments, will be available in the client’s file or in their care plan. Your supervisor may talk to you about the carers of clients you support and may describe the roles they take and the ways in which care has been planned to support them.

Ask your supervisor if you are unsure of the role of a carer, family member or friend who supports a client. Likewise, tell your supervisor if you become aware of changes to a carer’s role, or information about carers not documented in the client’s file. This will enable your supervisor to update assessment information and ensure that services continue to meet the needs of the client and their carer.

The following example shows a support worker confirming the role of the carer with his supervisor.

Example

Max is a support worker providing care for the first time for Aman, a 12-year-old boy with cerebral palsy, who lives at home with his parents. Before going to the home, Max speaks with his supervisor to clarify the information he has been given.

Aman’s parents are going out for the day and Max will stay with Aman to provide care and activities for him while they are gone. He checks with the supervisor about the tasks that Aman's parents will do before they leave, such as giving him his medication and getting him washed and dressed for the day.

The supervisor confirms that Aman’s parents will do these tasks and will also leave lunch prepared for Aman. Max now knows what to expect when he gets to Aman’s home.
Practice task 2

Interview an older person or a person with a disability who has a carer, or talk to their carer. Ask them about who their primary carer is and what type of support they provide in their caring role.
Write down three or four questions before you begin and ensure that you can ask them in a way that is sensitive, considerate and not too intrusive. Think about what you would need to find out if you were planning to provide support to the older person or person with the disability, and their carer.
1.3 Identifying the carer’s skills and knowledge

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

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

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

Support workers may observe carers performing tasks in a way that is unsafe for the carer or the client. The task may be being performed incorrectly, or it may be too difficult or risky for the carer to manage safely. Support workers should report such concerns to their supervisor and obtain advice on the correct action to take to ensure that the tasks are performed safely in the future.

There are some tasks that support workers are not permitted to do, such as medical procedures giving medication and lifting. However, carers often receive specific training or information about providing medical care or medication for the person in their care. Support workers can then provide the level of assistance within their capacity, with carers performing those tasks that are outside the support worker’s scope of responsibility. In some cases this arrangement can remove the need for daily or frequent medical or nursing intervention.

When a carer has skills to support the person they care for, these can complement the skills and knowledge of support workers. Good care planning will ensure that support is provided to a client and carer in a way that makes the most of the skills the carer has. The aim is to provide support for those tasks they are unable to do or are having difficulty with, while supporting them to continue to provide the level of care they are able to.

The following example shows how the carer’s skills and knowledge can complement those of the worker.
Chapter 1: Acknowledging the carer as part of the care team

Example

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

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

Practice task 3

Write a sentence to describe your observations and potential actions in identifying each carer’s level of skills and knowledge related to the client’s care and support needs.

<table>
<thead>
<tr>
<th>Care/support need</th>
<th>Carer’s knowledge/skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child with a disability is becoming more difficult to lift as he grows bigger.</td>
<td>Carer is still physically lifting the child but complaining of a sore back.</td>
</tr>
<tr>
<td>A client with dementia has challenging behaviours, and is going to stay in an aged</td>
<td>The carer knows how to distract and calm the client when they display challenging</td>
</tr>
<tr>
<td>care facility for two weeks.</td>
<td>behaviours.</td>
</tr>
<tr>
<td>A client speaks only Mandarin.</td>
<td>The carer speaks Mandarin and English.</td>
</tr>
<tr>
<td>A client who has had a stroke has swallowing difficulties and requires vitamised</td>
<td>The carer is mashing some foods and avoiding others. The client is still being</td>
</tr>
<tr>
<td>foods and thickened liquids.</td>
<td>given normal liquids and seems to cough and splutter a lot.</td>
</tr>
</tbody>
</table>
1.4 Identifying and confirming job function boundaries

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

Support workers will learn about the boundaries of their role by:

- undertaking orientation when commencing a new role
- reading their position description
- reading their workplace policies and procedures
- reading the client’s care plan
- talking to their supervisor.

Some of the common boundaries a support worker may have in their job role are:

- being able to prompt clients about, but not give, medication
- not being permitted to use their own car to transport clients
- having a ‘no-lift’ policy
- not providing details of their personal life to clients
- not accepting gifts from clients or their families
- not providing care, support or other services outside those listed in a client’s care plan.

Just as adhering to the boundaries that are set for a work role is important, so too is understanding the personal boundaries that exist when working with clients and carers. Support workers can become very close to their clients and carers and, while it can be difficult to separate the role of worker from the role of friend, this is nevertheless an important distinction to make. The support worker may be the only person that the client or carer sees in a day, leading to dependence on this contact and a blurring of the lines between worker and friend.

Similarly, workers can begin to feel responsible for the client and their carer, as they would with a friend or family member of their own, and start performing small tasks or ‘favours’ that are outside the job role. This can be a dangerous boundary to cross, as withdrawing from a situation in which the client and their carer have become overly reliant on a worker can be difficult and upsetting.

Support workers must therefore understand and clarify the boundaries of their work role, ensuring client and carer are clear on those tasks or roles and reminding them of the boundaries if requests are made that are outside those limits. If excessive demands are made, discuss the situation with your supervisor.

Be aware, also, of the boundaries between the support worker’s role and that of the carer. Different roles and boundaries may apply when working with different clients and carers, sometimes due to:

- the client’s preferences; for example, a client prefers their carer to perform certain tasks rather than a support worker
Chapter 1: Acknowledging the carer as part of the care team

> the carer’s preference; for example, the carer would prefer workers to perform certain tasks
> the client’s or carer’s abilities, skills and knowledge.

Respect a client or carer preference to do certain tasks themselves, or to have the support worker carry out the task. Sometimes it may seem easier for a worker to complete a task that the carer would normally do; or conversely a worker may think that it is easier or more comfortable to leave a task for the carer to do, even though the care plan indicates that the task is to be done by the worker. Each of these situations is an example of stepping outside the boundaries of the job role and of not respecting the role of the carer.

The following example shows how a support worker confirms the boundaries of her role.

**Example**

Liggia is a support worker providing care to clients in an aged care home. She helps Mrs Coyle to get up in the morning, have her breakfast and get showered and dressed. Mrs Coyle’s care plan indicates that her daughter comes in each morning to help Mrs Coyle to put on her make-up and style her hair. This is a routine that the carer and client have requested, as they enjoy this time together.

Today, when Liggia has finished helping Mrs Coyle to get ready for the day, she realises that Mrs Coyle’s daughter has not yet arrived. Liggia thinks maybe it would be simpler for her to help Mrs Coyle with her hair and make-up now so that her daughter doesn’t need to rush. She goes to her supervisor and makes this suggestion.

Liggia’s supervisor explains that Mrs Coyle and her daughter are very firm about their preference to spend time each morning sharing this task, and that Mrs Coyle is always calm and relaxed after her daughter has been in to help her. The supervisor explains that the client and her carer would be upset if their preferences were not respected.

**Practice task 4**

Read each of the following scenarios. For each one, write a sentence describing how the support worker has or has not stayed within the boundaries of their job role. For the appropriate scenarios, write a sentence to suggest how the support worker could have managed the situation better to ensure they stayed within the boundaries of their job role.

1. The care plan for a six-year-old boy with a disability indicates that the support worker should not give any soft drink without the carer’s permission as the sugar can affect his behaviour. The worker accompanies the child to a birthday party and feels it would be unfair to deny him a soft drink when all the children are having one.

2. A worker notices there is half a basket of ironing left to be done while she is at a client’s home providing respite care and the carer is out. Ironing is not mentioned in the care plan so the worker leaves the ironing alone.

3. A client’s care plan states that her mother will come to help feed her the evening meal each night while she is staying in a respite house. As the meal is ready early, the worker decides to go ahead and help the client to eat her meal, rather than letting it get cold.

4. A worker is asked by the carer of a regular client if she would like to come and see a movie with the carer one evening, as a friend. The worker agrees to go.
1.5 Identifying and confirming carer needs

Client needs for care and support are assessed before services are provided, and are regularly re-assessed to ensure that services are still meeting their needs. Similarly, a carer’s needs in relation to providing support must also be assessed and regularly re-assessed. This is done by talking to the carer about the tasks they are performing to support the client and the impact that providing care and support is having on their own life.

Providing care and support to a loved one can affect a carer’s life in many ways including:

› a lack of time to maintain their social networks
› difficulty spending time with other family members
› emotional distress or physical stresses relating to caring
› difficulty in maintaining employment while providing care
› negative effects on their own physical or mental health.

