

CHCCCS015

Provide individualised support

Learner Guide

Student Name:



Integrated Training Solutions (Aust) Pty Ltd
T/A Intercare Training
205 Thomas Street
Dandenong Vic 3175
Phone: 1300 10 2273
www.integratedtrainingsolutions.com.au
info@integratedtrainingsolutions.com.au

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How to study this unit



You will find review learning activities at the end of each section. The learning activities in this resource are designed to assist you to learn and successfully complete assessment tasks. If you are unsure of any of the information or activities, ask your trainer or workplace supervisor for help.

The participant will be required to demonstrate competence through the following means:

Methods of assessment

- Observation in the work place
- Written assignments/projects
- Case study and scenario analysis
- Questioning
- Role play simulation
- Learning activities
- Class discussion and group role-plays
- Assessment tasks



Asking for help

If you have any difficulties with any part of this unit, contact your facilitator. It is important to ask for help if you need it. Discussing your work with your facilitator is considered an important part of the training process.

Name of facilitator: _____ **Phone number:** _____

CHCCCS015 Provide individualised support

Welcome to the unit **CHCCCS015 Provide individualised support**, which forms part of the **2015 Community services training package**. This unit describes the skills and knowledge required to organise, provide and monitor support services within the limits established by an individualised plan.

The individualised plan refers to the support or service provision plan developed for the individual accessing the service and may have many different names in different organisations. This unit applies to workers who provide support under direct or indirect supervision in any community services or health context. The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

WHAT YOU WILL LEARN

ELEMENT	PERFORMANCE CRITERIA
<p>Element 1: Determine support needs</p>	<ul style="list-style-type: none"> 1.1 Interpret and clarify own role in implementing individualised plan and seek appropriate support for aspects outside scope of own knowledge, skills or job role 1.2 Confirm individualised plan details with the person and with family and carers when appropriate 1.3 Ensure the person is aware of their rights and complaints procedures 1.4 Work with the person to identify actions and activities that support the individualised plan and promote the person's independence and rights to make informed decision-making 1.5 Prepare for support activities according to the person's individualised plan, preferences and organisation policies, protocols and procedures
<p>Element 2: Provide support services</p>	<ul style="list-style-type: none"> 2.1 Conduct exchanges with the person in a manner that develops and maintains trust 2.2 Provide support according to the individualised plan, the person's preferences and strengths, and organisation policies, protocols and procedures 2.3 Assemble equipment as and when required according to established procedures and the individualised plan 2.4 Respect and include the family and/or carer as part of the support team 2.5 Provide support according to duty of care and dignity of risk requirements 2.6 Provide assistance to maintain a safe and healthy environment 2.7 Provide assistance to maintain a clean and comfortable environment 2.8 Respect individual differences to ensure maximum dignity and privacy when providing support 2.9 Seek assistance when it is not possible to provide appropriate support

<p>Element 3: Monitor support activities</p>	<p>3.1 Monitor own work to ensure the required standard of support is maintained</p> <p>3.2 Involve the person in discussions about how support services are meeting their needs and any requirement for change</p> <p>3.3 Identify aspects of the individualised plan that might need review and discuss with supervisor</p> <p>3.4 Participate in discussion with the person and supervisor in a manner that supports the person’s self determination</p>
<p>Element 4: Complete reporting and documentation</p>	<p>4.1 Maintain confidentiality and privacy of the person in all dealings within organisation policy and protocols</p> <p>4.2 Comply with the organisation’s informal and formal reporting requirements, including reporting observations to supervisor</p> <p>4.3 Identify and respond to situations of potential or actual risk within scope of own role and report to supervisor as required</p> <p>4.4 Identify and report signs of additional or unmet needs of the person and refer in accordance with organisation and confidentiality requirements</p> <p>4.5 Complete and maintain documentation according to organisation policy and protocols</p> <p>4.6 Store information according to organisation policy and protocols</p>

Element 1: Determine support needs



Individualised plans

Working in the Community Services Industry (CSI) you will participate or need to follow, develop Individualised plans for the client/s you are working with. Plans in the community sector have many different names, such as support plan, lifestyle plan, person-centred plan, individual program plan, individual employment plan and service delivery plan. The Care Plan must be unique to each client - individualised. A Care Plan is only relevant if it continues to reflect the particular needs of the person it is written for.

There is a great variety of reasons why (and when) a client may need to be assessed and a care plan developed. The situation for each client is as individual as their abilities, needs and required plan of care, however the aim in all cases, is to support the individual to achieve goals and maintain a high quality of life. Each care providing organisation will have their own policies and procedures relating to the individual care planning process, however every organisation must include the client and any other significant personnel to ensure the client's specific needs are supported in the most appropriate way.

A care plan is an individualised plan of care and gives directions for nursing staff to follow in the provision of care. Care plans are an essential document in the long term care of residents. The care plan details the care requirements that a person needs on a daily basis. This type of document is generally used in long term care because it replaces the need to detail all care given each day in the resident's case notes. Instead a nurse/aid can document that all care has been conducted as per the nursing care plan and then just document changes.

Depending on the organisation you work for individualised plans may address the requirements of:

- Older people
- Infants
- Children
- People with disabilities.

And may be implemented in a variety of settings:

- Community
- Nursing Home
- Hostel
- Day care centre
- Clients home.

Formal plans

Individualised plan may include;

- Formally developed and documented plans
- Less formal, "ad hoc" planning process.

Organisations will have their own template to help develop the care plan and comply with policies and procedures. Formally documented plans must be completed according to the policies of the organisation providing the service, and must include the following details.

Most formal, documented plans include an overview of:

- Individual goals of the person
- Services to be provided on a day to day basis
- Other necessary activities required to meet goals
- The people responsible for implementation
- Review strategies
- Review dates.

Informal plans

Informal planning and responding to an individual's needs can take place daily in the community sector by:

- Asking someone how they want to spend their day
- Informally reviewing an existing formal plan
- Asking a client how everything is
- Informal planning may not always need to be documented but it must still occur within the boundaries of organisational policies and procedures.

Skill development or maintenance plans

Many organisations use formal processes which are planned and documented to assist people with disabilities to develop and maintain skills. Most organisations do not rely solely on incidental or naturally occurring teaching. Individual skill development or maintenance plans may vary from State to State and organisation to organisation. Some formats may be dictated by legislation and others may be chosen by the organisation.

All plans should:

- Focus on enabling the person with the disability to access a range of opportunities
- Provide support to fully develop the skills and interests of the disabled person
- Be based on the disabled person's interests and strengths
- Encourage participation in day-to-day settings
- Specify objectives
- Identify strategies to meet the objectives
- Identify individuals responsible for implementation.

Plans are best developed in consultation with the person with the disability, their carers, and support staff.

Maintenance plans: Maintenance plans have objectives that are set to give people the opportunity to use skills they have already developed, rather than to teach them new skills. They usually specify what opportunities should be given to the person, e.g. the opportunity to walk to the local shop to make a simple purchase when the person has developed the skills to do this.

Skill development plans: Skill development plans have objectives that relate to specific skills that the person is to learn. More formal training methods are often required if the person needs to learn a complex or new skill.

Interpreting and clarifying own role in implementing individualised plan and seeking appropriate support for aspects outside scope of own knowledge, skills or job role



Working within job role and responsibilities

It is important to clarify your responsibilities in implementing individualised plans. Individual planning is a process for working out how support can be mobilised in order to assist an individual to work out what they want, and how to get it.

Community workers and coordinators usually work as part of a team within an organisation. Every community worker and coordinator is responsible for understanding the requirements and scope of their own work and to clarify any uncertainties with appropriate management staff when required. A community worker has a number of resources available that provide information about the expectations, obligations, scope, limitations and boundaries of their work role. If you are unsure of any aspect of your work role, you must always seek advice from your team leader or manager.

Confusion regarding job roles can be a major source of workplace stress and conflict. It can also result in poor service delivery. It is important that you know your job responsibilities, work within your position specifications and clarify work instructions where necessary.

- Seek regular support and supervision from your supervisor through supervisory sessions and bring any situations to the attention of your team leader
- Seek advice from work colleagues through consultation and staff meetings
- Look to professional guidelines for scope of practice in other settings
- Seek to have your position description clarified and/or have it include reference to professional standards or legislative provisions
- Seek to have your competencies assessed and/or recognised
- Ensure that all major work activities are accurately documented/recorded
- Consult with representatives from groups such as unions and professional bodies regarding the appropriateness of job role.

Information about your role and responsibilities

Job description

Your job role and key responsibilities are usually contained within a Job Description (sometimes called a Position Description, Work Profile or Duty Statement). The job or position description will outline the name of the position, the award classification, the department or area of work, the industrial award or agreement, the duties to be completed and the selection criteria, as well as many other things.

Duties

Your job description will list the duties which must be completed as part of your job. For instance, the duties could be:

- Facilitating clients' involvement in community activities
- Transporting clients to appointments
- Maintaining a safe environment for clients
- Facilitating groups of clients
- Observing and reporting for clients' plans
- Participating in the development of clients' plans.

Selection Criteria

The selection criteria for a job define the essential skills, knowledge, experience and qualifications that an applicant for the role must have. By default you should possess these in order to be working within your current role.

For the duties listed above the selection criteria could be:

- Demonstrated interest in caring for... (for example, young people or children or people with mental illness)
- Sound interpersonal and communication skills
- Current drivers licence.

Clarifying work instructions

From time to time the instructions that you need to follow (either verbal or written) may not be clear and you may have some concerns about what action to take. You need to raise these concerns as soon as possible, especially if they could impact on the standard of service provided or complicate a potentially dangerous situation.

Clarifying verbal instructions: If you need to clarify a verbal instruction, you could ask the person issuing the instruction to repeat it to you in another way or ask some questions of that person to gain clarity. If you choose to seek clarification from another staff member, it is very important that the person you ask is in a position to give you accurate information. If you are still unclear, you could ask to have the instruction in writing or you could refer to workplace policies and procedures. These may provide a more detailed explanation of guidelines and protocol.

Clarifying ambiguous policies and procedures: Sometimes, it is the written policy or procedure itself that isn't clear and it is your responsibility to report your concern about lack of clarity in the instruction and be committed to giving ongoing feedback to your supervisor about these and other issues so that policies and procedures can be reviewed and changed as necessary.

Seeking specialist advice

It may be that, in some circumstances, a specialist may need to be called in to provide more detailed or specific information to ensure that correct procedures/instructions are being followed.

Depending on the circumstances, specialists could include:

- Workplace health and safety officers
- Education officers
- Legal representatives
- Department of Child Safety officers.

Remember, if you have been given an instruction, you will be held responsible for carrying it out. So you need to be honest with yourself and others and seek clarity, or report any other difficulties you may be having in carrying out the instruction, if you require it.

Providing high quality care and assistance

A care worker must be:

- Patient
- Honest and trustworthy
- A good listener
- Assertive and resourceful
- Organised and flexible
- Reliable and punctual
- Hard working, fit and healthy
- Sympathetic and able to manage stress
- Willing to learn from others
- Able to use appropriate strategies to ensure that they do not eliminate the opportunities for a client to do as much as possible for themselves
- Respond appropriately to a variety of situations or issues they may encounter in carrying out their work role.

To provide the level of care and assistance required by the client, the care worker needs to have the skills and knowledge to:

- Communicate effectively with clients, co-workers and others
- Attend to reporting and documentation requirements
- Know the clients preferences, routines and cultural needs
- Follow strategies in the client's care plan
- Be able to evaluate care given and report any issues to their supervisor
- Commence any additional care safely, and adhere to organisational policy and procedures
- Comprehend the purpose of any technical procedure and/or specialised care recognise any signs or symptoms of adverse reactions that may occur from the procedures provided.

Personal care support

A care worker may assist their client with:

- Some eating and drinking, possibly using a specific feeding and drinking technique
- Maintaining hydration and nutritional needs
- Oral hygiene and health care
- Toileting and use of continence aids
- Skin integrity and pressure area prevention
- Showering / bed bathing
- Dressing and grooming including helping with pressure stockings
- Shaving and nail care
- Pain minimisation, rest and sleep
- Technical care activities according to the client's care plan and organisational policy and procedures.

Remember, the care a support provided to a client by the carer must always be within organisational policy, procedures and protocols.

Work role boundaries – responsibilities and limitations

Organisations, disability/aged care workers, all have specified roles and responsibilities in the process of service delivery. It is important to be very clear about what these roles and responsibilities are, and to ensure that all other involved parties are clear, in order to minimise confusion and ambiguity, and to maximise the potential for effective delivery of services.

One of the more difficult ethical dilemmas with which you may be confronted relates to boundary violations in working relationships. This occurs when a professional worker or employee forgets that they are in a professional relationship and not a friendship. Once this professional relationship has been lost, there is then potential for the worker to become over-involved with the client and potentially violate the client's rights.

Professional boundaries need to be observed to ensure that professional standards are maintained. Professional boundaries do not mean the avoidance of another person and their problems. Acting professionally assists you to deliver care to someone whom you may not like personally.

Signs of boundary violations

What are some of the behaviours or warning signs that might indicate a community and disability services worker is overstepping the professional boundary? Whilst in isolation none of these behaviours may indicate a potential boundary violation is happening, they could be indicators of a potential problem.

Indicators may include the community and disability services worker:

- Developing strong feelings for the client
- Spending more time with this client than others
- Having very personal conversations with the client
- Receiving calls at home from the client
- Receiving gifts
- Doing things for a client rather than enabling the client to do it for themselves
- Believing only they can offer the right services to the client.

Legal and ethical requirements and how these are applied in an organisation and individual practice



Working ethically

An ethical framework refers to the system of principles, rules or standards by which human actions are judged right or wrong. Ethics and ethical practices are about ensuring that clients receive a high-quality professional service from community services workers, regardless of their personal values or beliefs. Professional values and ethical guidelines espoused by the community services industry are ways to ensure that ethical dilemmas are resolved where value conflicts may exist between clients and workers.

A critical topic is unethical practice in the community services industry. It is important that clients are supported to make choices and gain independence and are not subjected to the workers imposing their own values and beliefs. Therefore, empowering the client to explore the possibilities and make decisions about their life in a professional and ethical manner should be a fundamental practice of all workers.

Code of Conduct

A code of conduct or code of ethics is usually developed by the organisation as a statement of the principles by which they work.

Depending on the culture and purpose of the organisation, the code of conduct may include:

- The nature of the relationship, between clients and staff
- The need to treat people with dignity and respect
- Issues relating to privacy and confidentiality
- Issues relating to access to information
- The approach to working with clients, e.g. types of programs
- The need for personal awareness and development of staff
- The underlying philosophy of the organisation
- The need for honesty, social justice and accountability.

The public has a right to expect that human service organisations will treat them with honesty and integrity. Employees in this sector are expected to operate according to a code of conduct or principles. Given the nature of your work, ethical dilemmas will arise. When this happens, refer to your organisation's code of ethics but also talk to your supervisor and colleagues before you decide on a course of action.

Protecting the rights of the client when delivering services

Part of your task in supporting a client and acting ethically is to ensure client rights are protected. Many client rights are protected by law, while others are linked to funding arrangements or your agency's mission or philosophy. As a community and disability services worker, you have a responsibility to ensure that a client's right to privacy and consent is upheld. You also owe your clients a duty of care. A significant aspect of this duty of care involves being able to identify signs of abuse and promptly reporting suspected abuse to appropriate agencies.

What are human rights?

We often hear in the media that a person or a group of people have had their basic human rights violated. While most of us have an idea what this means, we don't often stop to consider what human rights actually are. The range of human rights that everyone should receive is outlined in the United Nations Declaration of Human Rights. There are 30 Articles in the Declaration that highlight the basic rights of all people.

The Declaration includes the rights to:

- Not be discriminated against
- Be treated equally before the law
- Be presumed innocent until proven guilty
- Have one's privacy respected
- Move to, and live, where one wants to within their country
- Visit another country
- Marry and have a family
- Own property
- Work and have free choice of employment
- Be paid reasonably for work done
- Have an education
- A standard of living adequate for the health and well being of oneself and one's family (with food, clothing, housing and medical care and necessary social services)
- Security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond one's control
- Participate in the cultural life of the community.

In the past some people with a disability have been denied some or all basic human rights. For some people, this is still happening.

The reasons why this can occur may include:

- They are judged as incapable of thinking or feeling.
- They have little political power.
- They may not be seen as real people.
- They were put into institutions in the past and the public did not know (or think about) what went on in those institutions.
- They may have no concept of their rights.
- They may have a very limited education.

Human rights in an Australian context

Some concepts that underpin rights in an Australian context include:

- Every person has the same rights.
- Rights and freedom are part of the Australian tradition, customs, value systems and laws.
- Every person has the responsibility of accepting the rights of others.
- It is against the law (both Federal and state) for anyone to deprive you of your rights, and against the law for you to deprive anyone else of his or her rights. You can't have your rights taken away from you unless you are convicted of breaking the law (and there are still rights attached to this process).
- Rights and responsibilities go hand-in-hand; you must also fulfil your responsibilities.

Clearly, all Australians are entitled to receive their basic human rights. As part of your practice, it is essential that you work in a way that protects the rights of your clients. There will be times that you will, no doubt, be required to speak out and advocate on behalf of your client/client groups who may be unable to do it for themselves.

They may be overwhelmed by the difficulties they face, let alone think about and assert their rights. Or, they could also be affected by issues such as race, gender, health and age that act as a double bind when coupled with a disability. It is also important that you support the clients you work with to understand and assert their rights.

Rights and responsibilities

As members of the Australian community we all have rights and corresponding responsibilities. The word rights are often used but what does it mean and what are our rights? Rights are our basic entitlements as members of a community.

Some points on rights are:

1. Every person has the same rights.
2. Rights and freedoms are part of the Australian tradition, customs, value system and laws.
3. Every person has the responsibility of accepting the rights of others.
4. It is against the law (both Federal and state) for anyone to deprive you of your rights, and against the law for you to try to deprive anyone else of their rights. You can't have your rights taken away unless you are convicted of breaking the law.
5. Rights and responsibilities go hand-in-hand. If you want to exercise your rights, you must also fulfill your responsibilities.
6. Rights are linked to the concepts of social justice and empowerment (ensuring that everyone has the knowledge, skills and confidence to take control of their lives and be treated equally in society).

When considering the concepts of rights and responsibilities it can be useful to add the notion of roles. A role describes what we do in a particular situation. Consider the different things that you do throughout the day or week—be a part of a family, go to work, be a tenant or homeowner, spend time with friends, go shopping and so on. You have a role to play in each situation.

We have a right to do each of these things and we also have responsibilities while doing them. (For example, all women have the right to be a mother (role) but they have a responsibility to make sure that their children's physical, social and emotional needs are met.) Everyone has responsibilities of some kind. They may be the same as those of others or different, depending on the situation you are in and the role you play.

Where do rights come from?

There are a number of significant factors that influence the established rights of clients in the community services industry-some rights are common to all people and some are specific to clients in care or as service recipients.

International charters: The Universal Declaration of Human Rights discussed earlier is the best example of an internationally agreed position on human rights. When a country ratifies (accepts) a UN Convention, it agrees to take on the responsibilities of meeting the standards set down in that Convention. The Convention is an important piece of international legislation that has formed our national and state legislation. If you think of a tree, the state legislation is a branch but the international Convention is the main root.

Legislation or laws: These mean rules and regulations that are passed in state or Federal Parliament. An Act of parliament clearly defines what is legal and illegal, and you can be punished by law by not abiding by legislation. A good example is the *Disability Services Act 1986*. This Act ensures that people with disabilities are treated with respect and receive an individualised service which is appropriate to their needs. They have a right to live in and be part of the community, make decisions that affect their lives, realise their individual capacities for physical, social, emotional and intellectual development, take risks and receive protection from exploitation and discrimination.

Another example is the Human Rights and Equal Opportunity Commission Act 1986 that declares people with disabilities have the right to:

- Respect and dignity
- Assistance to become as self-reliant as possible
- Education, training and work
- Family and social life.

Regulatory requirements

Regulatory requirements refer to standards or rules on how a service should be run in order to meet the needs of the clients effectively and safely and to enhance the client's well being. Regulations are the details that attach to the broader directions of a particular Act.

Non-discriminatory approaches to work

When dealing with clients you should take the following issues into consideration:

- Personal prejudice may affect your relationships and disadvantage the individuals concerned
- Resources may not be available for certain groups or may not be appropriate for their needs. For example, very few rehabilitation centres cater for the needs of women with children or for the cultural needs of migrants
- There may be a stronger emphasis on a certain type of approach according to the prevailing prejudice towards a particular group (for example, Aboriginal people are more likely to end up in prison for drunkenness than non-Aboriginal people).

Being disadvantaged within a society is usually coupled with the society's lack of recognition of this disadvantage. Individuals not only suffer disadvantage through lack of access to resources, but they internalise the implicit values held by the power structure: that some people are more valuable to the community than others.

Often disadvantage occurs either as a result of discrimination, or can lead to discrimination. Discrimination may be defined as treating someone unfairly because they belong to a particular group. Two general types of discrimination are direct and indirect discrimination. Direct discrimination is easy to see since it is clearly unfair (eg refusing to employ a person who has children). Indirect discrimination is harder to see. It results from having a rule or situation that is the same for everyone, but this makes it unfair for some groups of people (eg to require everyone doing a certain job to be above a certain height, even though this is not necessary to perform the job role). It is also important to understand that some discrimination, while it is unfair, is reasonable. This may be for reasons of public or personal safety.

Principles of social justice

Social justice principles are about making sure that everybody in society has a fair go and receives their share of whatever society has to offer.

They are concerned with:

- Equal distribution of economic resources
- Equality of civil, legal and industrial rights
- Equality of opportunity for participation and decision making in society
- Fair and equal access to resources such as health, welfare, justice, housing and education.

The main principles to social justice are:

- Access
- Equity
- Equality
- Participation.

Access and equity are terms frequently used together and therefore are often seen as having the same meaning. They are, however, different concepts.

Access

Access is primarily concerned with ensuring that no matter what their circumstances, abilities or background, all people are able to find out about and use services in their community. Examples of this are ensuring buildings are wheelchair accessible, that information is available in a variety of languages and support mechanisms in place to ensure access to information.

Equity: Equity is about providing additional services to ensure that people from disadvantaged groups have equal access to all that the community has to offer. Equity is not the same as equal opportunity (equality) which is about making sure that people are not discriminated against and

treated unfairly on the basis of difference. Equal opportunity focuses on everyone having an equal start, whilst equity focuses on participation and achievement to an equal level.

Equality: Equality is about ensuring access and equity will ensure equality (uniformity of equal terms for all). This means that all people are treated equally, no matter who they are, or what their background is.

Participation: Participation means that clients are given the opportunity to, and are actively supported in, having a say and being heard in decision making about policies and services that affect them. An example of this would be where a service implements a questionnaire to all clients to provide feedback on the service they are receiving. There are some organisations that are specifically set up to be the voice for the people where their role is to lobby governments to ensure participation and a say in policy development. These organisations are called peak bodies or advocacy services.

Mandatory reporting

Who is mandated to make a notification?

The legislation generally contains lists of particular occupations that are mandated to report. The groups of people mandated to notify cases of suspected child abuse and neglect range from persons in a limited number of occupations (e.g., Qld), to a more extensive list (Vic.), to a very extensive list (ACT, NSW, SA, Tas.), through to every adult (NT). The occupations most commonly named as mandated reporters are those who deal frequently with children in the course of their work: teachers, doctors, nurses, and police.

What types of abuse are mandated reporters required to report?

In addition to differences describing who is a mandated reporter across jurisdictions, there are differences in the types of abuse and neglect which must be reported. In some jurisdictions it is mandatory to report suspicions of each of the four classical types of abuse and neglect (i.e., physical abuse, sexual abuse, emotional abuse, and neglect). In other jurisdictions it is mandatory to report only some of the abuse types (e.g., Vic., WA). Some jurisdictions also require reports of exposure of children to domestic violence.

It is important to note that the legislation generally specifies that except for sexual abuse (where all suspicions must be reported), it is only cases of *significant* abuse and neglect that must be reported. Reflecting the original intention of the laws, the duty does not apply to any and all "abuse" or "neglect", but only to cases which are of sufficiently significant harm to the child's health or wellbeing to warrant intervention or service provision. However, reflecting the qualitative differences presented by sexual abuse as opposed to other forms of abuse and neglect, five jurisdictions apply the reporting duty to all suspected cases of sexual abuse without requiring the reporter to exercise any discretion about the extent of harm which may have been caused or which may be likely (ACT, NT, SA, Tas., WA).

In Victoria the following professionals are mandated to make a report are:

- Registered medical practitioners
- Midwives, registered nurses
- A person registered as a teacher under the Education, Training and Reform Act 2006 or teachers granted permission to teach under that Act
- Principals of government or non-government schools
- And members of the police force.

There must be Belief on reasonable grounds that a child is in need of protection on a ground referred to in Section 162(c) or 162(d), formed in the course of practising his or her office, position or employment

- Physical abuse
- Sexual abuse

Child Protection Legislation in Australian States and Territories

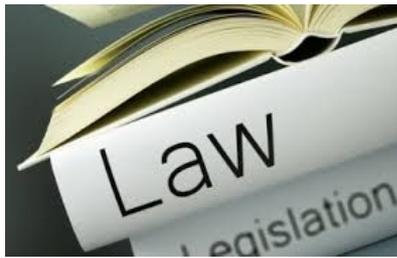
JURISDICTION	PRINCIPAL ACT	OTHER RELEVANT ACTS/LEGISLATION
Australian Capital Territory (Office for Children, Youth and Family Support, Department of Disability, Housing and Community Services)	<i>Children and Young People Act 2008</i> (ACT) (NOTE: Not all provisions are in force)	Adoption Act 1993 (ACT) Human Rights Act 2004 (ACT) Human Rights Commission Act 2005 (ACT) Public Advocate Act 2005 (ACT) Family Law Act 1975 (Commonwealth)
New South Wales (Department of Community Services)	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Children and Young Persons (Care and Protection) Amendment (Parental Responsibility Contracts) Act 2006 (NSW) Child Protection (Offenders Registration) Act 2000 (NSW) Crimes Act 1900 (NSW) Commission for Children and Young People Act 1998 (NSW) The Ombudsman Act 1974 (NSW) Family Law Act 1975 (Commonwealth) Reform: Children and Young Persons (Care and Protection) Amendment Bill 2009—introduced to make further provision with respect to out-of-home-care designated agencies and the provision of information to the Children’s Guardian and the Director-General of the Department of Community Services
Northern Territory (Children, Youth and Families, Department of Health and Families)	<i>Care and Protection of Children Act 2007</i> (NT) (NOTE: Not all provisions are in force)	<i>Information Act 2006</i> (NT) <i>Disability Services Act 2004</i> (NT) <i>Criminal Code Act 2006</i> (NT) Family Law Act 1975 (Commonwealth)
Queensland (Department of Communities)	Child Protection Act 1999 (Qld)	Commission for Children and Young People and Child Guardian Act 2000 (Qld) Education (General Provisions) Act 2006 (Qld) Public Health Act 2005 (Qld) Adoption of Children Act 1964 (Qld) Family Law Act 1975 (Commonwealth)
South Australia (Families SA; Department for Families and Communities)	Children’s Protection Act 1993 (SA)	Young Offenders Act 1994 (SA) Adoption Act 1988 (SA) Children’s Protection Regulations 2006 (SA) Family Law Act 1975 (Commonwealth) Family and Community Services Act 1972 (SA)
Tasmania (Child Protection Services, Department of Health and Human Services)	Children, Young Persons and their Families Act 1997 (Tas)	The Family Violence Act 2004 (Tas) Family Law Act 1975 (Commonwealth)
Victoria (Children Protection and Juvenile Justice Branch; Department of Human Services)	Children, Youth and Families Act 2005 (Vic)	Working with Children Act 2005 (Vic) Child Wellbeing and Safety Act 2005 (Vic) The Charter of Human Rights and Responsibilities Act 2006 (Vic) Family Law Act 1975 (Commonwealth)
Western Australia (Department for Child Protection)	Children and Community Services Act 2004 (WA)	Working with Children (Criminal Record Checking) Act 2004 (WA) Family Court Act 1997 (WA) Adoption Act 1994 (WA) Family Law Act 1975 (Commonwealth)

Service delivery models within community services

A number of service approaches are common throughout the community sector. These different approaches are underpinned by the philosophies and principles of community work.

MODEL	DESCRIPTION OF APPROACH
Developmental	A developmental approach to community services focuses on providing pathways and safe entry levels for individuals and communities to engage. Developmental approaches have a preventative focus.
Participatory	A participatory approach focuses on building on knowledge of communities, relying on and strengthening community resources. It is a collaborative approach to community services, working with communities as partners.
Community development	Good community development helps people to recognise and develop their ability and potential, and organise themselves to respond to problems and needs that they share. Community development focuses on the empowerment and self-determination of communities.
Community education	Community education aims to educate individuals and groups through formal and informal methods to provide learning and social development work. Community education also aims to integrate schools and adult education institutions with their communities to help individuals and communities tackle issues through joint action and community-based learning.
Case management	A case manager's role is to work with a client by assessing their needs, planning and goal setting; supporting the client and coordinating others to implement the activities that meet the goals; and monitoring and evaluating the options and services required to meet the individual's needs.
Advocacy	Advocacy is about representing a person or community who needs support to uphold their rights and help them to speak out. Often advocacy also involves providing information and resources.
Inter-agency	An inter-agency approach to community work involves a group of agencies, often multidisciplinary, working in partnership to provide coordinated, integrated and flexible services to enable a holistic approach to service provision.

Adhering to legal requirements in work practice according to workplace policies and procedures and scope of role



Legislation

Community service organisations and their employees will need to comply with legislation, regulations and statutory requirements relevant to:

- The prevention of discrimination
- Anti-harassment
- Privacy (National Privacy legislation and principles)
- Equal Employment Opportunity (EEO)
- Freedom of information
- Access and equity
- Social justice
- Mandatory notification
- WHS legislation.

Legislation related specifically to aged care, child care, palliative care, youth services and to the care of people with disabilities etc will be relevant according to the community service sector in which the organisation operates. Workers also need to know their rights and responsibilities under the industrial legislation that applies in their state or territory. Industrial legislation, statutes and regulations impact on work conditions, wages, working hours and the obligations of employers and employees.

Work practices should be constantly monitored to ensure compliance and as an aid to improve efficiency. When coordinating and performing in the work environment, managers, supervisors and community service employees must ensure that the services provided meet identified client needs and uphold client rights. They must also be aware of their legal and ethical responsibilities with regard to workplace relationships and employee rights.

Information

Employees must be provided, by the management of the work organisation, with information about their legal and statutory responsibilities and obligations. They must remain up-to-date with legislation and with any organisational changes that affect the parameters within which they will work. Information might be delivered to employees via in-house training, at staff meetings, via intranet, web pages, and using memos and emails as communication tools. Files containing the information that employees will need, can be held in electronic or hard copy.

Documented information relating to legislation, regulations and statutory requirements should be available from the Human Resource (HR) department in the organisation, from the internet or government printers. This information must be current, relevant and reliable.

By ensuring that employees understand the legal responsibilities and obligations applicable to the workplace it becomes possible to set standards to which employees must adhere. KPIs (Key Performance Indicators) should be set and agreed upon with employees, so that all workers are aware of the standards to which they are expected to perform. In their work performance and in their interactions with clients, management, workmates and other stakeholders, employees must demonstrate understanding of and compliance with their legal responsibilities and with the key statutory and regulatory requirements relevant to their role and to the service sector in which they work.

Work Health and Safety 2011

Work health and safety is the responsibility of everyone. Your employer has a duty of care for occupational health and safety to provide a safe working environment for workers and clients. All employers are required to consult with staff on any issues which may affect their health and safety.

Under the Work Health and Safety Bill 2011, each state and territory regulates its own health and safety legislation. There should only be very slight variations to that legislation between the states and territories. All states and territories and the Commonwealth have worked together to develop and implement model Work Health and Safety (WHS) legislation as the most effective way to achieve harmonisation of WHS laws in Australia. By reducing costs and eliminating unnecessary administrative processes, harmonisation is designed to make it easier for workers and for employers who conduct business across multiple states.

Disability Discrimination Act

The Disability Discrimination Act 1992 prohibits discrimination against people with a disability in a range of areas including transport, education, employment, accommodation and public premises. While the Building Code of Australia contains specific provisions for access to and around new and existing buildings for people with a disability, the Disability Discrimination Act does not provide any technical details on how to provide that access.

Mental Health legislation

The Mental Health Act states that interference with the rights, privacy, dignity and self-respect of people with mental illness must be kept to the minimum necessary in the circumstances. The Act also establishes the procedures for beginning involuntary treatment, by making involuntary treatment orders and through independent review.

The current legislation in the states and territories is:

- New South Wales : Mental Health Act 2010
- Victoria: Mental Health Act 1986
- Queensland: Mental Health Act 2000 – subordinate legislation: Mental Health Regulation 2002
- Western Australia : Mental Health Act 1996
- Tasmania: Mental Health Act 1996
- Australian Capital Territory: Mental Health (Treatment and Care) Act 1994
- Northern Territory: Mental Health and Related Services Act 1998

Sentencing Act 1991

Part 5 of the Sentencing Act 1991 enables Victorian courts to make restricted involuntary treatment orders and hospital security orders for persons found guilty of offences who require involuntary treatment and care for mental illness.

Medication Legislation and Regulations

The State and territory Legislation relevant to the aged care sector could include the following areas of Legislation, Regulations and Standards:

Freedom of Information Act 1982 (Commonwealth. No. 3, 1982)

An Act to give to members of the public rights of access to official documents of the Government of the Commonwealth and of its agencies.

Equal Opportunity

Equal Opportunity legislation dictates regulations regarding equal treatment of staff and users of the service without discrimination on the grounds of race, sex, ethnic origin, pregnancy, marital status, age or religion. There are specific provisions that forbid sexual harassment. Harassment may not always be physical. Your organisation will have policies that reflect the requirements of the Act. Equal Employment Officers are trained to ensure that there is no discrimination or harassment in the workplace and that people who want to make a complaint are informed of the procedures to do so. Make yourself familiar with Equal Opportunity procedures that apply in your workplace and who the EEO contact person is.

Racial Discrimination Act 1975 (Commonwealth. No 52, 1975)

An Act relating to the elimination of racial and other discrimination.

Sex Discrimination Act 1984 (Commonwealth. No. 4, 1984)

An Act relating to discrimination on the ground of sex, marital status, pregnancy, potential pregnancy or family responsibilities or involving sexual harassment

Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth. No. 126, 1986)

Allows The Human Rights and Equal Opportunity Commission HREOC to investigate complaints under acts such as the Disability Discrimination Act 1992, Sex Discrimination Act 1992, and the Racial Discrimination Act 1975, as well as dealing with infringements of human rights. It states that people have a right to respect and dignity, assistance to become as self-reliant as possible, education, training and work, family and social life and protection from discrimination. www.hreoc.gov.au/about the commission .

Freedom of Information Act 1982

The Freedom of Information Act 1982 creates a general right of access to information in documentary form in the possession of Ministers and agencies limited only by exceptions and exemptions necessary for the protection of essential public interests and the private and business affairs of persons in respect of whom information is collected and held by agencies.