Providing care and support invariably has an effect on the carer’s life, so it is necessary to identify what support they may need to minimise or manage these effects. Support workers can help by talking to carers about how they are feeling and being observant of signs that a carer is struggling or uncomfortable in their role. Although the needs of each carer will be different according to their situation and the level of care they are providing, some needs are predictable.

Affirmation

It can be difficult for a carer to distance themselves enough from their caring role and see the positive impact their care is making. Some care recipients may not be able to show their appreciation for the support their carer provides, or it may be difficult for the carer to see that the care makes a difference.

Carers may need positive affirmation from support workers that they are doing a good job in their caring role and acknowledgment that the role is a difficult one.

Recognition

A family member or friend who provides care to an older person or someone with a disability may not identify themselves as a carer. They feel they are simply a spouse, son or daughter, mother, father or friend who has to care for a loved one. Acknowledge the caring role the person is undertaking and help them to recognise that they are a carer who has their own need for support.

Education

Many carers are dealing with complex conditions and situations. The person they care for may have medical or nursing care needs, they may have dementia or other cognitive impairments that make caring for them challenging, or they may need physical support to get from one place to another. Carers may need to be educated about the condition the person has and about the best ways to provide care for them.
Medical and nursing services may provide specific training for a carer in carrying out a medical or nursing task like changing a catheter bag or administering an injection. Other agencies provide education specific to particular conditions such as dementia, acquired brain injury or autism. Support workers should identify carer education needs and report these to their supervisor so the carer can be referred to the appropriate professional or organisation.

**Information and referral**

Carers may not know about the services and supports available to them; alternatively, a single service may not meet all of their needs. Once again, when you identify that a carer has a need for information about services and supports, or referral to a service that can meet their additional support needs, report this to a supervisor for further action.

**Inclusion**

Carers can often become isolated due to the demands of their caring role. They may lose contact with their friends and other social networks, they may have to leave work or may have little access to recreational opportunities. Some carers even find it difficult to find the time to spend with other family members. Carer needs for inclusion in their family, social networks, employment and community should be identified and services and support provided to address these needs.

**Choice about involvement in care**

The caring role can require carers to become involved in tasks and aspects of care that they would not normally carry out in everyday life. Some of these tasks can be difficult, dangerous or even upsetting to the carer and the person they care for. For example, helping a parent to shower, dress or go to the toilet can be uncomfortable for both the carer and care recipient. Providing physical support to an adult child with a disability or supporting a person with cognitive impairment and challenging behaviours can also be dangerous.

Carers need to be made aware of the choices they have in providing specific aspects of care. They may need assistance to identify those care tasks they feel comfortable and safe providing and those they would prefer not to do. Where a carer chooses not to be involved in a specific aspect of the person’s care, they may need support to locate alternative support avenues. When a support worker becomes aware of a carer’s discomfort or wish to exercise choice in their involvement in care, this should be discussed with the carer, assuring them that they will be supported to exercise their choices. The supervisor should be informed so that action can be taken to support the carer.

**Peer support**

Carers may feel very alone in their caring role, perhaps thinking that no-one else can really understand the burdens and challenges of their role. It can be helpful for carers to join a support group, where they meet others in similar caring roles, sharing their experiences and talking about their concerns and feelings to others who can empathise. Support workers should ensure that carers have access to information about carer support groups.
Respite
Carers often need a break from caring. They need to be able to take time out for themselves, to catch up their own interests and social networks, to rest and recuperate, or to spend time with other family members. There are many services that provide respite to carers: some provide regular respite in the client’s home, others may provide a recreational outing or activity for the care recipient to give the carer a break. Respite can be provided in residential care facilities or houses, so that carers can have a break overnight or up to a few weeks. It is important that carers have access to regular respite breaks; support workers should ensure that carers know about the respite services that are available to them.

Identifying the needs of carers assists service providers in offering support that will help them. Supporting carers well assists them in maintaining their own lifestyle and health and helps them continue their caring role for as long as possible. Support workers should look out for unmet carer needs and provide support or information that could help the carer improve the situation, as the following example illustrates.

Example

Nelao is a support worker for a 12-year-old boy, Marc, who has physical and intellectual disabilities. He lives at home with his parents, and Nelao provides support twice a week to give his parents a break.

Nelao notices that Marc’s mother is having difficulty managing his transfers as Marc has grown and is becoming very heavy. She also notices that Marc’s parents do not socialise much and seem to have lost contact with friends and family. They mention the feeling that they are very alone and no-one they know understands the difficulties of having a child with a disability. They feel they are letting Marc down as caring for him becomes more difficult.

Nelao talks to them about the support groups that are available for parents of children with disabilities. She explains that it can be helpful to meet and talk with other parents who are in a similar situation. She asks them if they would be interested if there were additional respite services available to give them more time to catch up with friends and family. She also offers to organise an assessment for equipment to help them with lifting and transfers for Marc. They say they would appreciate this information and support.

Nelao talks to her supervisor about referring Marc and his parents for assessment for lifting equipment or training, and for additional respite services. She gets information from her supervisor about local support groups for carers of children with disabilities to give to Marc’s parents.
Chapter 1: Acknowledging the carer as part of the care team

1.6 Providing support

Once the carer’s needs have been identified and confirmed, support will be provided to meet those needs. Many carers provide support without which the person they care for would need to move into full-time residential care. Providing support to carers means that they are able to fulfil their caring role more effectively, stay physically and mentally well themselves, and maintain their caring role for as long as possible.

Following workplace policy

Your workplace may have policies related to providing support for carers such as:

- an assessment policy that ensures carers’ needs are assessed and responded to
- a policy about providing a carer support group or activity
- a policy about how to consult with the carers of clients when planning or providing care and support.

Support workers must be familiar with the workplace policies related to supporting carers. They must understand what these policies mean and how they relate to a support worker role. Following workplace policies means that you adhere to the legislation and government policy relating to the service or setting that employs you.

Legislation

Legislation and government policy related to supporting carers varies across states and territories with each state having their own guidelines or legislation. There are also national guidelines that relate to the ways in which carers are supported.

The legislation that applies will depend on the type of organisation you work for and the clients you support.

Some examples of relevant legislation and policies are listed below:

- Carer’s Charter; carers recognition legislation; State Carers Policy (SA)
  The South Australian Carer’s Charter aims to ensure that carers are recognised and supported in their role in the community; it also provides for the reporting by organisations of action taken to reflect the principles of the Carers Charter in the provision of services relevant to carers and the persons they care for.

- Recognising and supporting care relationships: Department of Human Services policy framework (Vic.)
  The Department of Human Services has developed a policy framework, Recognising and supporting care relationships, that identifies three overarching principles in focusing on care relationships. These are recognition and respect; supporting care relationships; and participation. The framework aims to improve recognition of and respect for care relationships for Victorians with care needs through policy and service development and delivery.
Carers Recognition Act 2004 (WA)
The Carers Recognition Act 2004 (WA) aims to ensure that services and government recognise the role of carers in the community and to provide a mechanism for the involvement of carers in the provision of services that impact on them and their role.

Caring for carers in the ACT – a plan for action 2004–2007
Caring for carers outlines the actions planned to respond to ACT government policy to better acknowledge carers and respond to their needs.

Carer recognition policy 2003 (Qld)
The Carer recognition policy illustrates to the Queensland community and to all tiers of government how the needs of carers can be recognised, respected and better accommodated.

NSW carers statement 1999
The NSW carers statement outlines the objectives to be achieved in recognising and supporting carers. The document was released when additional funding was made available by government to provide support to carers.

Anti-Discrimination Amendment (Carers’ Responsibilities) Act 2000 (NSW)
An amendment to the Anti-Discrimination Act 1977 (NSW) prohibits discrimination on the grounds of a person’s responsibilities as a carer. This document is applicable in New South Wales.

Child protection legislation
Each state and territory has legislation describing the prevention, reporting and action required relating to the abuse or neglect of children.

As a support worker, knowing about the types of legislation and policies that apply in your workplace and following them is important in providing high quality and appropriate support to carers. Despite state or territory differences, the legislation is written with the same intent: to ensure that carers are recognised and supported in their roles.

Consider how legislation can help protect the interests of a carer as illustrated in the following example.