Guardianship and Administration Act 1986

The Guardianship and Administration Act 1986 establishes a legislative regime to enable persons with a disability to have a guardian or administrator appointed when they need a guardian or administrator. The Guardianship and Administration Act also governs the performance of medical and dental treatments, special procedures and medical research procedures on people aged 18 years or older who have a disability (intellectual impairment, mental disorder, brain injury, physical disability or dementia), where that person is incapable of deciding whether to consent to the procedure.

Health Records Act 2001

The Health Records Act 2001 creates a scheme to regulate the collection and handling of health information in Victoria. The Health Records Act does not override other legislative regimes for confidentiality (such as section 120A of the Mental Health Act) or access to information (such as freedom of information), but rather complements and supplements those regimes. The Health Services Commissioner administers the Health Records Act.

Aged Care Act (1997)

Based on this Commonwealth Act the industry develops standards and guidelines:

- Standards and Guidelines for Residential Aged Care Services
- Home and Community Care National Service Standards
- Aged Care Accreditation Standards
- Disability Service Standards.

Western Australian Legislation

Criminal Code Act 1913 (WA)

The present law that governs criminal offences in Western Australia is the Criminal Code Act Compilation Act 1913 which is known as the Criminal Code. The criminal law is predominantly based in statutory law which is the Griffith Code (enacted for Queensland in 1899) and was later enacted in Western Australia in 1902.

The Criminal Code Act 1913 which is the criminal law of Western Australia was enacted in 1913 after amendments were made to the original code. Prior to the enactment of the Code, criminal law in Western Australia is based on common law. Despite codification of the criminal law in Western Australia, the common law has remained an important source of law therein. And all offences are contained in legislation. The most serious offences are contained in the Code, and there are other offences established by other legislations such as Road Traffic Act 1974 (WA) and Misuse of Drugs Act 1981 (WA).

Equal Opportunity Act 1984 (WA)

The Equal Opportunity Act 1984 (WA) is a Western Australian law which makes it unlawful to discriminate against a person in certain areas of public life, including employment. This law is regulated by the Equal Opportunity Commission.

Working with Children (Criminal Record Checking) Act 2004

The *Working with Children (Criminal Record Checking) Act 2004* was passed by State Parliament on 26 November 2004, and was proclaimed on 1 January 2006. Since proclamation a number of amendments have been made to the Act and Regulations. These changes improve the effective administration of the legislation and also improve the protection of children in Western Australia. Legislation can be accessed from the website of the State Law Publisher of Western Australia, which is the official publisher of all Western Australian legislation.

Child Protection State Legislation & Reporting - WA

Local Legislation

The Department for Child Protection is responsible for overseeing and upholding child protection in Western Australia. Numerous Acts (laws) help to govern and guide the process of child protection.

These acts include:

Principal Acts:

- Children and Community Services Act 2004 (as amended in 2011)
- Children and Community Services Amendment (Reporting Sexual Abuse of Children) Act 2008 (from 1 January 2009, these mandatory reporting provisions will become a part of the Children and Community Services Act 2004)

Other relevant Acts:

- Working with Children (Criminal Record Checking) Act 2004
- Family Court Act 1997
- Adoption Act 1994
- Family Law Act 1975 (Cth)

Carers Recognition Act 2004 Western Australia

The Carers Recognition Act 2004 formally recognises carers as partners in the provision of care for people who are frail, chronically ill or have a disability. The stated aim of the WA legislation is to improve the culture of service providers by involving and partnering with carers in the delivery of care.

Other relevant WA legislation

- Equal Opportunity Act 1984 (WA) (as amended)
- Public Sector Management Act (1994) (WA) (as amended)
- Disability Discrimination Act (1992) (Commonwealth) (as amended)
- Disability Services Act (1993) (WA) (as amended)
- Racial Discrimination Act (1975) (Commonwealth) (as amended)
- Racial Hatred Act (1995) (Commonwealth) (as amended)
- Sex Discrimination Act (1984) (Commonwealth) (as amended)
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- Criminal Code (WA)
- State Records Act 2000 (WA) (as amended)
- Nurses Act 1992
- Nurses Amendment Act 2003
- Poisons Act 1964
- Nurses Board of Western Australia – medication recommendations

Regulations and Standards

Standards are guidelines developed to ensure consistency of practice in human/community service organisations. They may be related to legislation. For example, all states in Australia have developed standards that services receiving government funding must adhere to. These are guidelines or principles for how the service should operate under the legislation.

Standards can be developed without legislation. For example, the NSW Department of Community Services has standards for the Supported Accommodation Assistance programme (non government services working with homeless people) but no legislation. These standards focus on guidelines about allowing clients the right to complain and be treated with respect, etc.

The Australian Council on Healthcare Standards (ACHS)

The ACHS is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through continual review of performance, assessment and accreditation. Established in 1974, the ACHS has maintained its position as the leading independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations. It is recognised internationally and was the third health care accreditation agency to be established worldwide after the Joint Commission on Accreditation for Healthcare Organizations, USA and the Canadian Council on Health Services Accreditation.

Service Rights and Responsibilities

HACC Program Statement of Rights and Responsibilities

The HACC Program Statement of Rights and Responsibilities aims to ensure that consumers and agencies are aware of their rights and responsibilities and can be confident in exercising them. The need to promote respect for the rights of clients of HACC services in this way arises from the nature of their relationship with providers.

The HACC Program Statement of Rights and Responsibilities recognises that:

- The program assists people who are at risk of premature or inappropriate long-term residential care and their carers
- The program aims to enhance the quality of life and independence of those at risk people and their carers
- The program is administered within available resources and in accordance with the principles and goals set out in the HACC agreements.

Consumers of HACC funded services retain their status as members of Australian society and enjoy the rights and responsibilities consistent with this status. Providers of HACC services operate under the constraints of relevant law.

Consumer Rights

HACC consumers' key rights within the HACC Program are:

- The right to respect for their individual human worth and dignity
- The right to be treated with courtesy
- The right to be assessed for access to services without discrimination
- The right to be informed and consulted about available services and other relevant matters
- The right to be part of decisions made about their care
- The right to choose from available alternatives
- The right to pursue any complaint about service provision without retribution
- The right to involve an advocate of their choice
- The right to receive good quality services
- The right to privacy and confidentiality, and access to all personal information kept about the consumer.

Clients/consumer responsibilities

Consistent with their status as members of Australian society, consumers of HACC services have a responsibility:

- To respect the human worth and dignity of the service provider staff and other consumers
- To treat service provider staff and other consumers with courtesy
- For the results of any decisions they make
- To play their part in helping the service provider to provide them with services
- To provide a safe work environment for staff and help them to provide consumers with services safely.

HACC Service provider's responsibilities

In providing services, service providers have a responsibility:

- To enhance and respect the independence and dignity of the consumer
- To ensure that the consumer's access to a service is decided only on the basis of need and the capacity of the service to meet that need
- To inform consumers about options for HACC Program support
- To inform consumers of their rights and responsibilities in relation to HACC services
- To involve the consumer and carer in decisions on the assessment and service delivery plan
- To negotiate with the consumer before a change is made to the service being provided
- To be responsive to the diverse social, cultural and physical experiences and needs of consumers
- To recognise the role of carers and be responsive to their need for support
- To inform the consumer about the service to be delivered and any fees charged
- To inform the consumer of the standards to expect in relation to services they may receive
- To ensure that the consumer continues to receive services agreed with the provider, taking the consumer's changing needs into account
- To respect the privacy and confidentiality of the consumer
- To allow the consumer access to information held by the service provider
- To allow the carer access to information held by the provider about the consumer where the carer is the legal guardian or has been so authorised by the consumer
- To deliver services to the consumer in a safe manner
- To respect a consumer's refusal of a service and to ensure any future attempt by the consumer to access a HACC service is not prejudiced because of that refusal
- To deal with consumer's complaints fairly and promptly and without retribution
- To mediate and attempt to negotiate a solution if conflict arises between the carer and the elderly person or younger person with a disability
- To accept the consumer's choice and involvement of an advocate to represent his or her interests
- To take into account the consumer's views when planning, managing and evaluating service provision.

The Charter of Residents' Rights and Responsibilities

A resident of an Australian Government subsidised aged care facility has the following rights:

[Note: the term 'residential care service' means the same as 'aged care home']

A. Each resident of a residential care service has the right:

- To full and effective use of his or her personal, civil, legal and consumer rights
- To quality care which is appropriate to his or her needs
- To full information about his or her own state of health and about available treatments
- To be treated with dignity and respect, and to live without exploitation, abuse or neglect
- To live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation
- To personal privacy
- To live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction
- To be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect
- To continue his or her cultural and religious practices and to retain the language of his or her choice, without discrimination
- To select and maintain social and personal relationships with any other person without fear, criticism or restriction
- To freedom of speech
- To maintain his or her personal independence, which includes a recognition of personal responsibility for his or her own actions and choices, even though some actions may involve an element of risk which the resident has the right to accept, and that should then not be used to prevent or restrict those actions
- To maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions
- To be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service
- To have access to services and activities which are available generally in the community
- To be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service
- To have access to information about his or her rights, care, accommodation, and any other information which relates to him or her personally
- To complain and to take action to resolve disputes
- To have access to advocates and other avenues of redress
- To be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

Each resident of a residential care service has the responsibility:

- To respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole
- To respect the rights of staff and the proprietor to work in an environment which is free from harassment
- To care for his or her own health and well-being, as far as he or she is capable
- To inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and his or her current state of health.

Rights of people with disabilities

As well as directly supporting the rights of people with disabilities, the Disability Services Act provided for the establishment of Disability Services Standards for the services funded under the Act. These are readily available in book form, and can assist organisations and individuals in formulating policies and procedures for interaction with their clients with disabilities.

The Disability Services Standards cover all aspects of access to services for people with disabilities and sets down minimum supporting standards for organisations:

Standard 1 – Service access.

Standard 2 – Individual needs.

Standard 3 – Decision-making and choice.

Standard 4 – Privacy, dignity and confidentiality.

Standard 5 – Participation and integration.

Standard 6 – Valued status.

Standard 7 – Complaints and disputes.

Standard 8 – Service management.

Standard 9 – Employment conditions.

Standard 10 – Employment support.

Standard 11 – Employment skills development.

Standard 12 – Protection of human rights and freedom from abuse

It is important that you understand that every individual has the right to freedom and respect. They have the right to be treated fairly by others and these rights are not reduced in any way. A client's rights remain the same, regardless of his or her physical or mental frailty, or ability to appreciate his or her rights. A positive, supportive and caring attitude from family, friends, and staff, carers and the community will help people who live in care facilities, or with care assistance, to continue as respected and valued members of society.



One

Interpreting and clarifying own role in implementing individualised plan and seeking appropriate support for aspects outside scope of own knowledge, skills or job role

Compare three job descriptions. These job descriptions may be from the community services industry or another industry.

- a. What are the similarities in the job descriptions?

- b. What are the differences?

c. Are each of the job descriptions clear? Why/why not?

d. Choose one job description – what would you need to clarify in order to work within the defined role?

e. What questions would you ask to clarify this aspect of the job description?

Confirming individualised plan details with the person and with family and carers when appropriate



Confirming individualised plans details with the client is important to maximise their involvement. The aim of care planning is to find a balance between providing necessary support and providing as much independence as possible.

This should impact on every personal care task that needs to be undertaken including:

- Showering
- Toileting
- Eating and drinking
- Dressing an undressing
- Saving
- Cleaning teeth
- Checking hearing aids and glasses.

The required personal care tasks relate to activities of daily living (ADLs) which are a set of activities necessary for normal self-care.

They include:

- Transferring from one seat to another, altering positions from sitting to standing, and transferring to and from the toilet and bed
- Walking on a level, on gentle slopes and down stairs
- Dressing-by putting on socks, stocking an shoes as well as clothing
- Taking care of basic hygiene by grooming and washing of face, truck, extremities and genitals
- Eating and drinking.

Senior nursing staff such as the Director of Nursing (DON) or Nursing Unit Manager (NUM) should confirm individualised plans and subsequent modifications with clients and should ensure that they and others such as family and friends understand and accept the details within the care plan. It is the role of the care worker to gather data to put together the care plan but the formulation of the plan and its confirmation with the client and family is the role of the senior nursing and management staff such as a Nursing Unit Manager or other delegated senior staff.

Ensuring the person is aware of their rights and complaints procedures

It is important for those of us working with older people to promote the rights of older people to independence, dignity and respect, as well as the right to fair access to services and community resources. When working with older people we need to respect these rights while being aware of some of the more common difficulties older people may experience so that we can adapt our work to meet their needs.

Older people also have the right to:

- Privacy
- Dignity
- Confidentiality
- Freedom of association
- Right to lodge a complaint and to utilize grievance procedures
- Right to express ideas and options
- Right to an agreed standard of care in health services
- Access to services in the community.

Individual's rights in contributing to care

As a worker in the aged care industry, you must always keep in mind that your clients have not given up their basic rights, just because they have reached a point in their lives where they now need to access care services. The individual client must always be included in the planning of their care, and in the development of their individual care plan. There must be an individual care plan for each client. This plan gives details of all aspects of the care required by the client.

This will include, obviously, medical information, but will extend too to items such as:

- Food preferences
- Medical treatment and/or the refusal of treatment in certain circumstances
- Time of day preferred for shower/bath
- Cultural and/or religious beliefs and practices.

The development of this plan begins from the client's first contact with the service. Following assessment by an ACAT, the client will be referred for community care services or for admission to a residential facility. From the initial contact, all staff involved must be aware of and observe the clients, their preferences and practices. Before any change or addition is made to a care plan, the client should always be part of the consultative process, or, if the client is not competent to make their own decisions, a relative or guardian should speak for them.

Clients are also able to speak on and participate in the general running of a care facility. As part of the formal agreement that should be in place between residents in a care facility and the organisation, there is a provision that the client has the right to speak on a range of issues affecting the running of the facility, and to participate in residents' committees, where they exist, or to establish a residents' committee where they do not.

Likewise, clients of HACC funded and home-based community care services, have the right to provide feedback and suggestions to the organisation/s responsible for providing that care. In government funded facilities, at least, the clients' rights to this input is protected by various pieces of legislation, not least the Privacy Act and the Freedom of Information Act.

The complaints process

Most aged care providers do their best to provide quality care and services for older Australians. When issues do occur, it's important that people can raise their concerns in a constructive and safe way.

An effective complaint handling system within an aged care service:

- Allows many issues to be dealt with quickly and effectively
- Can enhance the ongoing relationship between the service provider and the care recipient, their family and representatives
- Contributes to continuous improvement in the service.

The Aged Care Complaints Scheme (the Scheme) supports industry in resolving complaints within their service where possible. Effective resolution of complaints leads to improved aged care services for older Australians. It is also a legislative requirement under the Aged Care Act 1997 (the Act) that your service has an internal complaints resolution process.

The stages of complaint handling

An effective complaint handling process is fair, accessible, responsive, efficient and contributes to continuous improvement in service delivery. The aim is for care recipients, families, representatives and staff to have confidence in the complaint handling system.

Complaints resolved by the Scheme indicate that many cases can be resolved by following five steps:

1. **Acknowledge:** all complaints quickly.
2. **Assess:** the complaint, give it priority, and start to think about which resolution pathway you may take. Where required:
3. **Plan:** the type of information you may need to collect to assess the complaint, and how you will collect it
4. **Investigate:** the complaint to help inform your resolution approach.
5. **Respond:** to the complainant with a clear decision.
6. **Follow up:** any concerns.
7. **Consider:** if there are any systemic issues.

Some complaints may require the service provider to investigate the issues involved. However, most of the time a complaint can be resolved using other means such as conciliation. No matter the approach, and especially when an investigation is required, it's important to have a plan. Regular contact with the complainant should be maintained throughout the process. It is especially important to keep the complainant informed if their complaint is taking longer to resolve than first advised.

Acknowledgement

A complaint must be acknowledged quickly. This demonstrates that the complainant will be treated with respect, and can be an important tool in managing the complainant's expectations.

The acknowledgement should:

- Outline the complaint process
- Invite the care recipient and their representatives to participate in the resolution process
- Provide contact details and where possible the name of a contact person
- Reassure that confidentiality will be respected during the process
- Give an estimate of how long it's likely to take to resolve the complaint and when the complainant will next be contacted.

Written acknowledgement can be beneficial, but is not always necessary. If the complaint is made by telephone and cannot be resolved straight away, it might be more efficient to talk to the complainant about how the complaint will be handled and when they will next be contacted. Ensure this phone call is documented. Similarly, a complaint that is made by letter and can be resolved quickly can sometimes be acknowledged and resolved at the same time.

Assessment and assigning priority

The nature of complaints differs widely. Some complaints can be resolved quickly through open communication or an apology. Sometimes the scope of a complaint is not clear and clarification is needed. More complex complaints may require service providers to investigate the underlying issues or make referrals to other organisations. Early assessment of a complaint is essential for effective complaint handling.

The assessment should include:

- Clarifying the concerns and issues raised by the complainant
- Determining the level of risk to the wellbeing, safety and health of care recipients and staff identified in the complaint
- Deciding whether priority should be given to dealing with one or more aspects of a complaint
- Asking the complainant how they would like to see their complaint resolved.

Often what the complainant is seeking will be straightforward — for example, an apology or small change in services. Some complainants want to raise awareness of a problem or ensure that other people will not find themselves in the same situation. The best way to establish a complainant's expectation is to ask them what they are trying to achieve. What would resolve this complaint for them? Understanding this may be key to managing a complaint well. Some problems might not be easy to resolve, or the complainant may seek an inappropriate or disproportionate outcome. It's important to explain why a request cannot be met, and it's equally important to offer an alternative solution, if possible. Staff should have the authority to resolve straightforward matters. They must also be able to escalate matters that present risks or require more detailed examination.



Two

Ensuring the person is aware of their rights and complaints procedures

Some people receiving services find it very difficult to complain about a service, a carer or an organisation. They may also feel reluctant to make suggestions about the way a service could be improved. Think of some of the barriers that might prevent a client being honest about their opinion of a service. What might you be able to do as a worker to help break down these barriers?

An example is provided to get you started.

A client may think...	As a worker, I would...
If I complain, they won't treat me well.	Make sure that the client knows that we Respect their rights and opinions and that We look at complaints as a way to improve our services.

Working with the person to identify actions and activities that support the individualised plan and promote the person's independence and rights to make informed decision-making



Support activities in residential aged care and disability service settings would be based on the principle of maximising participation and independence of the client in terms of their daily living. This principle impacts on all organisations which deliver aged care and disability subject to quality standards mandated by government departments.

With aged care clients it impacts on all actions and activities within their individualised care plans. Support activities relate to a number of tasks for daily living-showowering, attending to care of hair and nails, assisting with glasses and hearing aids etc. An assessment of each of these tasks is made on the extent to which the client can still participate in providing for these basic needs, with assistance by the personal carer. The results of this assessment determine the aspects of the client's future care plan.

Providing quality care to your clients means that you need to allow them to have input into their own care and their own level of independence. Therefore the most important skill you need in order to recognise personal preferences is that of communication. In order to communicate effectively with your clients you need to know how to ask questions, clarify their answers, understand exactly what the preferences are and encourage your clients to maintain their own level of independence. You will also need to have skills in reading and writing in order to assist your clients with daily tasks.

The role of a carer involves using feelings, actions, knowledge and skills, in order to assist someone to live as independently as possible. It is important for a carer to listen to the client's desires and preferences in order to ensure that these preferences are being fulfilled. A carer also must demonstrate certain qualities in order to effectively assist their clients.

Some of these qualities include being:

- A good listener
- Assertive and resourceful
- Able to imagine what it is like to be the client (empathy)
- Organised and flexible
- Willing to learn from others, including the client, in areas of preference
- Reliable and punctual
- Hardworking, fit and healthy
- Sympathetic and able to manage stress.

Each of the clients that you work with will have their own preferences in all aspects of daily living.

Skills required to recognise personal preferences

Each of the clients that you work with will have their own preferences in all aspects of daily living. Let's look at an example in order to understand their personal preferences.

Asking questions

While consulting with your clients and even on a daily basis while working with them you will need to continually ask questions to ensure that their preferences are being fulfilled. While asking questions it is important that you attempt to ask open rather than closed questions. Open questions are those that require a sentence or an explanation as an answer rather than a simple yes or no.

Example:

'Good morning Mrs Gregory how can I help you today?' This is an open question that requires Mrs Gregory to answer with her personal preferences for support and care on that particular day. A closed question is one that can direct the answer or limits the answer to a simple yes or no. In order to gain information from your clients to find out their personal preferences you must concentrate on asking open questions wherever possible. Sometimes, however, it will be necessary to ask closed questions especially when dealing with area of comfort.

Clarifying the story: When a client discusses with you their personal preferences or answers an open question it is important that you clarify what you believe they have said. In other words you need to repeat back to them what you have understood them to say. Clarifying is a very important part of communication. Since communication is a two-way process, the client will provide you with the information and it is important that you make sure you have heard that information correctly.

Example:

'Good morning Mrs Gregory how can I help you this morning?' Mrs Gregory answers her arthritis is very bad today and she will need assistance with lots of her daily tasks. She claims she will need help with her own personal hygiene, dressing for the day and preparing her meals. In order to clarify this situation you will need to repeat the information back to her and possibly be more specific.

Understanding preferences

You may be confronted with clients with preferences that you do not understand or you do not believe are logical. You must remember that we are all individuals and each person has their own way of doing things. Although we might not understand the preferences of other people it is important that we do respect them. To fully understand the preferences of an individual, it is essential that you clarify the information you have been given to make sure you have it correct. It is easy to make a mistake or overlook preferences if you do not understand the reasons behind them.

Encouraging your client: While continually communicating with your client it is important to encourage them to maintain independence. This will help them to have a positive outlook on life and raise their self-esteem. You can encourage independence by sharing tasks with your clients depending on their capabilities and by making sure their preferences are met.

Reading and writing: In many cases you need the communication skills of reading and writing in order to fulfil the personal preferences of your clients. They may require you to read a letter that has been sent to them, or even to look up some information that they may want. Some clients may also need assistance with reading bank statements and other literature.

If you are unfamiliar with such documents, you should explain this to your client, and undertake to find another staff member who can assist or encourage client to use a family member/guardian, if appropriate. Ensure you adhere to organisational policy and procedures. You may find yourself in the position where you need to write either a message, a shopping list or a letter for your clients. It is therefore important that you know how to write letters and respond to other items correctly in order to fully assist your clients.

If you are not very good at letter writing, reading or spelling then don't be embarrassed to ask for help, either from someone appropriate in your organisation or even your client. They would much prefer you to ask them rather than sign their name to a letter with mistakes. Remember your clients are people too, and will generally understand that everyone has their own strengths and weaknesses.

Paying attention through observation: You can learn a lot of information about your clients by observing what they do for themselves and how they do it. You can also gain information from their surroundings and their personal belongings. Be careful though that you do not go through personal belongings or encroach on the privacy of your clients. Always remember that there are often hidden reasons such as health matters or level of capabilities that have an impact on the personal preferences of the individual.

There may be times when a client finds it difficult to provide you with factual information about their personal preferences. This could be due to sensory impairments, personality differences or cultural factors. It is therefore important that you turn to other sources in order to gain factual information about clients' personal preferences.

This information could be provided by consulting:

- Their care plan
- Your supervisor
- Other care workers
- Their medical practitioners
- Family members.

The client's care plan

A care plan for each individual will have been developed by the assessment team and will provide a lot of information about the individual. All relevant information about the client is listed on their care plan and this includes their personal preferences. There may be times when you need to update this information because you are working with them on a one-to-one basis. However, when you first start to work with the client you will find this a source of vital information.

The information on the care plan is gathered from a variety of sources. It is important that you as a carer also document and report any information that may be relevant to the individual's care plan. Remember that the care plan is continually evaluated and updated to accommodate changes in the individual's abilities and needs.

Consulting your supervisor: If you are dealing with a client who is reluctant to provide you with information about their personal preferences, it may be necessary for you to consult your supervisor, to work out a method of approach. Your supervisor may give you guidelines on how to elicit factual information from your client, or decide it is more appropriate to refer the client to someone else who can help determine their personal preferences.

Consulting other care workers: It is important in your work that you maintain regular contact with other care workers who have more experience than you. You will find that there are other care workers who may have worked with your client before or have worked with clients in similar situations. They may have experience in eliciting information about the client's personal preferences.

Consult family members: Always ask the client if they would like their family in the discussion (permission must be obtained). Family members can often be quite helpful in providing you with information about your client's personal preferences. Whilst discussing your client's personal preferences with family members, keep in mind that some family members may not have lived with your client for some time, and may not, therefore, be aware of their current preferences. Even so, family members can often be very helpful when determining personal preferences about interests, activities and hobbies. They may be aware of personal preferences in relation to foods, social activities and daily tasks of life.

Changing personal preferences

The preferences that each individual has will change over time.

This change can be due to:

- A simple change of preference
- A change in needs
- Being offered new or better alternatives
- A state of confusion or memory loss.

Simple change in preference: It is possible for everyone regardless of their age to have a change in preferences. Often this is simply due to the need for variety, boredom with current routine or the desire to try something new.

A change in client's needs: Clients preferences can change directly related to their needs. This can be due to their state of health or capabilities.

Clients are provided with new or better alternatives: Due to changes and improved technology your clients may be provided with new or better alternatives in the aids and equipment they use. This can lead to a change in preference.

Clients suffering confusion

Clients who experience differing states of confusion may change their personal preferences on a regular basis. It is important that you are aware of this and are sensitive to their changing needs. This can sometimes cause a lot of difficulties for the care worker in trying to determine exactly what the real preferences are. It is important that you pay attention to their preferences and adapt to them so that your clients feel that they are being listened to, and that their opinions are important. Sometimes when dealing with a client who is in a confused state it may be necessary to place great importance on the personal preferences listed in their care plan. This will be especially in relation to safety and medical needs of the client.

Respecting the client rights and roles in decision making

All health agencies are required by the government to meet National Service Standards in order to provide quality care. The Rights and Responsibilities charter is directly related to the standards. When a person accesses a service with a health facility they should be informed of the client's rights and responsibilities – what is expected of the health care service provider and what is expected of the health consumer?

A client has the right to:

Be treated with respect, courtesy. Be treated with respect, courtesy, dignity and consideration for age, gender, sexual preference, religion and culture. Health care providers must respect the client's ideas and decisions they choose to make about their health care and life choices. The health care provider may not necessarily agree with the care recipient but will not adversely compromise the care recipient. The client has a right to live without victimisation or discrimination and without being obliged to feel grateful to those providing care. The health care provider should listen actively to what the client or designated person says and show courtesy and respect in their behaviour towards the recipient of care.

An interpreter if needed All care recipients and authorised persons are entitled to an interpreter where needed. It is preferable from a health care point of view that the interpreter is not a relative as information passed on may not be accurately translated or objective. The Qld interpreter service is readily accessible to all health organisations.

A second opinion: All clients have an absolute right to obtain a referral for a second opinion without harassment or adverse effect on the care they receive.

Give constructive feedback. Give constructive feedback, give a compliment or make a complaint. A client has a right to give honest feedback about the service without fear of reprimand, reduction or loss of service. National Service Standards require organisations to have clear policies and guidelines for handling complaints. A client or authorised representative is also encouraged to provide positive feedback as in compliments when they wish to do so.

Ask to see their medical records: Although clients do not own their medical record or file, by law they or their authorised person have a right to read what is written about them. There are certain qualifications to this right. Sometimes there is a fee charged. A request is usually asked for in writing and an appointment time is made. The person perusing the file is not allowed to alter the record in any way. If there is information in the health record that is incorrect, or which they do not agree with, they have the right to request that it be amended. The person viewing the file is usually accompanied at all times by the organisation's delegate.

Personal information kept private: Have personal information kept private and confidential. Information regarding privacy and confidentiality of the client's details should be given to the consumer on admission to the service. What happens to the information the client gives the service provider and who has access to this information and what securities are in place to prevent unauthorised access to the client's details should be included. It should be clearly stated if any information regarding the client is given to third parties.

To be informed and consulted: A client has the right to be given information that is easy to understand about treatment, including risks and other choices. They should have the knowledge of what services are provided and the frequency and duration of the services. If relevant the hours of operation of the service, such as after hours and weekends should be explained. What fees if any are charged and if there is any fee concession for those who qualify should also be explained. A parent or legal guardian is reasonably expected to exercise all rights on behalf of a child or dependent person.

An advocate: An Advocate is a person who pleads the cause of another or who acts on behalf of another person or group of people to support and uphold their wishes. Everyone has a basic right to express their views. An advocate can be a family member, or friend or neighbour or from an independent Advocacy Agency. The service provider must accept the advocate the client chooses.

Be involved in decisions: Take part and be involved in decisions about their health care. The client has the right to be in control of the care received and participate in planning and decision making regarding the services provided. If the client's needs change they should be involved in the review process. The client or authorised person if able, should give permission / consent before being treated and may withdraw permission / consent at any time

Receive a professional service: The client has a right to quality care appropriate to their needs. They have the right to know what the service can and cannot provide. They have the right to receive a planned and reliable service. Concerns such as knowing if the provider is flexible enough in adapting services to meet the needs of the individual client and whether there will be any consultation regarding changes to their service provision, should be addressed. The client has a right to be provided with information regarding the provider. There should be follow-up or feedback to see if the client is satisfied with the service.

Decide if they want to take part: Decide if they want to take part in medical research and clinical training.

Where do rights come from?

There are a number of significant factors that influence the established rights of clients in the community services industry-some rights are common to all people and some are specific to clients in care or as service recipients.

International charters: The Universal Declaration of Human Rights discussed earlier is the best example of an internationally agreed position on human rights. When a country ratifies (accepts) a UN Convention, it agrees to take on the responsibilities of meeting the standards set down in that Convention. The Convention is an important piece of international legislation that has formed our national and state legislation. If you think of a tree, the state legislation is a branch but the international Convention is the main root.

Legislation or laws: These mean rules and regulations that are passed in state or Federal Parliament. An Act of parliament clearly defines what is legal and illegal, and you can be punished by law by not abiding by legislation. A good example is the *Disability Services Act 1986*. This Act ensures that people with disabilities are treated with respect and receive an individualised service which is appropriate to their needs. They have a right to live in and be part of the community, make decisions that affect their lives, realise their individual capacities for physical, social, emotional and intellectual development, take risks and receive protection from exploitation and discrimination.

Regulatory requirements: Regulatory requirements refer to standards or rules on how a service should be run in order to meet the needs of the clients effectively and safely and to enhance the client's well being. Regulations are the details that attach to the broader directions of a particular Act.

Responsibilities of client to health provider

- **Provided with accurate and complete information:** The health care provider should be provided with accurate and complete information about the health, medications taken – prescription, recreational drugs or natural / alternate remedies and any beliefs that may affect the care recipient's treatment
- **Treated with respect:** The health care provider has a right to be treated with courtesy, respect and honesty. Treat all people regardless of race, culture or beliefs, in the health service (staff, volunteers, patients / clients, their families and other care recipients) with care, dignity and consideration. Racism will not be tolerated
- **Suitable conduct:** The client should conduct themselves in an acceptable manner which will not interfere with the wellbeing or rights of other clients / patients or staff.
- **Attend appointments:** The client should keep appointments or advise those concerned if they are unable to do so
- **Follow instructions :** Follow health care provider's instructions for treatment and care
- **Be honest:** Inform staff if someone else is treating them for the same condition and about concerns or problems they are having because of the treatment or the medications they are taking
- **Inform of changes:** Change of contact details should be informed as soon as possible
- **Maintain confidentiality and privacy -** Respect the confidentiality and privacy of others
- **Ask questions :** Request an explanation if they are given any information they do not understand
- **Take responsibility:** for any results of any decisions the client makes with the health care provider and or volunteers about care
- **Maintain WHS -** Provide a safe environment (if in their own residence), for staff and volunteers by informing them of potential hazards (dangerous animals).

Respecting your clients decisions

As a staff member working with vulnerable people or those with health issues you must support them, not exercise control over them. The client needs to be given every opportunity to make their own decisions. A range of communication strategies including listening, questioning, agreeing, acknowledging and summarising are important.

When assisting clients to make decisions, it is important to:

- Allow clients the right to make mistakes, with due regard for their safety
- Allow clients the right to change their mind
- Inform clients about the rights of others
- Give clients time to make decisions
- Assist clients to seek support from a valued person in their life
- Assist clients to carry out responsibilities
- Assist clients when their decision adversely affects others.

When a client is unable to convey their feelings about a proposed decision, the decision you make must:

- Consider the client's best interests
- Be the least restrictive option for the client
- Be communicated to the client
- Be aware not to impose your own preferences on the client
- You must consider all stakeholders the client, their family, friends, advocates, and other relevant staff in all major decisions for the client.

When rights and interests are not protected

It is important to take action if you see that a client's rights and interests are not being protected. This may be as a result of the actions of other residents, family members, and health care professionals, visitors to the facility or other staff. It may even be the result of the client's inability to speak up on their own behalf. The course of action you take should be determined by your organisation's policies and procedures, and will usually involve a discussion with a supervisor. Whatever the procedure, it is important that you identify the correct protocol and take action on behalf of your client.

Preparing for support activities according to the person's individualised plan, preferences and organisation policies, protocols and procedures



Individualised plan

An important part of the community care worker's role is to assist their clients to maintain as much independence as possible. A support worker may be required to assist clients in their own home, in a residential care environment, or at school. A care plan outlines the care, treatment or management to be provided to an individual. It is a set of actions the health care provider will employ, to resolve or support the client's current health issue identified in the assessment. A health care plan guides the on-going provision of care.

There will be defining characteristics (subjective and objective data) that support the assessment for the care plan. A care plan should be holistic, and should be based on the clinical judgment of the support worker/ enrolled nurse, using assessment data collected from the relevant health specialty framework. The care plan is based upon an identifiable health care problem (actual, potential or risk of) - clinical judgments about the client, family, or community experiences/responses to actual or potential health problems and should focus on specific health outcomes that are realistic for the care recipient. Care plans should include interventions which are focused on the causation or risk factors of the identified problems or issues.

A good care plan is a result of a gradual process of assessment and must be relevant and current. When initiating care planning, it is important to organise an appropriate time schedule for assessing and implementing of the care plan. It should not be a hurried process as the care recipient may assume that you are too busy to attend them, or you do not have good time management skills or you may not think they are important enough.

Elements of the care plan

- A Care Plan comprises of many elements. An identified problem or diagnosis from which the client's needs are assessed
- Planning the management / treatment by developing interventions to be delivered and goals to be achieved
- Implementation of the care plan
- Continuing to monitor and seek feedback from the client and or relevant others
- Evaluating and continually reviewing the accomplishment of the goals and the care plan itself.

Writing the care plan

Establishing a goal

A goal to be met by the team is established according to the needs of the client and the family. For clients with a mobility problem the goal may be to help restore as much function as possible. For a client who is dying, the goal will be to give physical care and emotional support needed for both the client and the family so that death can occur with dignity.

Developing the plan

The plan of care to meet the goal is based on the information obtained while assessing the type of service required.

The plan will include:

- Activities to be performed
- Who will perform them
- How often they are to be performed.

More than one health care professional may be required to carry out this plan. Each of these will develop their own plan of care, implement the plan and evaluate the plan.