Example
Rania is a carer for her daughter, Libby, who has Down syndrome. They live in Sydney. Libby goes to an adult training and support centre each weekday during the school term. The centre is closed during school holidays so Rania’s parents usually care for Libby so Rania can continue to work full time. A week before the school term ends, Rania’s mother fractures her hip. Rania manages to find a recreational program for Libby that runs two days a week over the holidays, but needs to stay home with her the rest of the week. She asks her employer if she can work fewer days during the holidays, as she must stay at home with Libby. Her employer refuses to reduce her hours and says that if she does not come to work she may lose her job. Rania mentions to a support worker at the centre that she is concerned about losing her job. The support worker explains to Rania that there is legislation preventing employers from discriminating against those with caring responsibilities. She suggests that Rania contact Carers NSW to discuss advocacy services and obtain advice on her situation.
Practice task 5

Locate one of the legislation or policy documents listed previously. You can use the Internet. Answer the following questions:

1. How does the document define a carer?
2. What principles does the document outline in terms of carer’s rights or recognising and supporting carers?
3. Think of three ways you might put these principles into action in a support worker role.
1.7 Respecting confidentiality and privacy

An important requirement in any support worker role is the protection of the confidentiality and privacy of the client and their carer.

Your workplace will have policies and procedures about how workers are expected to maintain privacy and confidentiality. They will also govern how information about carers and the people they care for can and cannot be shared with others. The support worker’s responsibility to the carer’s privacy and confidentiality is just as important as protecting those of the person needing care.

Sharing information

Carers may discuss private and personal matters with a support worker. They may tell you about things that have happened to them, or how they are feeling, or information about their own health or medical issues. Through the assessment and care plan information in the client file you will also have access to personal information about the carer.

You may need to discuss this information with your supervisor or other staff who provide support to the client and their carer. It is not a breach of their privacy if such a discussion is directly related to the provision of care and support and the discussion is with a worker who also provides direct support to the person with care needs and the carer.

However, talking about carers and the people they care for to people who are not involved in their care and support is a breach of their privacy and confidentiality. It is important to understand the rules and procedures in your workplace related to maintaining client and carer confidentiality and privacy.

Situations may arise where the carer tells you information which they do not want the person with care needs to know – or vice versa. It is important to consider why this information is not to be shared with the carer/care recipient and to maintain their confidentiality providing this will not put either of them at risk. Ask your supervisor if you are unsure about when you can share information with others.

Discussing information with a supervisor or other worker directly involved in a client’s care does not breach privacy or confidentiality protocols.
Respect and trust

Showing carers and those they care for that you respect their privacy and confidentiality is important in maintaining a bond of trust. This trust is critical to an open sharing of information. Breaching the confidentiality and privacy of a carer or client can have serious implications for you as a worker, for your workplace and for the carer and client. Carers and clients who have had their confidentiality and privacy breached will find it difficult to trust support workers in the future and may not receive the services and supports they need.

You can demonstrate respect for the confidentiality and privacy of carers and those they care for by:

› only discussing personal information with those who have a direct responsibility to the person with care needs or their carer
› ensuring the carer and the person they care for are informed about their right to privacy and confidentiality, including how the information they provide will be used
› telling the carer and the person they care for if the information they share with you will need to be shared with others; for example, other workers or your supervisor.

Consider the next example in relation to privacy and confidentiality.

Example

Gail is assisting Maeve and her husband Connor to do their weekly shopping. Maeve has motor neurone disease and requires a wheelchair. She has some difficulty with her speech and movements. Connor provides full-time care for Maeve and requires assistance with some tasks.

When Gail is at the shops with the couple, she bumps into one of her neighbours. The neighbour asks Gail what she is doing there. Gail replies, ‘Just shopping’. The neighbour asks Gail who the couple she is with are and Gail tells her that they are friends.

Gail quickly excuses herself and keeps moving into the shops with Maeve and Connor before the neighbour can ask any more questions.
Practice task 6

For each of the following scenarios, write whether it constitutes a breach of privacy and confidentiality for a carer or the person they care for and why.

<table>
<thead>
<tr>
<th>Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>A carer tells the support worker that they are getting frustrated with the person they care for and sometimes yell at them. The support worker reports this to their supervisor in order to see whether there is additional assistance that can be provided to the carer.</td>
</tr>
<tr>
<td>A child with a disability tells the support worker that they are planning to run away from home as they are tired of being 'bossed around' by their mum. The worker tells the child's mother.</td>
</tr>
<tr>
<td>A carer tells the worker that she is seeing a psychologist to deal with some of the stress she feels due to the caring role. The worker mentions this to the carer’s sister who works in admin at the support service.</td>
</tr>
<tr>
<td>A support worker is stopped in the driveway by a passerby, who asks what is wrong with the 'man who lives here' as they used to attend the same bowls club. The worker tells the man that the gentleman is now caring full time for his wife who has cancer and can no longer get out of the house much.</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.

› ‘If a person with care needs has family, the family are obliged to provide the care the person needs and they shouldn’t put them in residential care. This is just what family members should do for each other.’ Discuss the implications of this statement.

› Many carers feel frustrated and angry about the situation they find themselves in, and then feel guilty that they are feeling this way. Discuss ways in which you could help carers to express and deal with these feelings.

Chapter summary

› Understanding family roles and relationships helps in the provision of appropriate support to carers and the people they care for.

› A carer may be a family member, partner, friend or neighbour.

› Caring roles vary between carers. Understanding the role the carer has is important in providing appropriate support.

› Carers usually know the person with care needs best. They have skills and knowledge about the person and know how to best support them. Carers should be acknowledged as members of the care provision team and should be consulted in the development of care and support plans.
> Carers may require additional information or training in order to maintain their caring role.

> Support workers must remain aware of the boundaries of their job role and take care not to overstep them.

> The impact of caring on the carer’s life should be assessed and their need for support to minimise these impacts identified in order to provide appropriate supports and services.

> Government legislation and policy ensures that carers are recognised and supported in the important role they play.

> The confidentiality and privacy of the carer and care recipient must be respected and maintained.

Checklist for Chapter 1

Tick the box when you can do the following.

- Identify the importance of family roles and relationships
- Confirm the role of the carer
- Identify the carer’s skills and knowledge
- Identify and confirm job function boundaries
- Identify and confirm carer needs
- Provide support
- Respect confidentiality and privacy
Chapter 2: Contributing to the inclusion of the carer in the care team

When planning care and support for an older person or a person with a disability, there is usually a team approach involving workers and professionals who contribute information and recommendations to the planning process. Each of these workers or professionals will have information based on their areas of work or expertise.

Where the person with support needs has a carer, the carer should be included as an essential part of the care planning team. A carer will often have detailed knowledge of the person’s history and experiences, their everyday needs, and their emotions and triggers for challenging behaviours. For clients unable to express their own thoughts or needs, a carer may be able to provide essential information about the person’s care needs.

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

In this chapter you will learn about:

2.1 Participating in planning activities
2.2 Providing individualised plan support
2.3 Identifying carer issues
2.4 Participating in finding solutions
2.5 Recognising and supporting the carer’s relationship with and knowledge about the person with support needs
2.1 Participating in planning activities

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

Support workers may be required to attend and contribute to planning meetings about the care to be provided to their clients. Workers can contribute information and their observations about the best ways in which care could be provided to the client and the way in which care activities can be planned to be most effective.

Carers, too, should be included in this process, if the person with the care needs has given their consent, where they are able to, to have their information shared with their carer. People with care needs have a right to confidentiality which includes their right to keep some information confidential from their carer. While this should be discussed in detail, and the implications of not sharing all information with their carer in planning their care and activities should be explained, this right must be respected.

Activities that might be discussed in planning include providing the care recipient support to:
- meet personal care needs
- address activities of daily living, such as cleaning, laundry, shopping and transport
- meet the person's social needs
- assist the person to participate in recreation
- ensure the person’s religious, spiritual or cultural needs are met.

With the client’s consent, carers can be involved in planning all of these activities with support workers and the person with care needs. Involving the carer will provide opportunities for activities to be personalised to the needs of the care recipient. It will also offer opportunities to ensure that activities are planned in a way that provides support to the carer as well as the person with care needs.

Carers can be involved in planning activities for the care recipient in many ways. Some examples are:
- providing information about activities that the person enjoys, their daily routines and their habits
- working cooperatively with support workers to look at which support tasks the carer will do and which the support workers need to do
- suggesting how best to structure the care plan so that the carer can benefit from a break from their caring role
- providing insight into the person’s behaviour, emotions and reactions to support and activities.

If the care recipient is able to speak for themselves and express their own needs and preferences, the carer may not be as deeply involved in planning activities for them. However, where an older person or person with a disability has a condition that affects their thinking, memory or communication skills, they may not be able to express their needs or preferences. In such instances it will be important for the carer to be directly involved in assisting to plan their care and activities, as the carer is the person most
likely to be able to identify the client’s personal preferences.

There are procedures to follow where the care recipient is unable to give their consent to share their personal information. Your supervisor will have taken the necessary steps to ensure that the carer is allowed to access information about the person. This information will be provided to you via the care plan or discussion with your supervisor. Ask your supervisor if you are unsure.

By including carers in planning activities for the person with care needs, carers themselves will feel respected and acknowledged as part of the care team. It ensures that their knowledge and insight into the person’s needs and preferences is valued and used to devise a plan that best suits the person’s needs and those of the carer.

Consider the following example.

Example
Margaret and her husband and carer, Ron, are meeting with Sarah, a worker at a day activity centre for people with dementia. Margaret has early stage dementia and needs full-time care.

Sarah tells Margaret and Ron about the programs that the centre runs. There are opportunities to participate in community outings, physical exercise, music and cooking activities as well as seeing visiting performers.

Ron tells Sarah about Margaret’s love for music and dance – both in performing and attending performances. He explains that she has never been a fan of physical exercise; also, she must be carefully observed when cooking as she tends to eat raw ingredients or add whole packets of ingredients rather than measuring out the correct amount. Ron also tells Sarah that Margaret is very social and loves to go out.

Ron explains that he likes to play golf with some old work friends on a Tuesday or Thursday, and would like one day a week to attend to household errands and appointments.

Using this information, Sarah suggests that they develop a plan that includes Margaret attending the centre on Tuesdays, when the program is based around music and visiting entertainers, and Thursdays, when the group goes out on the bus to various community venues.

Ron feels this plan will mean that Margaret enjoys her time at the centre and allows him to choose which day he can meet his friends for golf and still have a day to run errands.

Carers can bring valuable skills and knowledge to the care planning process.
Practice task 7

Read the case study, then complete the task that follows.

Case study
Jemima is the mother of Ruby, an 18-year-old girl with Down syndrome. Ruby is finishing school at the end of the year, and Jemima has enrolled her in an adult training and support service (ATSS), so that she can attend five days per week during term time, and Jemima can still work. Jemima meets with the support worker at the ATSS to discuss an activity plan for Ruby.

Write down three ways that the carer can be involved in planning activities for the person with care needs.
2.2 Providing individualised plan support

In planning care and activities for a person with care needs, support workers may need to consult with a range of other people. They may talk to their supervisor to clarify the information in the plan and discuss the best ways to deliver care and activities. They may talk to other support workers about their experiences with the client or with other clients in similar circumstances. And of course they will talk to the client’s carer about the best ways to deliver care and activities to engage the person, and ensure they receive the best possible support while supporting themselves as carers.

It can be helpful to discuss the care with the carer before, during and after care commences. Beforehand, the carer may be able to provide tips or details that are not included in the plan that may help a support worker tailor the way in which they provide support.

Afterwards, the carer can give their feedback on how the care was received by the person, their reactions and feelings afterwards. This too can help to adjust the care and support the next time it is delivered, to improve those things that didn’t go well or weren’t well received, and build on those things that were successful.

Allow a couple of minutes at the start and end of programmed support to include the carer in the fine tuning of the support to the client’s individual needs. This may be done face to face or over the phone; or when the person with care needs is receiving one-to-one support in the home, group support in a day activity or support program, or care in a residential setting.

Carers may be consulted individually, or via planned group meetings with carers of clients of the service you work with as illustrated in the next example.

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**Example**

Maron is a support worker in a residential aged care facility. He delivers group activities during the day to residents in the low-care section of the facility.

Each resident has an individualised care and activity plan, outlining their interests, support needs, and social and personal history. Maron consults these plans before developing an activity plan that will meet the individual needs of each client. Maron is concerned that one resident, Chrysilla, is not engaging with the activity program: she appears interested in what is happening, but does not actively participate. Her social history says that she has enjoyed cooking, socialising and classical music. However, when activities focused on these pastimes are offered, Chrysilla stays on the sidelines and Maron cannot get her to actively participate.

Maron attends the next monthly relatives meeting and speaks with Chrysilla’s daughter. He asks her how he might encourage Chrysilla to participate more actively. Chrysilla’s daughter suggests that she is often more engaged when she has a little control over the situation – when she feels she is helping or teaching others.

At the next group activity session, Maron talks with the group about traditional Greek recipes and asks Chrysilla to read out the recipe and guide the group through the way she would have cooked this dish. Chrysilla becomes animated and talks to the group about the best ways to manage this particular recipe. While the group are cooking, she seems to enjoy walking from person to person, giving them each a tip or helping hand. Maron adds information to Chrysilla’s support plan about the best ways to encourage her to be involved and engaged in the activity program.
2.3 Identifying carer issues

Being the carer of a person who is ageing or has a disability has a significant impact on daily life. The caring role can have a significant impact on everyday activities such as showering, dressing, meal preparation, shopping, socialising or going to work.

Support workers must be aware of the potential impact of the caring role on the carer and observant for signs of this impact. The effects of care provision must be identified, acknowledged and managed through support plans that are tailored to support the carer as well as the person needing care.

As one of the people who sees the carer on a frequent basis, a support worker should be observant, looking for signs of the effects of the caring role on the carer’s life. These impacts may vary according to the changing needs and condition of the person requiring care and also because of the other roles that the carer may have – such as parent, spouse, child, friend, worker – and the demands that these other roles place on the carer.

Below are some of the common issues that a support worker may identify when working with carers.

Stress

Workers may identify that carers are experiencing stress due to their caring role. This may be seen as tiredness, anger, lack of patience, or anxiety. Carers who provide care for a person who has challenging behaviours, is unable to be left alone or who has high medical care needs will almost certainly experience stress.

Exhaustion

Many carers find little time to rest or relax. If their caring role is full time – they may have little or no time to themselves. Some caring roles are also physically demanding. Exhaustion can lead to health and emotional problems for carers.

Financial

A caring role can be financially burdensome. Equipment, supplies and services used to support a person with care needs can be costly; they may need to be purchased privately where funded services are unavailable. Carers unable to earn an income when they have a full-time caring role can be placed under a significant financial burden.

Physical health and wellbeing

When carers are stressed and tired, their own health may be at risk. Carers may be unable to find the time to attend to their own health and medical needs; they may ignore signs of ill health or delay addressing them if they are too busy. A carer who becomes unwell may no longer be able to maintain their caring role.
Chapter 2: Contributing to the inclusion of the carer in the care team

Grief and loss
Feelings of grief and loss can be experienced by carers, even while the person they care for is still with them. If the care recipient is suffering from an acquired condition, the carer may grieve for the person they once knew and the life they expected to lead with that person. If there are cognitive and memory problems these feelings can be very strong. Where a disability has been present from birth, parents and carers may feel a similar sense of loss of their own plans and for the life they expected for their child.

Emotional wellbeing
Carers can experience long-term stress and emotional turmoil that can affect their emotional wellbeing, leading to issues such as depression and other mental illness.

Other family relationships
Carers may spend so much of their time providing care that there is little time left to spend with other family members. It may be difficult to make quality time to spend with other members of the family when the carer uses any ‘spare’ time to rest and attend to their own needs.

Social participation
Some carers find that they lose the connection to their social network. Commonly this may be due to a lack of time to catch up with friends and participate in recreational activities. It may also be because friends are not comfortable visiting them and the person they care for or that the carer finds it difficult to relate to people who do not understand the demands of their caring role.

Workforce participation
The demands of a caring role can make it hard for a carer to maintain their paid employment. They may be unable to attend work if the person they care for is unable to be left alone, or they may not be able to accommodate the additional psychological pressure of work demands.

An observant support worker can use their skills and knowledge to help a preoccupied carer identify their unmet needs and the impact of the caring role on those needs. Often it is difficult for the carer to take the time to assess or acknowledge that the condition and needs of the person they care for also has a real impact on their own life. Similarly, many of the assessments, appointments and services that are provided are focused on the person with the care needs.

Effective communication, consideration and tact are required to help carers identify and deal with some of their more sensitive issues. Support workers need to develop rapport and gain the trust of carers before they are likely to open up and discuss the personal issues they are facing.

Your workplace may have policies and procedures related to ensuring that carers’ needs are identified and that support is offered or sourced to support carers to maintain their caring role. Where there are issues that may be causing physical or mental harm to the
person needing care, or to the carer, these must be reported to your supervisor. Your workplace will have policies and procedures related to reporting abuse and neglect of care recipients and carers.