Issues to consider

In discussing the aim of the care plan, it is important to:

- Highlight that it is for the person's own benefit, health, comfort, dignity and for their own independence
- Work together by asking them what they consider their skills and abilities to be
- Negotiate, as sometimes a person may have a view that they can do more for themselves than they actually can
- Discuss preferences and choices in a private place, as these are private issues that are being talked about
- Gain consent to observe the skills that they may have. For example, in observing them taking a shower you would need to gain consent to observe their skill level. If the person is unable to give consent a significant other person in their life may be able to. Because the person has entered your service there may be implicit consent that you may observe them. You will need to view the organisation's policy on implicit consent. You may also gain consent from the person to check with other carers, including family carers, who may have helped them with their personal care.

Actions/interventions/strategies

This part of the plan documents exactly what will be done so that the goals or outcomes can be achieved. Each action should link very clearly to an identified problem as well as to the specific goal that relates to the problem. The actions should be very specific and detailed, so that every team member understands their role and knows what is going on.

Case review/evaluating the case plan

We have looked at the plan as a dynamic document that can be adapted to respond to the changing needs of the client. The process by which a team makes sure that the plan remains relevant and effective is called evaluation or review.

Questions which may be considered in the case review process include:

- Are goals being met?
- Are the client's needs being met?
- Is the client still committed to the process?
- What needs to be modified?

Review processes should be undertaken, often enough to ensure that the goals set are still appropriate in terms of client and service providers. Review processes will necessarily involve both client and service providers. They may involve a formal document, which will vary from agency to agency. Any contact with the client should be recorded as a standard practice, so that an accurate picture of progress is obtained, and can be made available for all involved service providers to access. It is important that as well as the formal process of review, a case is constantly monitored to ensure it is meeting the needs of everyone who is involved.

Part of a simplified client care plan

Diagnosis	Intervention	Outcome/Evaluation
Impaired mobility	Client uses a walking frame	Mobilised independently today
Pain	Give medications as charted	Tablets give good pain relief
Social isolation	Help client to use telephone	Phoned daughter this morning
Difficulty swallowing	Dietician review today	Client to have special diet

Multidisciplinary health team

For a care plan to be supported and implemented effectively, a wide range of health care professionals with extensive specialist skills, who can offer a broad range of services, resources and advice, is needed. These health professionals are part of what is termed a multidisciplinary health team. They are all highly trained specialists in their own health field who work together as a team to improve the health outcomes of the client / patient by sharing information and professional expertise.

When a client has a care plan created many factors are taken into consideration. When the initial assessment of needs is being compiled the questions asked will extend over many different health disciplines. As mentioned, there are specialist skills involved in each specific health discipline, therefore when a need is identified that involves a specific discipline then a health professional from that particular team will take responsibility for that need and provide a service to improve the health outcomes for the client.

Members of a multidisciplinary team

- Nurses and doctors
- Physiotherapists
- Pharmacist
- Dietician
- Social worker
- Speech therapist
- Occupational therapist (OT)
- Psychologist
- Podiatrist
- Counsellor

To provide a harmonious and smoothly-running service, the members of the multidisciplinary team usually meet on a regular basis to discuss client management and continuance of care. Problems or issues regarding the client, are discussed at these meetings and solutions offered from many different disciplines. These meetings may be termed as a case conference. It may also include the client and family in which case it may also be termed a family conference. This is considered best practice.

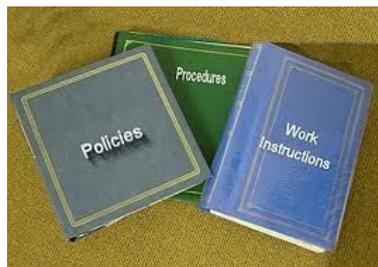


Three

Preparing for support activities according to the person’s individualised plan, preferences and organisation policies, protocols and procedures

With reference to your role as an aged care worker explain why client preferences in terms of their willingness and ability to be involved, should be acknowledge in terms of their care plan.

Organisation policies and procedures



Organisational policies and procedures exist to ensure a high standard of service is provided in a safe manner and client rights are respected.

Organisational guidelines should cover:

- Access and equity
- Client rights
- Cultural diversity
- Client participation in care plans
- Consideration for clients' special needs
- Consideration for safety of clients and employees
- Security and privacy of clients and their information
- Guidelines on ensuring an appropriate high standard of care can be delivered appropriately and safely.

Organisational guidelines must be clearly documented and accessible by staff and clients. A care worker must:

- Follow the policies and guidelines
- Consult with the supervisor if unsure of role or best course of action in a situation
- Understand work roles and responsibilities in order to be able to provide a high standard of service
- Report accidents, incidents and errors immediately to the supervisor
- Know emergency procedures and act immediately if required
- Keep accurate and regular records as per documentation requirements
- Provide information to other services providers as required but maintain the boundaries of privacy and confidentiality
- Use appropriate skills to successfully work in a multi-disciplinary team and be open to advice and guidance from others
- Know how to use various organisational equipment, including specific information technology equipment, in order to be able to fulfil all work responsibilities
- Be able to reflect on their own work practices and identify any areas that need improvement
- Have knowledge of the roles of other employees in the organisation and their specific responsibilities, including directors, ancillary staff, maintenance staff and human resources (HR) staff.

Element 2: Provide support services



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

Care workers often engage in short interpersonal exchanges with their clients. This may involve asking about a client's health and well-being or asking about their family, and their life history and accomplishments to gain a better understanding of their life. The relationship between the client and care worker should grow into a trusting one and clients should feel comfortable enough to discuss deeper issues.

Building and maintaining trust

It should be the central aim of workers to generate a trusting relationship with clients. Therefore, from the initial self-introduction process and throughout all aspects of the relationship, the worker needs to demonstrate courteous consideration for the other person. To build rapport is to develop a relationship that is characterised by understanding, empathy, affinity and connection. The effectiveness of communication is directly influenced by our ability to develop positive relationships with both clients and colleagues.

Carers can develop trust from aged clients through:

- Empathy
- Showing genuine interest
- Respect for individual differences
- Listening with understanding
- Being relaxed
- Keeping an open mind
- Friendly chatting.

Rapport building is a skill that requires practice. We all have relationships with individuals with whom we have a natural affinity. However, it is quite likely that we will find ourselves working with clients and colleagues with whom we do not have this natural or spontaneous affinity. In these situations we can still develop a positive relationship by practicing the skill of rapport building. Rapport building refers to the flow of information between two parties. Building rapport with clients and colleagues involves creating an environment of mutual respect. As you get to know your client this rapport will develop even further.

We develop rapport with clients to:

- Help the client feel relaxed and comfortable
- Keep the interview or conversation going
- Assist the person with a disability to open-up or commit to a plan of action

Empathy

Empathy means 'tuning in' to other people and understanding their feelings. This is an invaluable communication tool in the workplace. It allows you to see quickly the motivation or feeling behind a message or discussion. It doesn't mean you have to agree with them, or accept their points or view, but it does help you respond accordingly. In the same way, in the workshop you need to be careful about expressing your personal views and who you are expressing them to. You might end up wearing a spanner.

Empathy is essential for building rapport and developing effective communication and positive relationships. It makes people feel that you are on their side, and that you understand them, even when at times you don't agree with them at all; sometimes empathy is confused with sharing common experiences. If you have experienced similar life situations as your client, then you are able to more fully understand what that person is communicating, and going through. However, even if you don't have common experiences being able to show empathy can still take place.

Support workers can use empathy to:

- Build a relationships with your client and colleagues
- Stimulate self-exploration
- Check understanding
- Assist communication
- Focus your attention on the client
- Make future strategies.



Four

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

(Role-play)

Undertake a role-play involving an aged care worker, (or another learner) an aged care client and observers who will be members in your learner group.

- a) The aged care worker will go through the necessary introductions at the start of the meeting as it is the first time that he or she is meeting the client. The purpose of the meeting is the implementation of an individualised care plan.
- b) After the introduction there will be a debriefing involving all parties on the success of the introduction in terms of establishing rapport with the client.
- c) The meeting may be videotaped, so the learners can obtain further insight on the effectiveness of the introduction.

Providing support according to the individualised plan, the person's preferences and strengths, and organisation policies, protocols and procedures

Models of care and support

A number of models of care may be referred to in relation to provision of appropriate support.

Person-centred care

Traditionally, decisions regarding the type of support to be provided to an individual were made primarily by health professionals. These models of care focused on the impairments and inabilities of a client, creating a negative psychological framework from the beginning. A person-centred care approach to care delivery however, is designed to empower an individual by emphasising self-determination and independence. Care plans are developed with an emphasis on what is important to the individual client, now and in the future. In provision of person-centred care, a client's talents, skills and abilities are identified, with workers listening to what is really important to the individual. The principles of human rights, independence, choice and social inclusion underpin this model.

Strength-based practice: Strength-based practice is a solution focused theory, again emphasising the individual's self-determination and strengths. This model also focuses on the client, their choice of future outcomes and their individual strengths, to ensure they are well placed to deal with any problem or crisis.

Strength-based practice increases the capacity of individuals, groups, families and communities to respond to their own challenges. Clients are empowered by being treated with respect and having their strengths acknowledged and enhanced. They are actively listened to, so individual strengths and resources can be identified and future goals and ambitions fully understood. Support can then be provided to address difficulties or obstacles to the client achieving these goals.

Active support: Active support is a model of care where support services are based on the assessment of the client's strengths and abilities, with the focus on building and improving the individual's quality of life, social participation and functional capacity. Active support assists clients to improve their capacity (ability) in order to enable them to live independently at home for as long as possible.

Individual preferences

Each of the clients that you work with is an individual with their own personality, and life history. As a result they have their own attitudes, beliefs and preferences that have been established and maintained over a long period of time. It is important in your role as a care worker, that you take into account the individual preferences of each of the clients you work with. Although some may be shared by clients, many of them will be individual preferences. In this case you will need to understand the preference and respect the individual's rights.

Individual preferences are formed over a long period of time throughout our life. Some may have remained with the individual throughout their life; others may be new preferences that have been adopted as they have adjusted their life and lifestyle to changes over time.

Individual preferences may be as simple as the clothes a person wants to wear, the food they want to eat, their religious requirements or their social desires. It is important that you remember the complexity of the history of the individual while you are learning to understand their preferences. On a day-to-day basis in your work you will come across a variety of different personal preferences. Each individual will have different needs in all aspects of their lives.

You may find preferences in their daily living in areas of:

- Communication
- Eating and drinking
- Mobility and transferring
- Grooming and personal hygiene
- Dressing and undressing
- Spiritual needs
- Relationships with others
- Emotional needs
- Expressing sexuality.

In all of these areas each individual will have their own preferences that you need to be aware of, eg: one client may prefer to be transferred from wheelchair to toilet in a completely different way to another client. Clients may also have their own preference in order of dressing in relation to which items should be put on first. The same could occur with undressing. It is therefore important that you know the individual and understand their personal preferences in order to fulfil their needs through the plan of care. Many clients will also have different personal preferences in relation to physical Activities of daily living.

Specific tasks you may have to carry out may be related to:

- Dietary requirements
- Home cleaning
- Religion and spirituality
- Dressing
- Grooming.

Preferences for personal care may include:

- Time of the day
- Time of the week
- Carer involvement
- Processes
- Procedures
- Products
- Carer preferences, such as male or female.

Dietary requirements

Every person has personal preferences about the food they like to eat, how it is prepared and the time of the day they like to eat.

Eating preferences may include:

- Being vegetarian
- The preparation of the food or consistency of flavour
- Spicy food
- Traditional Australian foods such as meat and three vegetables
- Certain types of meat and/vegetables
- Salt or pepper, or other types of flavorings
- Fast foods
- Dessert after a meal
- A roast dinner on the weekend.

As a care worker it is possible for you to make sure that the food and drink preferences of the individual are being met.

To do this you should:

- Make sure that you understand the preferences of the individual and that these are listed in the service/care plan
- Continually discuss with the person their preferences to establish any changes that may occur
- Offer choice and variety in their diet while still respecting and supporting their own personal choice of foods
- Ensure that their preferences allow all of their dietary needs to be fulfilled by consulting with dieticians and other health professionals
- Provide the individual with information about dietary needs if necessary.

If you are assisting a person in their own home it is important that you ensure their personal preferences are being met by assisting with a range of activities related to food preparation.

You need to make sure that:

- The individual has food supplies and a variety of food in their home
- The person is capable of shopping on their own
- The person can consume their meals in a way that it enjoyable and comfortable
- You encourage them to share meals with other people wherever possible
- They have enough resources to buy nutritional foods.

It may be important for you to pass on some information that you learn about your client to your supervisor or to another professional such as a dietician or community nurse. It is important that you help them in fulfilling their personal preferences wherever possible, but it is also important that you try to ensure that they consume a balanced and nutritional diet.

Cleaning and maintaining the home

Part of your role as a care worker may include assisting clients to maintain cleanliness in their home. While doing this it is important that you consider the preferences of the individuals by completing the tasks the individuals want done, when they want it to be done. You need to be aware of what the special needs or individual preferences are of the individual. Consult the client, or the service/care plan.

When planning cleaning procedures, some of the client preferences you may need to consider include:

- The frequency and order of the jobs to be done
- Using certain cleaning products
- Using particular equipment for each job
- Returning ornaments and furniture to their original location.

Remember that clients may have specific preferences for a reason.

For example:

Nellie is an active 82-year-old who lives in her own home. Due to a progressive deterioration in her sight, she now receives community care services in order to assist her with meal preparation and maintaining her home. When Rona, a care worker, arrived at Nellie's house for the first time, Nellie explained very clearly that she needed all furniture and objects to be returned to their original positions and locations. She explained that this was essential because she could not see very well but knows exactly where everything is in her house. If Rona was to move an item of furniture it could mean that Nellie might fall over it or bump into it.

Religion and spirituality

Information about religious preferences should be in the care plan and should be treated respectfully by care workers.

To support and accommodate personal preferences in religion and spirituality you could:

- Talk to clients about events that are approaching that are important to them, such as specific religious days
- Discuss with the client different aspects of their religion to gain a better understanding
- Arrange transportation to religious events
- Adapt routines to meet with religious needs of the client, for example, avoid cleaning the home while a person is praying
- Remain non-judgemental at all times. Remember many religious beliefs are accompanied by dietary preferences.

Dressing



Many older people or people with a disability may be dependent on assistance in purchasing clothes as well as in the physical process of dressing. It is important that they maintain some control and independence in relation to the clothes they wear. This will assist in the maintenance of self-esteem and personal pride in their appearance. You should therefore encourage the individual to make decisions on the clothing that they like to wear. An individual's choice of style of clothing will be directly related to their own personal preferences, medical or physical condition, financial position and cultural background. This needs to be taken into account when you assist clients in selecting clothing.

Grooming



Every person has individual preferences about how they like to look. Many people may pay particular attention to making sure that their hair is done in a certain way, that they are clean shaven and are dressed appropriately for all occasions.

Processes, procedures and products : You need to consider how the client normally showers, dresses, goes to the toilet etc. You need to look at the environment, what they do and how their personal care needs are being met. You also need to consider what equipment and products are being used. Are they the right products for this person? For example, does the person use powder after showering, and if so does the floor surface become slippery? Is there an alternative product that may be used? People should always have choice regarding such matters but this also needs to be balanced against any risks involved.

Carer preferences: The person should always have choice as to whether they want a male or female carer to support them. Some people may not have a preference but others may be quite private and have a strong preference. You will need to try to accommodate this but it may not always be possible

Gender preferences: You need to be aware that some cultural groups have quite definite views on the opposite sex providing services to individuals. Work practices may need to be adapted to allow for different cultural views and protocols governing interaction and physical contact with the opposite gender. For example, a single woman may refuse to be alone in an office with a male, or a male may be uncomfortable with being interviewed by a pregnant women.

Sexual preferences: It is important to consider cultural views of homosexuality, transgender and non-traditional partnerships.

Cultural background and migration

Many individuals as they grow older suffer diminished short-term memory and an increase in acuteness of long-term memory. As a result, those who spent earlier years of their life in another country will often revert back to the habits, lifestyles and language of that country. Although they have adapted to life in Australia they may return to the familiar and traditional ways. For many older people in this position, the life and lifestyle in Australia may be different from what they might have expected in the country of their origin.

Cultural background will also influence individual preferences in relation to social activities, diet and lifestyle. These preferences would have been established from a very young age and maintained throughout the course of the individual's life. The individual would, quite reasonably, expect to maintain these preferences in old age, eg: cultural backgrounds are often associated with religious preferences.

Religious preferences also are often accompanied by dietary requirements. It is important that these beliefs and dietary requirements are fulfilled right through old age, in order for the individual to have a healthy and positive approach to life. Older people from ethnic communities, especially minority groups, face all of the same problems as other older members of society. However, they are also concerned with many problems that they didn't expect.

These could include:

- **Loss of family support:** Immigration laws can prevent relatives from joining family members and in later life this becomes a significant issue
- **Racism:** which may affect every aspect of their life, however, as the individual becomes older they begin to feel more fear for their safety due to their increased frailty
- **Language and communication difficulties:** occurring because they have reverted back to their original language or have never fully grasped English
- **Difficulty claiming benefits if communication or language barriers exist:** this can also affect the ability of services to adequately assess their preferences or needs
- **Loneliness or isolation:** which can affect all members of society, but tends to be increased in those from ethnic minority groups? When an older person feels lonely or isolated this may lead to depression.



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Providing support according to the individualised plan, the person's preferences and strengths, and organisation policies, protocols and procedures

1. How would you adapt your communication style to encourage your client to talk about their needs?

2. What knowledge would you need to gain in order to understand and work with the client's difficulties and strengths?

3. What strategies could you employ that would reinforce the rights of clients to contribute and to be heard?

Assembling equipment as and when required according to established procedures and the individualised plan

There are many different types of aids and equipment that are available in hospitals and other healthcare environments to make client care easier and importantly, safer for both staff and clients. It's always important to remember to explain use of equipment to your client. Patients generally want to cooperate with the nurses as much as they can, and if you obtain their consent, take the time to explain the procedure and the way that the equipment works, they will be able to cooperate more fully. You'll find that different organisations have different equipment, so you will need to be trained in the use of the particular equipment in current use in your workplace.