The next example shows the level of support a carer may require if they are dealing with challenging behaviour.

Example

Patricia is a support worker visiting the home of Kate and Ronald to provide personal care support for Ronald. Kate and Ronald are in their fifties and Ronald has early onset Alzheimer’s disease which was diagnosed five years ago.

Patricia has been visiting them for six months and has noticed that Ronald’s behaviour is becoming more challenging. She has also seen greeting cards farewelling Kate from her job and noticed that the fridge and cupboards seem poorly stocked. This week she observes that Kate has bruising to her face. When she finishes helping Ronald and has him settled in his chair, she makes Kate a cup of coffee. They sit down together and Patricia gently asks Kate how things are going. Patricia tells Kate that she has noticed that Ronald is becoming more difficult to handle and says she wonders how Kate is coping.

Kate tells her that she can no longer leave Ronald alone even for a few minutes as he looks for her all the time and gets angry when he can’t find her. She also tells Patricia that Ronald is becoming physically aggressive in the evenings when she helps him to get ready for bed – and has hit her on more than one occasion. Kate says she feels very guilty because once she actually hit him back. She tells Patricia that she has had to leave her job, as the men’s group Ronald was attending is no longer able to manage him, so he must stay home.

Patricia tells Kate that there are additional services and supports that she can access. She talks to Kate about the feelings of frustration and anger that many carers feel, and that this is understandable given the circumstances. Patricia tells Kate she will talk to her supervisor and ensure that Kate gets information and referrals for additional support.

On returning to the office, Patricia goes to see her supervisor. She explains her concerns about Kate and Ronald. She tells her supervisor that assessment and additional support are necessary and that Kate needs urgent support to manage Ronald’s aggressive behaviour. The supervisor arranges for an immediate assessment for Ronald and Kate and referral for additional supports.
2.4 Participating in finding solutions

When carers and those they care for are supported in a way that acknowledges and builds on their strengths, the results of this support will be longer lasting and the ability and independence of the carer and care recipient will be increased.

Support workers have a responsibility to work with clients and carers using a strengths-based solution finding approach. It is important to assist clients and carers to find solutions to the issues they face, using their own strengths and resources.

Strengths-based solution finding means working from the perspective that the carer and the person they care for have strengths, skills and resources for their own empowerment, care and support. Another way to look at this is to think about the difference between doing something for someone and supporting someone to do the thing for themself.

There are a number of steps that support workers can use to assist clients and carers to identify strengths-based solutions to the issues and challenges they face.

Set goals

Goals should be defined by the client and their carer in their own words. This may be done as part of the care plan or at times when issues are identified.

Goals should be:

› important to the client and/or their carer
› small and achievable – a large goal may be broken down into a series of smaller goals
› specific – so that progress towards the goal is easily measurable
› realistic – within the context of the client and carer’s situation.

Example

Melanie is the mother of Josh, a boy with severe physical and intellectual disabilities. Melanie tells the support worker she is concerned that she may no longer be able to care for Josh, as he is becoming too heavy for her to manage. The worker talks to Melanie about possible solutions to this issue based on Melanie and Josh’s strengths.

Together they identify that:

• Josh can take some of his own weight if he has a rail to hold onto and is carefully instructed about what to do. While there are no rails at the home at present, there are funded services that may pay for home modifications.
• Melanie is a good self-advocate and is comfortable researching services and requesting support.
• Melanie wants to keep Josh at home and care for him for as long as possible.

Together, they focus on these strengths and identify some goals to work toward dealing with this issue. The goals are:

• the support worker will source information about funding for home modification
• Melanie will contact these services and apply for funding
• Melanie will talk with a physio about helping Josh to build up strength and skills to be become more able to manage his own weight and transfers.
Another method that can be used to help clients and carers identify strengths-based solutions is to look at examples of times where a goal has been achieved, or things have gone well or been easier to manage. The client, carer and support worker can then examine what elements or actions led to the success and work towards maintaining these elements or strengths.

Example

Molly, a carer for her husband Peter, tells the worker that Peter keeps her awake at night because he is restless and cannot sleep. The worker asks Peter and Molly if there have been nights when Peter has slept well. Peter and Molly identify that on the occasions that Peter has attended activities, or they have been out for the afternoon, he has slept well during the night. They identify that when Peter has nothing special to do in the afternoon, he tends to fall asleep in his armchair. They also identify that they do enjoy going out together, either alone or as part of a group.

The worker talks to them about opportunities for them to go out together, or for Peter to attend activities during the afternoon so that he will be awake during the day and sleep well at night.

Talking through issues faced by carers and those they care for from a strengths-based perspective can further help carers to feel a part of the care team. This approach helps them to identify the strengths and skills they themselves have to manage their caring role.

Practice task 8

Identify which of the following scenarios shows the worker assisting the client/carer to identify a strengths-based solution to an issue. Briefly state how they have or haven’t achieved this.

1. A client is slow to get herself dressed and is not ready when the bus arrives for the day program. This means that the carer is late for work. The support worker suggests that the carer dresses the client to hurry things along.

2. A carer always has to pick up things that the client has dropped as he is unable to bend. The support worker suggests they purchase a ‘pick up stick’ so that he can retrieve things from the floor himself.

3. Each time a support worker visits the client’s home, she picks up the dirty clothes from the bedroom floor, as she is concerned about the client tripping.

4. A carer asks for information about the different day programs available for the care recipient. The worker phones the program coordinator and books the client into one she thinks will suit him.

5. A carer struggles financially after giving up work to maintain her caring role. The carer has a talent for dressmaking. The support worker talks to the carer about the possibility of earning some income doing dressmaking work from home.
2.5 Recognising and supporting the carer’s relationship with and knowledge about the person with support needs

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

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

The carer is often the person who knows the care recipient best and will have a good understanding of the care recipient’s support needs in most, if not all, aspects of their daily life. They will be able to provide information about these needs during the process of planning care, support and activities to ensure planning is individually tailored to the care recipient and the carer.

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

A support worker who fails to acknowledge the carer’s relationship with and knowledge about the care recipient may put at risk the:

› rapport with and trust of the carer
› carer’s willingness to contribute to planning care and support in the future
› carer’s confidence in the services and supports being provided
› carer’s confidence in their ability to maintain the caring role
› the provision of quality care and support for the care recipient.

Support workers must work with carers in order to achieve the best results from the care and support provided, for both the care recipient and the carer. Consider how this works in the next example.
Example

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

Natalia explains that Mark became disabled following a car accident that caused a significant brain injury. She tells Daniel that, prior to this, Mark was an IT consultant working with a big technology company and that his specialty was programming. Natalia says that even though Mark can no longer use a computer, he does seem to understand what he can see of them and enjoys watching computer games and programs being used.

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

Practice task 9

Use the internet to research the following terms:
- Rainbow carers
- Young carers
- Ageing carers of people with disabilities

Describe what each of these terms means with respect to the relationship the carer has with the care recipient.

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.

› Discuss the difficulties in balancing support to assist carers to maintain their own interests and lifestyles and to help them maintain their caring role.

› Discuss the difficulties a husband or wife might have in seeing themselves as a ‘carer’, rather than just carrying out their promise to be there ‘in sickness and in health’.

› Discuss your feelings about using strengths-based solutions finding methods in a situation where providing the help or support yourself would have quicker results in supporting the carer and the person they care for.
Chapter 2: Contributing to the inclusion of the carer in the care team

Chapter summary
>
Carers must be included, where possible, in planning care, support and activities for the person being cared for.
>
People with care needs must have a plan of support that addresses their individual needs. Carers have a wealth of knowledge that can contribute to this process.
>
Planning support for care recipients should include consideration of carer support needs.
>
Support workers should be observant in identifying and reporting impacts of the caring role on the carer so that these can be addressed.
>
Strengths-based solution finding helps carers and care recipients to use their own skills, knowledge and resources to find longer term solutions to the issues they face.
>
The carer’s relationship with the care recipient must be understood, acknowledged and respected in order to provide the best quality care and support to the care recipient and their carer.

Checklist for Chapter 2

Tick the box when you can do the following.

- Participate in planning activities
- Provide individualised plan support
- Identify carer issues
- Participate in finding solutions
- Recognise and support the carer’s relationship with and knowledge about the person with support needs
Chapter 3: Supporting the carer to maintain a suitable lifestyle

Being a carer for a person with care needs can affect every aspect of daily life. Caring can be a full-time job. Many people with care needs require support, assistance or supervision 24 hours a day. However, carers have other roles and relationships as well. They have other family members, social and recreational networks, a job and of course themselves to consider.

Carers need to have the opportunity to maintain their own preferred lifestyle outside their caring role.

Support workers need to identify those aspects of the carer’s role that are affecting their ability to maintain their lifestyle or affecting them in other negative ways.

Once these negative effects are identified, support workers can help carers find solutions to lessen them and maintain their own lifestyle.

In this chapter you will learn about:

3.1 Identifying aspects of a carer’s role that have a negative impact on their own needs and preferences

3.2 Participating in finding a solution that will assist a carer to achieve or maintain a suitable lifestyle

3.3 Providing support that assists a carer to achieve positive lifestyle outcomes
3.1 Identifying aspects of a carer’s role that have a negative impact on their own needs and preferences

Support workers have a responsibility to assist carers to evaluate their caring role and identify any aspects of the role that impact negatively on their ability to maintain their own lifestyle.

The caring role can affect the carer’s lifestyle in many different ways. These include:

- limiting opportunities to spend quality time with other family members
- losing contact with friends
- not being able to participate in preferred recreational or sporting activities
- making it difficult to get out to shop, pay bills or attend appointments
- making it hard to hold down a job
- limiting their opportunities for relaxation
- negatively affecting their sleep patterns
- being challenged or endangered by the care recipient’s behaviour
- not having time to look after their own health and wellbeing needs
- not attending to household duties.

There are a number of ways that support workers can assist carers to identify the negative impacts the caring role is having on their own lifestyle.

- Observation: support workers should watch for signs that the carer is experiencing negative effects from their caring role.
- Discussion: a support worker may pick up information from conversations with the carer about things they have done or not done, or challenges they are facing.
- Questioning: support workers can also help carers to think back to what their life was like before their caring role; comparing then and now can assist carers identify the impacts the caring role has on their life and lifestyle. Use targeted questioning to help identify negative impacts; for example, ‘Are there things that you used to do, before you started in your caring role, that you are no longer able to do? How do you feel about this?’

Each of these methods requires the support worker to use effective communication skills. Talking with carers about the negative impact of the caring role can be confronting and upsetting for carers and must be approached gently and with a focus on solutions. Helping carers to identify a negative impact and then being able to offer no form of solution or support once it is identified can cause distress to the carer. Therefore, have these discussions when there is adequate time to explore the issues and when the person needing care is not present to allow the carer to openly discuss negative impacts without feeling they are causing distress or feelings of guilt for the care recipient.
When negative impacts of the caring role are identified these should be documented and reported according to your workplace policies and procedures, including:

- reporting directly to your supervisor by phone, in writing or face to face so they can provide advice and guidance about how to address these issues and provide further assessment or referral to ensure that the carer receives available supports to minimise these negative impacts
- documenting observations about negative impacts to the carer’s lifestyle in client progress or care notes
- completing an incident report form documenting a situation of concern to the carer and the potential or actual danger to the carer, care recipient or other person.

The following example shows how a care worker undertakes to enlist her supervisor’s assistance to lessen the negative impacts on a carer’s lifestyle.

**Example**

Freya is a support worker visiting the home of Dolores and her daughter, Sylvia. Sylvia is 43 and has Down syndrome. Dolores is 64 and has cared for Sylvia alone since she was born. Sylvia has started to develop Alzheimer’s disease, a common occurrence in those with Down syndrome. Where she had been quite independent in the past, she can no longer be left alone as she becomes agitated and afraid and may leave the house to go looking for her mother and become lost. Dolores must remind Sylvia to do all of her personal hygiene tasks. Sylvia has recently stopped attending her day placement as her memory problems have made the facility unsuitable for her.

Freya has worked with Sylvia and Dolores for a number of months and has noticed that Dolores is looking more and more tired and sad. She talks to Dolores about the changes in Sylvia’s ability and asks her whether there are things she used to be able to do that her caring role is now preventing.

Dolores tells Freya that as she cannot leave the house without Sylvia these days; she is no longer able to spend time with her friends or at the Migrant Resource Centre. Before Sylvia developed Alzheimer’s and was still attending her day program, Dolores was able to see friends for lunch, coffee or a walk at least twice a week and attend the Migrant Resource Centre once a week.

Freya tells Dolores that she would like to talk to her supervisor about the new ways in which Dolores’s caring role is impacting on her life and find out what supports might be available to help Dolores to maintain her preferred lifestyle and lessen the effects of her caring role on this.

**Fire safety**

One of the impacts a support worker may identify is the risk of fire in the home of a carer or care recipient. Support workers have a duty of care to be aware of fire safety, to assist carers and those they care for to identify and manage fire risks and to ensure that carers and those they care for, where appropriate, have knowledge of basic home fire safety.
Fire risk groups

The way you, as a support worker, and the carer deals with fire safety will, in part, be determined by the client’s behaviour and living environment. Some clients may fall into high fire risk groups, including:

- people who are at risk of setting a fire either accidentally or purposely due to their condition or disability
- people with behaviour patterns that may contribute to fire injury and/or fatality, including memory or cognitive problems leading to dangerous behaviour, fire fascination, or hoarding of rubbish or combustible materials
- people living in houses or using appliances that are old, poorly maintained, or just not suitable for them in their current circumstances.

Fire risks for these groups can be reduced by:

- advising the carer to restrict access to matches, candles, cigarette lighters and other potentially dangerous items
- replacing old appliances
- having wiring and gas connections checked by an electrician or plumber
- switching to safer methods of heating and cooking – replacing a free standing bar heater with a wall mounted panel heater, or using a microwave rather than gas stovetop
- smoke alarms.

Smoke alarms

Make your carers and care recipients aware of the importance of having functional smoke alarms; if there are no alarms present, talk about installing them.

As part of an OHS audit of a client’s home, the person undertaking the audit will use a checklist that includes ensuring that working smoke alarms are in place.

The two main types of smoke alarms are:

- battery operated alarms that are easily installed and are found in older homes
- hard wired alarms with battery back-up.

A preferred minimum is to have a smoke alarm installed outside each bedroom in the home. If clients and carers live in a house with more than one level, a smoke alarm should be installed on each level.

It is preferable to have smoke alarms interconnected so that if one alarm sounds the others activate. This can be important if the person with care needs is unable to get themselves out of the bedroom should the smoke alarm sound. Studies have shown 85 per cent of sleeping children do not wake to the sound of a smoke alarm.
Smoke alarms for the hearing impaired

Special smoke alarms are available for the hearing impaired. These may feature a flashing light and/or a vibrating pad that can be placed under the pillow to activate when the alarm sounds.

Smoke alarm testing and cleaning

Smoke alarms must be cleaned regularly, maintained and tested weekly or at least monthly. The battery must be changed at least once a year. Support workers may be able to help carers and care recipients with these tasks.

Smoke alarm installation and maintenance

Some of the clients and/or carers you provide support to may be unable to install or maintain their own smoke alarm. They should be promptly referred for assistance to ensure that their home has a working smoke alarm; your supervisor can make arrangements to have one installed. Battery operated alarms can be installed by a maintenance person. Many home and community care services provide maintenance services and will be able to assist in the installation of such alarms.

Practice task 10

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

Case study

Julia is a support worker at an overnight respite facility for people with dementia. She always greets the clients when they arrive and spends a little time with each of the carers who drops them off, having a chat about how things are going, how the person with dementia has been and whether there are any issues the staff need to be aware of while they are providing respite care for the person.

Once a month, Bill brings his wife, Dee, to stay for two nights, to give him a break from his caring role. They have been using the overnight respite program for just over a year, so Julia has got to know them quite well.

Over the last few months she has noticed that Bill seems to be a little short with Dee, hurrying her into the centre. Julia also notices that Bill is looking a bit dishevelled – like he hasn’t ironed his clothes or brushed his hair. Normally when Julia chats with Bill he tells her about his bowls and golf games but he hasn’t mentioned them the last few months. This month he also tells Julia that they should take his mobile phone number off their records as he has had it disconnected.

1. What signs has Julia observed that may indicate that Bill’s caring role is having a negative impact on his lifestyle?
2. What negative impacts do you think are occurring?
3. Describe how Julia could approach Bill to discuss and further identify the negative impacts on his lifestyle.
4. What should Julia do with the information she gains from this discussion?
3.2 Participating in finding a solution that will assist a carer to achieve or maintain a suitable lifestyle

Once the impacts of the carer’s role on them and their ability to maintain their preferred lifestyle have been identified, support workers have a responsibility to help carers to find solutions to their lifestyle needs. This can be through family, social, recreational or employment pursuits.