"The most important principle to remember is to never use any equipment or aid for which you haven't received training and supervised practice." If you are asked to use equipment for which you aren't trained, it is your personal responsibility to tell the registered nurse that you haven't been trained in its use and decline to use it until you have received this training and supervision. Remember that you are accountable for all of your own actions - it's up to you to speak up. Equipment can be a great help, and make your work environment much safer, but it can also be dangerous if you are unsure of the correct ways to operate it.

Equipment and aids



Personal care items can range from aids to assist with dressing, for managing incontinence, maintaining hygiene and other personal care needs. Some chemists stock a good range of personal care items for older people and will often have a staff member trained to give advice about their suitability and use.

Examples of aids for clothing and dressing include:

- Pick-up-sticks, which are long lightweight poles which attach to the person's wrist and which have a claw and maybe hooks on the end; so that the user can pick up objects as well as push or pull objects into other positions
- Others include: dressing sticks which help adjust clothing, buttoning and zipping aids and sock and stocking pullers. Custom-made shoes might be necessary, while shoe horns and alternatives to shoe laces, such as spring or elastic laces and Velcro can all make the tasks of dressing easier.

Continence aids and equipment

Some clients may have either temporary or permanent loss of the ability to control their own excretory functions - both bladder function and/or bowel function. This loss of function will be noted as a physical need on the nursing care plan, which will also list the actions being taken to meet this need and the expected outcomes of care. However it's important to remember that there is nearly always an associated need relating to feelings about loss of personal control, helplessness, and loss of dignity, and these are needs that healthcare staff can underestimate.

Incontinence can be extremely upsetting for clients; it is something that none of us would wish for and nursing staff must be aware of this and treat the client with respect and in as dignified manner as possible. Provide as much explanatory information to your clients as you can and as is appropriate for their condition.

Continence information

The Australian Government has provided information to assist with the prevention and management of bladder and bowel problems and also provides information on Continence. Take a moment to have a look at the information the Australian Government provides clients and carers. This Aged Care Australia website lists some of the assistance available in this country, including financial help, a national phone helpline, information for carers, and support groups. Nurses should be familiar with the range of help available so that clients can be directed to appropriate agencies.

Types continence aids

There are a number of different aids available to help clients with continence needs ranging from padded disposable pants and pull-up pants to various types of medication and physical programs designed to strengthen pelvic muscles.

Commodes: are common in Aged Care accommodation but are also sometimes used in acute care environments and can be wheeled to the client's bed area. These are useful aids when clients either have limited ability to get to the toilet, or need to get to the toilet quickly or frequently due to continence issues. There is a toilet seat underneath the seat cover that is designed to be removed and replaced when the client has finished using the mobile toilet with the able to be removed and emptied after use.

Another piece of equipment used is a high toilet seat that can be placed over a toilet in order to prevent the client having to lower themselves on to the seat. This type of aid is particularly useful for clients with limited mobility who find it difficult to lower and raise themselves off a low platform.

Household aids

Household aids are any items that assist the user to carry out daily activities, particularly in their own homes but also in residential care settings. These may include tap and handle turners, stabilising and slip resistant aids and some washing and cleaning equipment.

For people with grasping difficulties there are can, jar and container openers, slicing, peeling and cutting aids and kitchen utensils. Eating utensils include molded plates or plate guards which attach to the edge of a plate or bowl, and which the person can use to help guide the food onto their fork. Cutlery can have soft foam handles and may be angled to make grasping and manipulating easier. An alternative is a specially designed holder that attaches to the back of the hand with Velcro straps. It has hinged halves that lock together, to hold an implement, forming a built-up handle.

Other aids include:

- Ramps
- Stair banisters
- Special lighting attachments for beds, chairs or over kitchen appliances
- Remote control systems for television, stereos, video players, DVD, curtains, lights, Air conditioners
- Strip lighting under wall units and shelves
- Plugs with handles
- Long handled window catch openers
- Curtains with pulleys.

Aids to assist with eating and drinking

There are a variety of aids which will assist with these activities.

These may include:

- Plate guards to prevent food spillage
- Special cutlery for people with use of only one arm

- Non-slip mats and suction devices to prevent plates from slipping
- Modified drinking cups to prevent spillage
- Place mats.

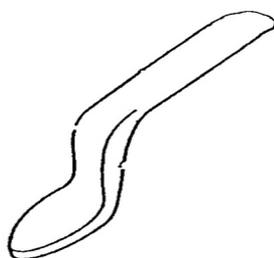
An (OT) Occupational Therapist is an excellent source for further information on these aids and their appropriateness for specific clients.



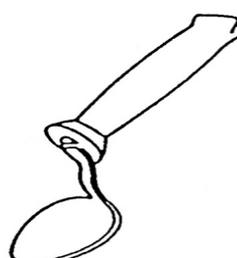
Spoon with built-up grip



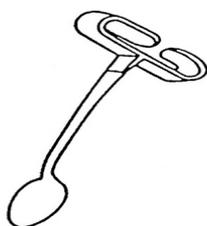
Angle-handled spoon



Rubber spoon



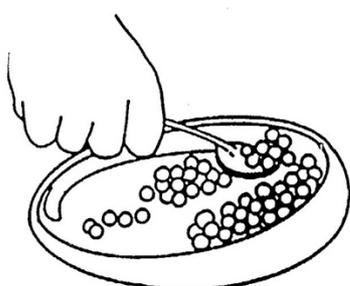
Self-levelling spoon



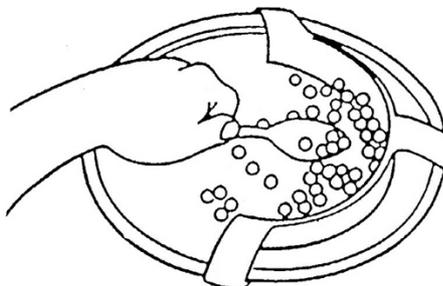
Vertical palm-handled spoon



Horizontal palm-handled spoon



Scoop dish



Dish with snap-on plate guard

Transfer and mobility equipment



Transfer and mobility aids often have a dual purpose in lifts and transfers, and these relate to the level of mobility of the client. Where the client is less mobile, an aid such as a hoist is used to lift them from the bed to the chair. You will need to check your organisation's policies and procedures regarding the use of a 'hoist'. Training must accompany any use of aids. There may be a 'Two-Person' policy when using a hoist to move a client. Alternatively the client can use an aid such as a walking frame to support themselves, with help from a worker when transferring from one situation to another.

Slide or swivel boards (patient boards)



Slide or swivel boards are used for moving a client from one surface to another. The slide board is very useful for sliding under the client when moving them onto a bath chair or car seat. The client can slide their bottom across the board onto the seat and the board is then removed. It can be easily stored in the boot of the car, with the chair, for use at the destination. Sliding boards are usually made of a smooth rigid material, with a low coefficient to friction. The lower coefficient of friction allows for an easier sliding process. These boards act as a supporting bridge when seated slide transfers are performed.

Transfer belts



These are canvas belts, with or without handles, fastened securely around the client's waist. They are usually used to support clients during walking. They can also be used to sit up, reposition or gradually lower clients to the floor during a fall. Belts are not suitable for heavy or non-weight bearing clients, or clients who have abdominal or back problems.

Bed blocks/bed raisers/chair raisers

Bed blocks/bed raisers/chair raisers are available to raise the height of the chair or the bed, to make standing easier for the client. These require correct positioning. They should be of the correct height, and care needs to be taken not to dislodge the settings when vacuuming the area. The bed or chair should remain stable. High chairs are also available to allow for ease of movement. Again, these need to be at the correct height.

Sliding sheets

A carer using a slide-sheet to turn a client



Reprinted with kind permission from back to basics

Slide sheets *pictured above*, roller sheets and turn-slides are used to reposition clients in bed. Other equipment is designed to assist clients reposition or support themselves, e.g. bed- poles, trapeze bars, grab rails. A slide sheet is a piece of material with a slippery surface, which allows you to move a person across the bed when she needs to be turned. You slide it underneath the patient, and as you pull towards you, he /she are automatically moved across with it. Consider sliding sheets for moving residents around in bed. Sliding sheets are inexpensive items, which can be used in a number of situations and can be stored easily without taking up too much space.

Hoists and slings



Before using **mechanical** or **powered hoists** (lifting machines), hydraulic lifters or blue slings, you must ensure that you have been taught the correct techniques by an appropriate professional. For their own protection lumbar support belts are usually recommended to be worn by staff using any hoists and slings. Individual techniques may be appropriate for the individual needs of the people being lifted. Clients should not be transported in hoists as this is undignified. Hoists need to be regularly serviced and maintained. Their batteries need charging and maintenance. Any problems should be reported immediately.

Mobile Hoist



Mobile hoists can be used for non weight bearing clients. This hoist can be used for lifting a client from the floor. Mobile hoists can be operated hydraulically, electrically or by gear winding mechanisms. Mobile hoists have a mobile chassis/base and a sling lifting mechanism. They are used to lift and transfer the client from one place to another. They cannot be used by the client independently. The client is lifted in the sling. There are many different slings available to suit different needs. The aim of mobile hoists is to eliminate the need for manual lifting. This reduces the physical effort and therefore the strain on the health support worker. They should not be used to transport the client over a long distance e.g. not from room to room.

Transfer Chairs



Some new wheelchairs and dependency chairs, can convert into stretchers, where the back of the chair pulls down and the leg supports come up to form a flat stretcher. These devices facilitate lateral transfer of the client and eliminate the need to perform lift transfer in and out of wheelchairs. There are wheelchair devices that convert to stretchers which also have a mechanical transfer aid built in, for a bed to stretcher, or stretcher to bed, type transfer.

Powered standing assist



These lifts provide an alternative to full body sling lifts. These types of lifts are very useful where patients are partially dependent and have some weight bearing capabilities. They are excellent to move patients in and out of chairs and for toileting tasks. Powered standing assist and repositioning lifts are easily manoeuvred in restricted areas, such as small bathrooms. There are some variations in the sling design, but the basic concept is of simple design as illustrated, and very easy to place around the patient.

Standing Assist and Repositioning Aids:



Some clients may only need a little support to stand. In this case, they can help themselves if they have a support to grasp. Various types of devices can be provided to assist a patient from a seated to standing position by allowing them to hold on to a secure device and pull themselves up, such as demonstrated in the figure. These devices may be freestanding or attached to beds.

Wheelchair



A wheelchair can be used for any person who requires assistance for move from one destination to another.

Before using a wheelchair the following checks should be performed:

- It is clean and in good condition
- All wheels are clean and move freely
- There are no sharp edges
- It has the capacity to attach any equipment which is necessary for the transportation
- The tyres are at the correct pressure
- The brakes should be in good condition
- Suitable attachment receptacles for items that need to be connected e.g. frame to carry an oxygen cylinder.

Quick release axle and fold mechanism

Most self-propelling chairs have a quick release axle so that the wheels may be removed for packing. If this is only used rarely, it may seize, becoming inoperable. Preventing this is as simple as applying an occasional drop of light oil, eg: sewing machine oil, to the mechanism. The fold mechanism should also be checked. If it is loose, the bolts may need to be tightened.

Brakes

The brakes on a wheelchair must lock and hold securely. If they don't, the wheelchair will need to be taken to maintenance for repair.

Jammed wheel, faulty brake



Swing away leg rests



These should be checked regularly to ensure that they operate smoothly and lock firmly into place. If they don't, the wheelchair will need to be taken to maintenance for repair.

Front castors

These should track smoothly. If they wobble, the chair needs to be returned for repair.

Electric wheelchairs

Electric wheelchairs require all of the previously mentioned maintenance and safety checks as well as maintenance and checks of all electrical components.

Cleaning

As well as mechanical maintenance, it is important that all parts of the wheelchair are kept clean. Dust and liquids should be kept away from moving parts, particularly electrical equipment. Use soft cloths to clean the chair and avoid harsh cleaners and/or detergents.



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Assembling equipment as and when required according to established procedures and the individualised plan

Describe the types of equipment and aids you may utilise in your day to day work role.

Respecting and including the family and/or carer as part of the support team

When planning care and support for an older person 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.

The care that is provided by family and/or friends of an individual at home is usually referred to as 'informal care' and the care provided by paid care workers who provide some assistance for the individual in their home is known as 'formal care'. There is a growing need for carers and caring as our population ages and people are living longer. Due to this increase in need of care and insufficient facilities and/or services available, the demands on family members and friends to provide some form of assistance has increased.

The family or friend who provides the majority of the informal care for an individual is known as the primary carer. They may be partners, children, brothers, sisters, grandchildren or relatives of the individual, or friends who have a strong bond with the individual in need. Often the individuals who are providing the informal care are not aware they have taken on a carer role because it is their family member that they are assisting.

These informal carers will usually know the individual very well and have a sound knowledge of their preferences and an understanding of many of their needs. It is very important that the role that these informal carers are providing is recognised and respected and that these individuals, as well as the client, are included when developing the care plan/service delivery plan. They will be a valuable source of information about the client's specific needs.

Some informal carers however, may not be able to contribute greatly to discussions about the client as they may find themselves caring for a family member they have not seen or had contact with for some time. Due to various reasons, eg: a lack of other available support, they may have had to take on the caring role.

The type of tasks for which assistance may be provided by informal carers could include all or any of the following:

- Maintaining personal hygiene
- Domestic and maintenance needs (cleaning/washing/gardening)
- Meal preparation
- Transport (shopping/appointments)
- Medication management and other health needs
- Decision-making, including in relation to finances
- Maintaining social contacts.

The amount of time spent providing this type of support each day and night will depend on each individual's situation and is invaluable not only to the individual receiving the assistance, but also the community in which they live. If informal care is unable to be provided, the person requiring assistance will usually need to be placed in a care facility. As places are not always available in local facilities, the individual may need to be relocated to another town where a place is available. This in turn can have an adverse impact on the individual and their family/friends.

Providing support according to duty of care and dignity of risk requirements



Duty of care

There may be occasions when a client opts to make a choice which may put them at risk. Essentially, they have a perfect right to do this. On the other hand, you have a duty of care towards each and every one of your clients to avoid them coming to harm. Your duty of care to your clients requires you to take reasonable care to avoid injury to others, and damage to property as a result of any action or inaction.

The duty of care can be a contentious issue. If a worker is deemed to have failed to fulfil their duty of care, a charge of negligence, both against the worker and their organisation, may result. To breach duty of care, a worker must be judged to have done something a reasonable person would not have done in a particular situation, or, conversely, to have failed to do something that a reasonable person would do in a particular situation. The background, position and experience of a worker is taken into account, if this judgment is being made.

For you, as a current or future worker in the community services industry, the question of duty of care will not always be a simple one. This is because the ongoing development of your clients towards independence and self-sufficiency, may involve exposure to new and different experiences, some of which require a degree of calculated risk taking. When you do encounter this situation, as you certainly will, the following questions may be useful as a framework when considering whether or not a particular activity should be undertaken.

- How will my actions benefit the person?
- What risks might the person or other people be exposed to?
- What sort of precautions can be taken to minimise the risks whilst still allowing the person's rights?
- Do the benefits outweigh the risks?

Dignity of risk

Dignity of risk involves assisting people with disabilities to make their own decisions, and deal with the outcomes of these decisions. Allowing clients a dignity of risk also empowers them to make decisions and have greater control over their lives. In terms of your role as a disability services worker, you should be aware of your behaviours at all times, to make sure you are not controlling what your client does or doesn't do.

This means if a male client is fond of a female client and wants to buy her a birthday card that you don't think is appropriate because of a potentially offensive joke, you can point out that the woman might take offense, but your male client may still choose to purchase the card. The outcome could be that the woman is offended and cancels dinner plans with your client, and this is a risk he has taken, because you allowed him the dignity of risk. While you need to allow your clients a dignity of risk, you should always ensure you are still meeting your duty of care, as duty of care will always override dignity of risk, and both must adhere to workplace health and safety requirements – it is a constant balancing act.

The elderly and younger people with a disability have tended to be protected from taking risks by having much decision making taken away from them. Food, medicines, knives etc have all been shut away.

They have been told:

- Where to live and who to live with
- Who they can or cannot go out with or sleep with
- What activities to do at a day centre
- What excursions to go on
- Whether they can go to a pub for a drink
- How personal care will be provided
- When to cross the road
- What to eat
- When to go to bed
- What to wear
- When and what to watch on TV.

For anyone supporting people with a disability, dignity of risk means letting people have more control over their lives. It also means that people that you support may need to develop their skills at decision making and identifying risks so that they can work out what risks to take.



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Providing support according to duty of care and dignity of risk requirements

I. Describe what actions you would take to demonstrate your duty of care in the workplace.

Providing assistance to maintain a safe and healthy environment

Firstly, let us define what we mean by assistance. In your role as a service provider you are likely to provide assistance in the following forms:

- Provision of information.
- Assistance with mobility or providing specific support such as transport
- Encouragement and support for decisions and actions
- General household assistance and maintenance.

How do these apply to supporting the client to maintain a safe and healthy environment?

Supporting clients to maintain safety and health will require an examination of the Activities of Daily Living (ADLs), in order to determine:

- What is currently working well regarding health and safety in home and work environments
- Whether modifications are required in their current home or work environments to minimise physical dangers and risks
- How these modifications can be made whilst maximising the client's independence.

Mobility

This includes the client's ability to move independently without the risk of falls. It also includes an assessment of the likelihood of disorientation, or confusion, which may interfere with their ability to undertake certain tasks (eg: going to work, going shopping, attending school or social events) independently.

Reporting

As a care worker, you must always report any situation or incident that puts your clients (or yourself) at risk of harm. If you encounter any of the situations discussed in this publication, you are required to respond appropriately as per organisational policy, procedures and protocols. Failure to report may lead to harm or other adverse events, and may also result in legal repercussions.