Helping the carer to find supports in their social network

Many carers will have other family members, friends or neighbours who are willing to assist them with certain types of caring or daily tasks. Sometimes people close to a carer can see that they are struggling to maintain a lifestyle because of their caring responsibilities. Often, these people would like to be able to help but either don’t know how, or have had their offers rejected in the past. Support workers can play a valuable role as an intermediary, assisting carers to identify those who may be able to help, which tasks they could be asked to help with, and how best to approach them for help.

Friends or neighbours could help a carer by:

- doing shopping, cooking and other domestic tasks
- spending time with the care recipient to give the carer a break
- driving other family members/children to school, activities etc.
- being available to listen if the carer needs to talk.

Support for carers can come from informal sources or from a specific service provider.

Support from other service providers

The support or solutions that the carer requires in order to be able to maintain or achieve their preferred lifestyle may not be available from informal supports.

The carer may need formal support from organisations that provide respite care and carer support in order to achieve their preferred lifestyle. The type of respite support that the carer requires will depend on the length of time they need off, the frequency,
the needs of the person they care for, and the age and condition of the person for whom they care. There are also programs that offer support and education directly to the carer, such as counselling, carer support groups, training, information or advocacy services to carers.

A support worker’s role is not necessarily to know about every respite service that is available to clients and carers, but to be aware of what is available and ways to access support. Professional assistance is available from Commonwealth Respite and Carelink Centres and from Carers Australia and carer associations, counselling and advisory services in most states and territories.

The next example shows how a clear-headed approach by a support worker can contribute to a better lifestyle for a carer.

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**Example**

Meg is a support worker who helps Carol with the care of her young daughter, Mikayla, who has an intellectual and physical disability.

Meg and Carol have talked about the things that Carol is unable to do at the moment due to the demands on her time in caring for Mikayla. They have identified that Carol is having trouble getting a full night’s sleep as Mikayla wakes and needs assistance during the night. Carol is also concerned about losing contact with her friends, who try to visit her but find it difficult because Carol is always so busy and doesn’t sit still long enough to have a conversation. They have asked her if there are things they could do to help her, but Carol always says ‘no’, as she feels too tired and too busy to think of what they could do.

Meg and Carol sit down and make a list of the types of support that will help her out. Having a trained worker spend a night once a week would assist Carol to get at least one full night’s sleep. Carol’s friends have offered to help, so Meg and Carol write down what they could do. These include cooking a meal so Carol only has to reheat it; ironing; offering to shop for Carol when they are doing their own; and making Carol sit down and talk to them when they visit, helping her to relax and catch up properly with them.

Meg and Carol decide that Carol can show this list to those friends who have offered to help and they can choose which things they would be able to do. Meg talks to her supervisor about referring Carol to her local Commonwealth Respite and Carelink Centre for assessment and coordination of respite care to allow her to get a full night’s sleep and take other regular breaks.

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**Practice task 11**

Research the support available from Commonwealth Respite and Carelink Centres.

You should contact your local Commonwealth Respite and Carelink Centre and talk directly with staff about their roles. Request information about the types of supports they are able to provide for carers.

Contact your state or territory carer association. Ask them for information about the services and supports they provide for carers.

Document your findings and add this information to your portfolio.
3.3 Providing support that assists a carer to achieve positive lifestyle outcomes

There are many ways support workers can help and support the carer to achieve positive, preferred lifestyle outcomes. These will depend on the carer’s needs, the person needing care and what additional support is available. Respite care in the client’s home, at a day program, overnight respite house or in a residential care facility may be available. There may be other programs such as recreational or community access programs which take the person with care needs out of their home for a day or longer.

Other opportunities to provide support for carers to achieve their preferred lifestyle are less obvious, but still useful. If your role involves providing support in the client’s home, you could suggest that the carer use the time you are there to participate in those activities they are unable to do when they are caring. If your role is outside the home, providing support or activities for the care recipient, you could talk with the carer about the things they plan to do while the care recipient is away from the home.

It is sometimes difficult at first for carers to use the time they have away from their caring role to pursue their own lifestyle choices. Support workers can help carers to think ahead about how they might use the time to best achieve those things they want to do to meet their lifestyle needs. One way is to reassure carers that although the first few experiences of respite can be daunting and difficult, taking a break is essential to maintaining their own health and wellbeing.

Support workers can also help carers to understand that maintaining a positive lifestyle for themselves will also help in their caring role by giving them time to rest and feel rejuvenated, with positive benefits to the person in their care.

Example

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

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

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

Practice task 12

1. In your own words, describe the benefits to carers of achieving positive lifestyle outcomes.
2. Describe the ways that support workers can provide support to carers to achieve positive outcomes.
3. What would you say to a carer who tells you that they don’t think they should put the person they care for in respite again, as it just seems to upset them both?
Chapter 3: Supporting the carer to maintain a suitable lifestyle

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 would a full-time caring role affect your own life? What lifestyle outcomes would be important to you to maintain?
› Commonwealth Respite and Carelink Centres and Carer Associations provide services and supports specifically designed to support carers. Discuss the ways it is important to have other services that provide support to care recipients that indirectly give carers a break.

Chapter summary

› A caring role can significantly affect a carer’s ability to maintain their own preferred lifestyle.
› Support workers have a role in helping carers to identify the negative impacts that their caring role has on aspects of their own lifestyle, such as daily tasks, social contact, family networks, employment and recreation.
› Support workers should observe signs of negative impacts on the carer, discuss these with the carer, and document and report their observations according to workplace procedures.
› Carers and the people they care for must have fire safety awareness and appropriate protection in their homes. Support workers should report to their supervisor when smoke alarms are not present or not functioning.
› Support workers can help carers to find solutions to help them achieve their preferred lifestyle, both in their own environment and through formal services and supports.
› Support can be provided either directly through respite care, or indirectly through other services to assist carers to achieve their preferred lifestyle.

Checklist for Chapter 3

Tick the box when you can do the following.

❑ Identify aspects of a carer’s role that have a negative impact on their own needs and preferences
❑ Participate in finding a solution that will assist a carer to achieve or maintain a suitable lifestyle
❑ Provide support that assists a carer to achieve positive lifestyle outcomes
Chapter 4: Identifying risk to the care relationship

A caring role is not always a role that has been chosen by the person providing the care. Often caring roles are presented with little warning or choice and carers step in because there are few or no other options. Caring roles do not always stay the same over time. The caring role can change depending on the needs and condition of the person needing care, the health and wellbeing of the carer and the availability of other supports.

The relationship between the carer and care recipient must be monitored for changes and challenges, to ensure that available supports are still meeting their needs.

When there is pressure on the caring relationship, or there are additional challenges or stresses on the role of the carer, the caring relationship can be put at risk. It is necessary to monitor, assess and respond to risks to the caring relationship to ensure that carers are able to continue in their caring role.

Ensuring that these risks are responded to by the provision of additional support can prevent the breakdown of a caring relationship and the premature admission of a person with care needs into institutionalised care.

It is important to note that assessment of the caring relationship may reveal that the carer no longer wishes to continue the caring relationship. When this occurs, carers should be supported to plan alternative care for the person with care needs.

In this chapter you will learn about:

4.1 Identifying the changing nature of the care relationship over time
4.2 Identifying key changes
4.3 Confirming risks that may warrant re-assessment or review of individualised plans
4.1 Identifying the changing nature of the care relationship over time

The nature of the care relationship between a carer and the person they care for will change over time. Support workers have a role in observing the relationship and monitoring any changes, particularly those that may make the carer’s role unworkable and result in the premature admission of the person with care needs to a residential care facility.

Support workers can identify changes in the caring relationship by:

- observing the care environment to ascertain whether the carer is managing to maintain the environment in a safe and healthy manner
- monitoring the condition of the care recipient for signs that they are not being well cared for, and monitoring the changing needs of the person needing care and whether these changed needs are still being met by the carer with the current supports available to them
- monitoring whether the person with care needs has increasing physical care requirements, or has increased behaviours of concern and whether the carer is still able to manage these with the supports they are receiving
- talking with the carer to gather information about changes to the care relationship – the carer may provide this information in casual conversation or the support worker may need to ask the carer questions about how their caring role has changed, how the needs of the person they care for have changed and how they are managing their caring role with the supports available to them.

Monitoring the caring relationship ensures that when changes are identified they can be discussed and appropriate action taken to address the changes and the support needs of the carer and the care recipient. Changes to the caring relationship should also be reported to the supervisor who may facilitate appropriate action.