Meeting a clients need for comfort

A healthcare worker can meet client care needs by some or all of the following:

- Providing access to phones or other communication equipment
- Getting personal equipment for the patient/client
- Making sure the patient/client is comfortable (warm/cool)
- Assisting in the maintenance of normal body temperature
- Making sure the patient/client is appropriately clothed
- Initial orientation of the patient/client (location of toilets, etc)
- Providing assistance with aids or prostheses
- Contacting family members as required
- Providing access to tea and coffee facilities
- Explaining all procedures
- Meeting patient/client's expressed needs, as far as possible and within a reasonable time frame
- Minimising patient/client discomfort
- Ensuring the environment is non-threatening and welcoming.
- Making sure that any 'ongoing care' issues are identified and dealt with, eg: care of pets left at home, making sure a person designated by the patient/client is able to secure the home, deal with bills etc. in the case of a long confinement
- Respectful and friendly 'meet and greet' procedures (in response to a patient/client).

Clients, who feel emotionally secure and physically comfortable, will respond to treatment faster and better than those who feel vulnerable. When delivering health care you must address both the emotional and the physical needs in order for your client to have trust in you and feel as safe and as comfortable as possible with their treatment regime. When delivering health care you must address both the emotional and the physical needs in order for your client to have trust in you and feel as safe and as comfortable as possible with their treatment regime.

Emotional comfort

- The care provider should give the sense they are competent and experienced and show appropriate consideration and care to manage the task required
- The client should feel they can confide in the healthcare provider regarding their concerns. They should have the opportunity to interact with the health care provider and others. They should not feel hurried or that they are taking up too much of the healthcare provider's time
- The client should feel that they are the most important person being attended to at that time and they are receiving your full attention and the best level of care possible. Do not answer personal mobiles or talk to other staff regarding other matters when attending a one on one session with your client
- How does it make you feel when you are having your hair cut at the hair salon and the staff are talking to each other (ignoring you) about where they went last night or what they got up to at the weekend. Does it make you feel that you are not important; that you are not included in the conversation? Does it make you nervous that they are not concentrating on what they are doing?
- The client should feel emotionally safe as well as physically safe; the equipment being used is well maintained and functioning correctly
- The client must feel protected and in safe hands and that the healthcare provider displays a real concern for their wellbeing.

Complementary therapies such as relaxation techniques, tai-chai, meditation, music, yoga and massage can also assist the client to feel not only emotionally more comfortable but they can also have a positive physical effect.

Physical comfort

- The physical environment should be conducive to client's wellbeing and comfort e.g. room temperature where possible should suit the client's comfort level
- There should be adequate space in the care area to accommodate the client's physical comfort and for the client not to feel at risk or harm
- Signalling device, call or alarm bell should be provided within easy reach for the client if the healthcare provider should leave the area.
- Provision for equipment which will support and assist client comfort e.g. walking frame, wheel chair, walking stick, hoist, oxygen concentrator
- Client's treatment area, seating, bedding, mobility assistance equipment must be appropriate to the health consumer's requirements
- Before receiving any care or treatment, the client should be made as comfortable as possible i.e. if client is prescribed medication or a particular therapy to relieve pain then the nurse should attend to this
- Following care, or treatment, the client should be regularly monitored to ensure they are and remain comfortable and their immediate needs have been met.

Remember: ensure the environment is welcoming and non-threatening, minimise client discomfort, respect individual privacy and confidentiality at all times and ensure any on-going issues are identified, documented, and reported to the Registered Nurse.

Each client will have their own treatment plan specifically tailored to meet their individual requirements. Some clients will require more time and patience than others. Some patients will require more assistance and support in their healthcare needs from you, than others will. Safety and comfort of both the client and staff are a priority. Delegated tasks in healthcare provision must be attended with a minimal risk to client and staff.



Eight

Providing assistance to maintain a safe and healthy environment

Read the following case study and then answer the questions below:

Case study:

A resident is a wheel chair user who prefers to self-propel themselves with their feet, than to be pushed. This involves them repeatedly removing their footplates- causing a hazard of potential injury to their feet when being pushed by a carer. The resident will not agree to leave the footplates in place. 'Best practice' and your 'duty of care' toward the resident, would determine that the chair should only be pushed with the footplates in place.

1. What risk(s) are there to this resident?

2. How could the risks to a residents' well-being be reduced, without violating their dignity?

3. Should these risks be reported and to whom?

Respecting individual differences to ensuring maximum dignity and privacy when providing support



'Dignity' is a difficult term to define. This is mainly because dignity is personal and can cover a wide range of topics.

Dignity can mean one or all of the following and will mean different things to different people:

- Independence
- Choice
- Respect
- Privacy
- Freedom from discrimination
- Being listened to
- Being kept safe
- Being responsive
- Confidentiality
- Meeting the needs of the individual
- Recognising differences
- Contributing to society .

There are a number of dictionary definitions for the term 'dignity' including:

- 'Being worthy of esteem or respect'
- 'True worth'
- 'Insist on respectful treatment'
- 'Poise and self-respect'
- 'An innate right to respect and ethical treatment'

There are many organisations who have researched the definitions of dignity to identify the key aspects that must be included in any aged care service and to ensure people are treated with dignity as an inclusive part of the service rather than as an add-on. Much of this research focuses on older people.

The four key aspects of dignity as:

1. Respect
2. Autonomy.
3. Empowerment.
4. Communication.

Whilst these aspects have been cited as themes that encompass dignity, many other aspects need consideration too.

Dignity also means:

- Putting the individual receiving care at the centre of things, asking about their specific wants and needs and how they wanted services to be provided
- Being patient
- Not patronising the person receiving care
- Helping people to feel they can rest and relax in a safe environment
- Making sure people are not left in pain
- Ensuring people do not feel isolated or alone
- Respecting basic human rights, such as giving people privacy and encouraging independence
- Taking account of people's cultural and religious needs
- Services that are made up of smaller more specialised teams who have the time to get to know people individually.

Privacy

Residents should be able to maintain their privacy at all times, this includes privacy of their personal care, confidentiality of any information owned by or kept about the resident and privacy of their personal space.

In reality, this means:

- An aged care home has a confidentiality policy that all staff understand and adhere to at all times
- Residents are not embarrassed when receiving personal care
- Residents are not exposed in front of others
- If the resident's own clothes cannot be used, appropriate clothing should be sought
- Care assistants do not invade the resident's personal space
- Single sex accommodation is provided
- Toilet and bathing facilities respect privacy
- Privacy is maintained in respect of sexual relationships
- Personal Care assistants knock and, where possible, wait for an answer before entering a resident's room
- If an interpreter is required, they are chosen with the consent and participation of the resident
- Resident's personal possessions and documents remain private
- Resident's private conversations, phone calls and mail all remain private
- Where documents need to be shared, this is with the consent of the resident
- An area or room is provided for resident's wishing to have private conversations.

The needs of culturally diverse clients

Community and health services need to consider the diversity of their clients' values, beliefs and cultural expectations. To work effectively with culturally diverse clients, you will need knowledge and skills.

You will need to:

- Be aware of your own cultural background/experiences, attitudes, values, and biases that might influence your ability to assist clients from diverse cultural populations. It is essential that you correct any prejudices and biases you may have regarding different cultural groups
- Educate yourself wherever possible to enhance your understanding and to address the needs of culturally diverse clients. This may involve learning about cultural, social, psychological, political, economic, and historical material specific to the particular ethnic group being served
- Recognise that ethnicity and culture may have an impact on a client's behaviour
- Assist clients to become aware of their own cultural values and norms, and facilitate discovery of ways clients can apply this awareness to their own lives and to society at large, as well as within the organisation
- Respect the client's religious and/or spiritual beliefs and values
- Work to eliminate biases, prejudices, and discriminatory practices
- Provide information in a language that the client can understand
- Provide information in writing, along with oral explanations.

(Adapted from Pine et al 1990)

Specific needs that may need to be addressed include:

Religious practice

Community and disability services workers need to be alert to the possible differences in religious ritual and the impact of a person's religious practice on their beliefs and value system. Dominant religion may regard other religions as cults rather than official religions however people of any religion have a right to respect.

The following points may assist you to become sensitive to different religious practices:

- Clarify the client's, or co-worker's religious practice.
- Consult others who know or follow the same religious practice to gain further understanding.

Age

You need to consider, for example, cultural views on the social significance of youth or age, and the specific needs of young people and elderly people.

Disability

You also need to consider different cultural views of disability and care of family members with a disability, putting the person before the disability, and facilities for people with a disability. Focus on the person, not the disability.

Gender preferences

You need to be aware that some cultural groups have quite definite views on the opposite sex providing services to individuals. Work practices may need to be adapted to allow for different cultural views and protocols governing interaction and physical contact with the opposite gender. For example, a single woman may refuse to be alone in an office with a male, or a male may be uncomfortable with being interviewed by a pregnant women.

Cross-cultural communication

Difficulties can be exacerbated when the people who we are endeavouring to communicate with come from a non-English speaking background. Their English language skills can range from fluent to non-existent. Sometimes the client may understand some words but other words are unfamiliar and expressions and styles of speaking may be different. Accents may also be difficult to understand.

Do not assume a client understands you when you ask “do you understand what I am saying?” and they reply “yes” or they nod their head. This is quite a common response as the client or relatives may not wish to offend you or may not wish for you to think they are unintelligent. To check whether they do genuinely understand, it is sometimes necessary to ask them to give their interpretation or understanding of what has been said.

When communicating with people from an English second language (ESL) background, be mindful that humour does not always traverse across all languages the same way. What we as Australians see as a joke or as being hilariously funny may not be seen as such in another’s culture. Slang terms and phrases can be misinterpreted in other cultures.



Nine

Respecting individual differences and ensure maximum privacy and safety when assisting with care

Read the following case study and then briefly answer the questions regarding your responsibilities to your clients.

Case study

Terra has a disability and has recently been diagnosed with a heart condition. Terra is normally continent. However, the new medication prescribed for her condition has caused a few 'incontinent' episodes. She lives in a supported accommodation unit with three other people and is very embarrassed.

Briefly outline how you would respond to this in relation to:

1. Confidentiality and privacy

2. Respect

Seeking assistance when it is not possible to providing appropriate support



Seeking assistance

It is important to clarify any instructions and seek assistance as appropriate.

Appropriate sources of assistance (depending on the circumstances) may include:

- Supervisor
- Registered nurse (RN)
- Home care coordinators
- Community nurses
- Indigenous health workers
- Client
- Family member and 'significant others'
- Carer
- Guardian
- Interpreter
- Chaplain, minister of religion.

If in doubt, ask. If assistance is required, seek assistance.

- The authors of care plans are qualified staff such as:
- Registered Nurse (RN)
- Allied Health Professional
- Diversional Therapist
- Case Manager.

You should rely on the essential communication links between support staff and the clients/patients for important observations. With progress notes/handovers etc. all care staff can influence the dynamic care plan.

Health professionals and personnel

Following are details of some of the common health professionals or other personnel your client may already be working with, or who may be able to help you in assessing your client's complex needs:

Aboriginal and/or Torres Strait Islander Health Worker

Aboriginal and Torres Strait Islander health workers liaise between health care professionals and Indigenous clients and their families to improve the quality of services provided. They help to bridge the cultural differences that can exist in healthcare settings, by acting as an interpreter to ensure both the healthcare professional and the client understand each other. These workers may also provide counselling and/or treatment for physical diseases or injuries. They may also make house visits to monitor progress, support clients and encourage them and their families to learn more about health issues in general.

An Aboriginal and Torres Strait Islander health worker needs:

- To be of Aboriginal or Torres Strait Islander descent
- Good communication and negotiation skills
- A good understanding of Indigenous culture and health promotion
- An ability to work independently and as part of a team
- A commitment to improving the health of Aboriginal communities.

Behavioural Consultant

A behavioural consultant works with children, adolescents and adult clients who have a mental health diagnosis, as well as with clients who have a range of disabilities.

Their role includes:

- Providing behavioural modification consultation as a member of the treatment team • Designing and directing the implementation of behaviour modification intervention plans which are individualised for the client child or adolescent and family needs
- Providing intensive therapeutic services
- Attending and participate in inter-agency service planning meetings
- Providing on-site supervision and training to therapeutic support staff.

Carer

A carer is a person who, through family relationships or friendship, looks after a frail aged person, a person with a disability or someone with a chronic illness for at least six months and is not paid for their services.

Dietician

A dietician is an expert of food and nutrition and can help promote good health through proper eating. Dieticians offer advice on the kinds and the amounts of food which promote good health, and in the treatment of disease.

Diversional Therapist

A diversional therapist will use a client centred approach which recognises that leisure and recreational experiences are the right of all individuals.

Drug and Alcohol Worker

Drug and alcohol workers provide education and outreach to community members. They can also provide support to workers and clients, while assisting in exploring alternatives with clients who experience difficulties with alcohol and/or drugs.

They work with clients who:

- Are under the influence of alcohol and/or drugs
- Require emergency response intervention
- Require needle exchange services
- Require an advocate to act on their behalf.

Drug and alcohol workers can also:

- Provide support and advice to the disability services workers of clients who are experiencing difficulties with drugs or alcohol
- Assist in evaluation and preparation of reports requesting funding for programs and new projects
- Arrange clients to be referred to other appropriate specialist professionals or support workers.

Mental Health Worker

Mental health workers provide support services to people with mental health issues in the following ways:

- Assessing the needs of clients with mental health issues
- Providing support services to clients with mental health issues
- Responding holistically to client issues
- Responding to individuals at risk of self-harm or suicide
- Identifying and respond to children and young people at risk of harm.

Neuropsychologist

Neuropsychologists are specially trained to evaluate and treat the ways in which alteration in brain functioning which may affect a person's thought processes, behaviour and emotions.

(OT) Occupational Therapist

The role of an occupational therapist is to work with a person to help them achieve a fulfilled or satisfied state on life, through the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury and improve or restore the highest level of independence.

Pain Specialist

A pain specialist is a doctor who assists a person to manage their pain through a multidisciplinary approach.

Pharmacist

A pharmacist is licensed to prepare, compound and dispense drugs upon a written order from a registered practitioner such as a physician or dentist. A pharmacist will consult with and sometimes advise the registered doctor concerning drugs.

Physiotherapist

Physiotherapists are health professionals who treat a person's physical injuries through a range of passive and active exercises which target a person's specific physical needs.

Psychiatrist

A psychiatrist is a medical doctor who has completed at least five years of extra training in the prevention, diagnosis and treatment of mental illness and emotional disturbances, using a medical approach. Psychiatrists diagnose and treat conditions such as severe behaviours of concern (aggressive, acting out behaviour), depression, severe anxiety and schizophrenia (psychosis). They can treat the effects of emotional problems on the whole body as well as the effects of physical illness on the mind. The treatment approaches used by psychiatrists vary but may involve counselling for the client's carers, client therapy (talking about problems and feelings), medication (for example, antidepressants) or a combination of these.

Psychologist

A psychologist is a practitioner who has studied human nature, and deals with how people think and behave. Psychologists work in a wide range of fields. Most psychologists work directly with people to help them find better ways of coping or managing parts of their lives.

They offer the following services:

- **Counselling:** To help cope with life's problems, such as grief or relationship issues
- **Educational and developmental:** To help with learning difficulties and also help you manage difficult behaviour
- **Clinical:** To deal with mental health problems such as depression, anxiety and stress
- **Neuropsychology.** To look at the biological causes of depression and other conditions, and help with rehabilitation needed after brain injury, stroke or degenerative brain disease.

Respiratory technician

A respiratory technician helps clients experiencing difficulty breathing learn to use various equipment and techniques to aid in clearer and more efficient breathing. They:

- Assist with testing such as measuring a client's lung capacity to diagnose respiratory ailments. A respiratory technician is also qualified to administer oxygen and various aerosol medications
- Provide education on the benefits of quitting smoking, information on preventing further respiratory disease
- Work in emergency rooms, neonatal or paediatric intensive care units, and surgical units
- Keep accurate records of a client's therapy and progress, setting breathing equipment to appropriate levels to control the flow of oxygen, and preparing various respiratory-oriented medical devices for use
- They use a blood gas analyser, oxygen tents, oxygen masks, sputum collectors, suction kits, and nebulizers.

Social worker

Social workers are health professionals who help individuals, families, groups and communities enhance their individual and collective wellbeing, and their capacity for social functioning.

Speech Pathologist

A speech pathologist will evaluate and treat people with communication and swallowing problems.

Wound consultant

A wound consultant is usually a nurse who is trained to undertake an assessment of a person, their wound and any other factors which may impact on the ability of the wound to heal. The consultant will then provide advice and treatment options.

Element 3: Monitor support activities



Monitoring your own work to ensure the required standard of support is maintained

All health services operate under the principle of best practice which requires an organisation and its staff to meet identified standards relevant to the service provided. These standards are linked to accreditation standards. Whatever position there is in the workplace there will be required levels or standards for that person to maintain or improve.

Continuous improvement

The level or the standard of client care/ support is monitored on a continuing basis to see if there is anything that can be done to improve the standard of care. It may be that there is a better way of attending a procedure or completing a task - this is termed continuous improvement. Continuous improvement is a quality assurance activity. All employees should be able to self monitor their own work to ensure the required standards are maintained. They should be aware of what is essentially required of them and the extent to which they are achieving the standards.

Managers and supervisors monitor the overall work performance of all individuals to determine whether their work is meeting expected standards and whether the overall objectives in client support and care are being met effectively and efficiently. Part of this process is correlating the results of client feedback surveys which can be tied in with the individual employee; the unit and the organisation's overall performance.

How can I monitor my own work?

There are various ways in monitoring your own work to see if you are doing what you are supposed to be doing and working to the best of your ability. Revisit your job description – you should have a clear concise description of your role stating what work standards are expected.