In the next example you will see how significant changes are occurring in a relationship, with potentially damaging consequences if not addressed.
Carrie is a support worker who provides personal care support to Megan, who has multiple sclerosis, and who lives with her carer and partner, Jen. They have been a couple for 15 years, with Jen taking on the role of carer to Megan five years ago as her MS progressed to the stage where she needed full-time support.

Lately, Carrie has noticed that Jen and Megan seem to argue a lot more than usual. She notices that Megan isn’t dressed or groomed as well as she used to be and that tasks around the house don’t seem to be getting done. Carrie talks to Jen to see if there has been a change that is impacting on her ability to care for Megan.

Jen tells Carrie that Megan can no longer transfer herself from her wheelchair to the bed or shower chair and that Jen has to physically lift her. She tells Carrie that Megan seems frustrated and angry at this progression of the disease and seems to blame Jen for helping her. Megan has recently begun to brush Jen away when she tries to help with clothes and grooming, so lately Jen has just left her to struggle.

Jen says that with all the lifting and arguing she just doesn’t seem to have the energy to get the household tasks done. She tells Carrie she is not sure how much longer she can go on like this.

**Practice task 13**

1. Think about the relationship you have with someone who is close to you – a partner, spouse, parent, child or friend. Write down five things about the relationship that are important to you.

2. Work with a partner. Discuss the impact having a caring role for that person might have on your relationship with them.
4.2 Identifying key changes

As discussed, there are many ways that the care relationship may change over time, or as other changes occur in the carer and/or care recipient’s lives. There are, however, a number of key changes that indicate a significant level of risk to the care relationship. These are changes that, if not well managed or supported, could lead to the breakdown of the care relationship and result in the premature admission of the person needing care to institutionalised care.

Worsening carer health

The carer’s own health may deteriorate, perhaps due to the demands of their caring role, perhaps because of other medical or health issues. Identifying worsening health in carers early and encouraging them to have their health assessed and problems treated can be critical to their continuing role as a carer.

Worsening health or behaviour of the person with support needs

The health conditions of many people with care needs are progressive, meaning that the symptoms related to their condition will worsen over time and their ability to assist with or maintain their own care will decrease. Changes may occur in their physical health, cognitive ability, mental capacity or behaviour. The carer will be affected by the constant demands on them to provide increased physical care, complex medical care or to manage challenging behaviours where there may be a risk of injury.

An increase in challenging behaviour can place greater demands on the carer and put the caring relationship at risk of breaking down.
Loss of formal or informal supports
While carers and care recipients may have a range of supports provided, either informally through family and friends or formally through the provision of funded services, it is possible for these circumstances to change. Changed levels of support may affect the ability of the carer to cope and put extra pressure on the care relationship.

High level of carer stress
The stress experienced by a carer can change depending on the demands of their caring role, demands from other aspects of their life and/or their own state of mind. Long-term stress can cause serious physical and mental health problems. In the short term, being highly stressed can also affect a carer’s ability to manage day-to-day tasks, plan the care they are providing or even think about how to ask for help.

High intensity care
Carers in a 24/7 role may see no end in sight to the role and little prospect of any respite. A high intensity caring role undertaken without adequate support may leave the carer exhausted, stressed and unwell.

Multiple competing role demands
Care relationships usually don’t occur in isolation because most carers have many other roles in their lives as well. When the demands of one or more of the other roles of the carer have increased, the carer can find it difficult to fulfil all the roles they hold and put the care relationship at risk.

Conflict in relationships with family or service providers
Every relationship has its pressures. Carers may experience conflict within their own family, either due to the caring role or due to other issues that are occurring. This can put additional pressure on the carer and affect the level of informal support they receive from family members.

Carers may also experience conflict with those providing services. Such situations can be difficult for carers who rely on service providers to assist them in maintaining their caring role. It is not always easy to change from one service provider to another without having to wait for a new service.

Identify changes that put care relationships at risk
Support workers should look out for key changes in the circumstances of the carer and care recipient.

Support workers who identify key changes that put the care relationship at risk should report these to their supervisor so that they can be addressed by review of the care plan or by referral to other support services. Consider the next example.
Example

Harley is a support worker at a special development school for children with intellectual disabilities. One of the students he supports is Michael, a 15-year-old boy with autism.

Michael's mother, Shirley, drops him at school and picks him up each day. As the school holidays are only a couple of weeks away, Harley asks Shirley what plans they have for the holidays. He sees that Shirley immediately looks tense and stressed. She tells him that the school holiday program she has always taken Michael to has closed down and none of the other programs she can find will take him, as he has some challenging behaviours which they say they are unable to manage. Shirley tells Harley that she and her husband have to work in the holidays, as neither has leave available. Even if she could take the time, the prospect of having Michael home for such a long time with no breaks from caring for him makes her feel very stressed.

Harley asks if there are family members or friends who could help. Shirley tells him that her sister used to be a great support, but she has recently moved interstate. There are no other family members or friends who are able to assist due to Michael's high care needs and challenging behaviours.

Harley is concerned and asks Shirley some questions about what she will do if she cannot find help in the holidays, what the effect on her job might be if she is unable to work during the holidays and what other things she may be able to put into place to get support during this time. Once he has gathered this information, he reports to his supervisor as he feels that a lack of services and supports for Shirley over the holidays may put the care relationship at risk of breakdown.

Practice task 14

Use the previous example to answer the following questions:

1. What strategies has Harley used to identify changes to the care relationship that may put it at risk?
2. What changes should Harley identify that may put the care relationship at risk?
4.3 Confirming risks that may warrant re-assessment or review of individualised plans

When a support worker has identified that a change of situation exists that may put the care relationship at risk, the risk and the situation should be assessed to decide whether there is a need for the client or carer’s individualised support plan to be reviewed. Identifying, assessing and addressing risks to the care relationship as soon as possible increases the likelihood that a crisis situation will be prevented.

The first step in ensuring that any risk to the care relationship is addressed is to report it to your supervisor. Your supervisor can help you to consider your observations and the information to decide what potential risks to the relationship exist, and whether re-assessment of needs and review of individualised plans are required. You will need to prepare an objective, detailed and clear description of your observations to present to your supervisor.

With your supervisor, you can look at whether the carer and care recipient have needs that are not being met by the current services and supports available to them. If there are gaps in the support, services or other supports that may be able to meet these needs can be identified and discussed.

Any re-assessment of need should be undertaken in close consultation with the carer, the person needing care and any other service providers involved. Workplace policies and procedures may determine how needs are to be re-assessed and by whom, how a case meeting is to be held and who should attend. Procedures about privacy and confidentiality will affect how and with whom information about clients is shared, and will affect the process of reviewing support needs.

Recall the example of Harley from the previous section and the difficulties his client’s carer was facing. As the scenario develops, Harley and his supervisor identify several risks to the caring relationship.

Example

After Harley spoke with Shirley about the difficulties she was having organising care for her son Michael during the school holidays, he went to speak to his supervisor about his concerns about the risk to the care relationship between Shirley and Michael.

Harley described his observations and the information he gathered from Shirley. Together, Harley and his supervisor identified a number of key risks present, including:

- worsening of Michael’s behaviour
- loss of formal and informal supports for the holiday period
- high level of carer stress due to the lack of available services and the difficulties in providing care for Michael at home in the holidays
- competing role demands between the carer’s caring role and her employment.
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.

› Discuss the implications for the carer in making a decision to cease their caring role. Think about the help a worker could provide in supporting a carer through this decision-making process.

› How would you approach the identification of risks to the care relationship without being seen as prying or interfering?

Chapter summary
› A carer’s role changes over time with changes in the needs of the care recipient, demands on the carer and other factors. These changes can affect the nature of the care relationship.

› Risks to the care relationship can be identified through observation of the environment, the care recipient’s condition and the carer’s health and wellbeing.

› Key risks include changes in the carer or care recipient’s health, and changes to formal or informal supports. High carer stress, the demands of competing roles or conflict in relationships can indicate significant risk to the care relationship.

› Once key risks are identified they need to be discussed with a supervisor to decide whether there is a need to re-assess needs or review individualised support plans.

› Maintaining and supporting the care relationship is important in assisting the carer to continue in their caring role for as long as possible.

Checklist for Chapter 4
Tick the box when you can do the following.
☑ Identify the changing nature of the care relationship over time
☑ Identify key changes
☑ Confirm risks that may warrant re-assessment or review of individualised plans