Let's check whether you are performing the tasks that are expected of you using the examples below:

- **Time keeping** - Present for work on time and takes only the allocated time in designated breaks
- **Clothing** - Clean ironed uniform with appropriate footwear
- **Appearance** - Hygiene attended, teeth cleaned, hair combed
- **Role** - Working within your scope of practice
- **Respectful** - Treating clients/ patients, co-workers and others with respect
- **Information** - Maintaining confidentiality and privacy
- **Behaviour** - Following policies and procedures protocols
- **Meetings** - Participation in work meetings
- **Empathy** - Respecting other's opinions when you do not necessarily agree with them
- **Cultural differences** - Respecting other's cultural and spiritual beliefs
- **Communication** - Verbal communication is respectful and written communication is timely, accurate and legal.

Assessing work performance

Every organisation has a preferred way of assessing performances. There has been a move away from the performance appraisal or management review to a more subtle exploration, evaluation and discussion of the employee's achievements, needs, goals and objectives. Personal Impact Mapping (PIM) considers how specific activities the employee performs contribute to the organisation's vision; it better recognises their accomplishments, promotes positive benefits, better outcomes and furthers progress toward employee career goals.

In most organisations appraisals are carried out annually. Informal appraisals may be going on much more frequently, as they do not require the same amount of planning and preparation from the appraiser. You may need to go through an official appraisal at the end of your probationary period in order to determine whether to continue your employment.

There may be a number of ways information is gathered about your performance.

- First, you may be asked to do a self-appraisal.
- Your peers or work colleagues may be asked to provide information on the basis of their ongoing observations of your performance.
- Your supervisor/manager will be the person responsible for formalising the appraisals, but they may be too busy doing their own duties to be in close contact with you.

Job descriptions and performance appraisal

Performance must be described in terms of actual behaviours that relate to the job description. This is developed after an analysis of the job requirements and is a summary of the responsibilities undertaken by the worker. The job description plays an important role in the design of an appraisal system, because appraisals that are based on job descriptions have greater relevance and objectivity.

You can expect that your appraiser will be familiar with your job requirements, past experience, training and performance, and will provide specific examples of good/poor performance that need to be discussed. Your appraiser will also discuss career opportunities or limits. An organisation that encourages its staff to grow and develop, to take initiatives and welcomes new ideas empowers its employees.

Standards

Standards represent a basis for comparison – an approved model, grade or level of excellence, achievement or advancement; a level of quality that is regarded as normal, adequate or acceptable. The standards expected within a work role, an agency, or an industry are defined and described through a range of organisational mechanisms, or documents. Not every organisation will use all of these mechanisms – but every organisation will have one or more mechanism for detailing expected standards.

Standards and accreditation

The organisation may use established and agreed Standards documents, such as those developed by Standards Australia. Currently, Standards Australia has 6000 Standards documents. They adopt international standards wherever possible (in line with Australia's requirements under the World Trade Organisation's Code of Practice).

The following list is an indication of some of the Standards available within the health sector:

- Workplace Health and Safety
- Packaging of items for patient care.
- Sterilisation of health care products.
- Health and safety at work – principles and practices.
- Ultrasonic cleaners for health care facilities.
- Symbols – health care in hospitals.
- Batch-type washers/disinfectors for health care facilities.

Other Standards commonly used within the health industry include:

- Australian Council on Health Care Standards (ACHS).
- Community Health Quality Management System Guidelines.
- Evaluation of Quality Improvement Program (EQulP).

Accreditation refers to the formal recognition that explicit standards have been attained by a particular worker, service or agency. Government funded aged care services, for example, must meet various standards to maintain accreditation and continue to receive financial support.

The Australian Council on Healthcare Standards (ACHS)

The ACHS is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through continual review of performance, assessment and accreditation. Established in 1974, the ACHS has maintained its position as the leading independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations. It is recognised internationally and was the third health care accreditation agency to be established worldwide after the Joint Commission on Accreditation for Healthcare Organizations, USA and the Canadian Council on Health Services Accreditation.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe. The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights.

The Charter allows patients, consumers, families, carers and services providing healthcare to share an understanding of the rights of people receiving healthcare. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

National Health and Medical Research Council (NHMRC)

The National Health and Medical Research Council (NHMRC) is Australia's peak body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research. NHMRC's functions come from the statutory obligations conferred by the *NHMRC Act*.

The Act provides for the NHMRC to pursue activities designed to:

- Raise the standard of individual and public health throughout Australia
- Foster the development of consistent health standards between the various States and Territories
- Foster medical research and training and public health research and training throughout Australia and Foster consideration of ethical issues relating to heal.

Involving the person in discussions about how support services are meeting their needs and any requirement for change



Support services

Community support agencies are organisations or people that provide your clients with a service, program, resources, equipment, aids or information to assist their needs. Service providers can be government, private or community-based organisations. Some service providers specialise in responding to specific needs such as housing, financial assistance, advocacy or legal advice. Other services support general needs of your clients such as counsellors or independent living centres offering aids and equipment for clients with specific physical disabilities.

Any services provided to your clients respond to their identified needs, as determined during the assessment and goal-setting process. The services offered to your client, may come from within the organisation you work with, or from outside, the organisation; or from alternative community support agencies. It is essential that you are aware of the process involved in contacting and/or referring your clients to other community support agencies, so that your clients can access the appropriate services. A number of support services are available to assist the individuals, families and carers. These services may be funded, or partially funded, by Federal and/or State governments and may be government or non-government run organisations or agencies.

Types of support services

Case management : A case manager's role is to work with a client to assess their needs, plan and set goals, support the client and coordinate others to implement the activities that meet the goals; or monitor and evaluate the options and services required to meet the individual's needs. A case manager is often the central community worker who coordinates other community workers, allied health workers and professionals to ensure that the individual accessing services is receiving a holistic, integrated service.

A community worker whose role is to provide case management may be called a case manager or a:

- Family worker
- Case worker
- Partnership worker
- Personal support worker.

Education: A community worker may be involved in providing formal or informal education, which may be delivered in community centres or neighbourhood houses.

Information: Many community services agencies provide information as part of their service. Some agencies such as Citizen Advice Bureaus, Community Information Services, Resource Centres and a range of telephone helplines have information provision and referral to other agencies as the core function of their role.

Advocacy: Advocacy may be part of a community worker's role or the central function of a community service. Advocacy involves providing information to people regarding their rights and assisting them to advocate for themselves, or actually advocating on behalf of an individual or group of individuals. Advocacy may include helping a person write a letter, or attending a meeting or appointment with a person.

Recreation: Recreation workers provide recreation opportunities to members of the community. Recreation services may be provided as part of a community recreation centre, as part of other community agencies, for specific community members or as individual support.

Respite: Respite services are available to give primary carers support in their caring role. A respite worker may support a family or carer by working in the home and supporting the individual who requires care. Alternatively, there are respite services where the individual stays in a respite facility for a period of time.

Community access and inclusion: Community workers are often required to support individuals or groups to access, connect with and be included in valued, meaningful experiences within the general community. For some positions this may be the central function of the worker's role. The role may be withdrawn as clients are included and involved in the community.

Communication support: A communication aid is a community worker who supports a person with a disability or complex communication needs to communicate. Other community workers may be involved in translating or interpreting spoken or signed languages.

Community health and allied health: Community health and allied health workers may be positioned at community health centres, as part of another community service or may be involved in outreach work. Allied health workers include social workers, dietitians, occupational therapists, speech pathologists, etc.

Peak bodies: Peak bodies are organisations formed to represent the views of a number of smaller groups and organisations. Some alliances may actually become a peak body, but this does not necessarily have to be the case. Many small community organisations fight very fiercely to retain their independence and refuse to acknowledge that a peak body represents their views. Peak bodies are generally formed to enable groups and organisations to have their views represented at State/Territory, national and international levels, and to provide policy makers and government with a single body to communicate with.

The following are industry and peak bodies, some of which are state or territory specific, and others able to provide information and assist individuals and enterprises:

- The Australian Council of Social Service (ACOSS) – an independent non-government organisation representing a wide range of interests in the fields of social welfare, health, housing and community services
- Family Planning Australia – which can provide publications, fact sheets and links to state and territory services.
- The ACE National Network – the Australian peak body association representing organisations that provide employment assistance and post-placement to support people with disabilities.
- ACROD, the National Industry Association for Disability Services – which has a membership of more than 570 organisations Australia-wide, responsible for providing services to people with disabilities and their families. The Australian Government recognises ACROD as the peak body for the disability industry.
- Adult Learning Australia Inc (ALA) – the peak organisation for adult and community education providers and others interested in adult learning.
- Aged and Community Services Australia (ACSA) – national peak body representing over 1200 church, charitable and community based organisations providing accommodation and care services to over 450000 older people, people with a disability and their carers. There are also ACSA bodies specific to the different states and territories.
- The Alcohol and Other Drugs Council of Australia (ADCA) – the peak national, non-government organisation representing the interests of the alcohol and other drugs field. ADCA is involved in a broad range of activities which include advocacy to the government.
- Australian Institute of Welfare and Community – the recognised professional body for welfare and community workers in Australia, employed within government departments, non-government social welfare agencies, self-help groups, commercial and industrial enterprises – at a national and state level.
- Australian Nursing Homes and Extended Care Association (ANHECA) – federal – which provides national representation in aged care.
- Australian Parents – recognised by the federal government as the peak national body representing parents of children attending non-government schools. They are inter-denominational and non-party political.

These are not the only agencies that can offer assistance – simply look on the internet for others that might be of interest in community.

Emergency Relief Agencies: Provide money, food and/or furniture for those in need. Some organisations pay essential bills such as electricity or gas for clients. All are able to provide food either directly through their food bank, or indirectly through the issuing of vouchers that can be exchanged at supermarkets

Aged care services

In Australia these operate within a system of:

- Health
- Income support
- Housing
- Community care/support.

Services are funded and delivered by various mixtures of Commonwealth, State, and Local governments, and the non-government sector. Workers may be involved in one of the two main areas of service delivery – residential or community care.

Alcohol and other drugs services

In Australia, the approach to alcohol and other drugs has been through the National Drug Strategy (NDS). This is a cooperative strategy to ensure a comprehensive, integrated approach to the use of licit (legal) and illicit (illegal) drugs and other substances involving:

- Commonwealth government
- State and Territory governments
- Non-government organisations
- Community.

It drives policy as well as providing funding for a range of programs at National, State and Local levels.

Disability services: The Disability services Act 1986 provided a stream of funding for people with disabilities (except psychiatric) so that they could access services. It provided a basis for a set of standards that would ensure a quality service was provided.

Disability services in Australia operate within a system of:

- Health
- Income support
- Housing
- Community care
- Employment
- Education
- Community reintegration.

Services are funded and delivered by various mixtures of Commonwealth, State, and Local governments, and the non-government sector. There are numerous service providers within the sector, with skilled case workers who have a thorough knowledge of both general and specific issue.

Youth services: The youth sector is classified as part of the broader community services and health industry, and yet we would be mistaken in assuming that youth work employs the same practices and metaphors as, say, aged care work. There are similarities and parallels of course, but there are also differences. Youth workers are employed in a vast array of positions, in organisations ranging from the local neighbourhood house through to public hospitals, government departments and large non-government organisations.



Eleven

Involving the person in discussions about how support services are meeting their needs and any requirement for change

Case study

Jack is 84 years old and has been diagnosed with motor neurone disease. The prognosis is that his ability to perform physical tasks will decline at a fairly rapid rate, eventually rendering him paralysed and unable to speak. The long-term prognosis is death. Jack lives alone and doesn't want to go to hospital or to a nursing home. He has a younger brother who wants to help out and keep him at home.

1. What services do you envisage will need to be provided in order to facilitate keeping Jack at home? Think laterally and practically – what will he be unable to do?

2. What will he be able to do with assistance? How much support do you think he will need in terms of hours per week?

3. What resources would you need to access?

Identifying aspects of the individualised plan that might need review and discuss with supervisor

A review may be defined as 'a short-term, formative analysis of client progress. Review enables clients, staff and the organisation to monitor how effectively programs are addressing client needs. On the level of working with individual clients, review processes involve comparison of original goals (outlined during initial planning on the basis of assessment of needs) with current outcomes – in other words, by comparing the goals the program set out to achieve with the responses and action taken by the client as a result of the program. Reviewing the client's progress will also enable the support worker, the client, and other involved parties to identify any new issues that the client may be experiencing.

Organisational policy and procedures should ensure that review processes are:

- Planned and documented as part of initial planning processes
- Regular – in order to ensure that service provision continues to meet client needs
- Performed in consultation with the client and other involved parties.

Why review?

Review is vital in order to maintain the best possible service to clients, whether it is an individual service to a client, or a program for a group of clients. Whilst urgency and overload often tempt us to put review processes on the back-burner, it is important to remember why we need to review – what makes it an essential part of ongoing service delivery.

Review ensures the following:

- Goals of initial planning are still relevant
- Progress is on track
- All involved parties remain clear about roles, responsibilities and outcomes
- Crisis situations are identified and dealt with promptly
- Clients have the opportunity to express ongoing needs and dissatisfactions
- Successes and achievements are noted and program goals modified to enhance these positive changes – focusing on success enhances the likelihood of establishing and maintaining positive change
- Difficulties are identified and addressed – review makes it possible to identify areas in which a greater degree of support may need to be provided
- Opportunities for liaison between all involved parties are provided.
- Support workers and clients maintain contact – regular contact encourages a close working relationship between clients and the support workers; establishing a trusting relationship encourages a sense of positivity, support and trust
- Opportunities are provided to address issues on relationships, eg: between staff and clients, either through communicating to resolve issues or through recognising the need for a change of support personnel
- Service delivery remains coordinated
- Timelines are modified to reflect changing priorities. If progress is slower than might have been anticipated, changes can be made that either introduce more appropriate strategies or make allowances for slower progress in time frames. On the other hand, if progress is more rapid than expected, time frames can be adjusted and new strategies introduced to ensure that client remains motivated and gains an increased sense of achievement as a result of their rapid progress
- New referrals are sought and made as required, to support ongoing delivery of services, and to meet ongoing needs

- Clients feel confident in the ongoing support being provided and are given regular opportunity to identify their successes and achievements
- Accurate and regular documentation of review processes enables other eligible or involved support workers to be kept up-to-date about what is happening with clients
- Other influences in the clients' lives are identified, and a holistic approach to dealing with client needs is maintained. Change is a dynamic process – life is a dynamic process! It is important to look at a client's life situation and what changes may be taking place for them – in other words, to examine service delivery within the context of the client's life, rather than in isolation.
- Regular review ensures that changes in circumstances are identified and that ongoing support reflects their impact
- The program and services offered remains client-focused. If progress reviews are not carried out, it creates a situation in which the individual needs and differences of clients can easily be overlooked
- The services provided are offered according to the organisation's standards; that they adhere to organisational policies and procedures; and that staff, clients and other stakeholders remain accountable for their involvement.

Areas of the individualised plan that require review should be discussed with the supervisor, the client or guardian, a medical doctor and other health professionals. Normally this will involve family members. Discussion with the supervisor should occur either face to face or by telephone. In residential care the supervisor is usually close by so the expectation is that the discussion should occur face to face. However in Home and community care settings the care worker is more likely to use the telephone to report any changes to the client's situation or care needs.

Reviewing the care plan must be a regular occurrence to ensure that the plan remains current. Relevant information about required changes should be based on observations, reported and recorded by the carer. Before senior staff discuss the ongoing relevance of the care plan with the client it is important to make sure that the client has the capacity to provide input into their plans. The expressed wishes of family members or friends should also be considered in the discussion. If there is a guardianship arrangement the discussion should occur with the guardian as the representative of the client's wishes.



Twelve

Identifying aspects of the individualised plan that might need review and discuss with supervisor

1. Describe the routine review processes that occur within your organisation, in relation to work with individual clients, and in relation to the larger picture of catering for the needs of specific client groups.

2. Describe what you see as the effective aspects of these routine procedures.

3. What indications do these procedures provide with regard to client satisfaction?

4. What do you feel is lacking with regard to review procedures?

5. How could this be addressed?

Participating in discussion with the person and supervisor in a manner that supports the person's self determination

Supporting clients self determination

Self-determination refers to the right of a client to make their own decisions and choices. In the end it isn't your responsibility or ethical really, to put your own opinion on a client. It is your responsibility, however, to help a client make an informed decision regarding their own life and to help them understand the impact of that decision. You need to promote empowering relationships with people with older people with a disability in order for them to develop skills to speak up for themselves. Some practical suggestions to develop empowering relationships between clients and staff are listed below.

- Support and recognise client and staff initiatives. Give praise when it is due.
- Encourage people to identify things they do well.
- Consider the language you use with and about clients. If it is not positive then come up with alternatives.
- Challenge the negative attitudes of others and spend time working with colleagues on their attitudes to their work and their clients.
- Work together and encourage cooperation.
- Find ways where clients can help others.
- Increase social skills through community outings.
- Ensure that clients are aware of their right to an independent advocate.
- Find ways to enable independence. Encourage people to take on specific responsibilities within their own homes and workplaces.
- Help people reach small goals and encourage them to strive for bigger ones.
- Work with people towards the goals they have chosen for themselves.
- Have client representatives on staff selection panels.
- Provide training to clients in conducting meetings and support their participation in meetings and decision-making forums.
- Introduce and support individual diaries/journals kept by the client. They can ask others to record positive events—they can control it.

Encouraging participation

A greater self-awareness combined with practical initiatives so people with a disability can develop empowering relationships with others is the best way to turn the circle around. Just as you have become empowered to speak up and assert yourself, you can use the same initiatives to support your clients to do the same.

It's about:

- Becoming aware of rights
- Becoming informed of what opportunities are there
- Asserting oneself to be involved and participate.

As previously mentioned, older people with a disability should have as much control over their lives as possible. Giving control to people allows them to be, and be seen to be, competent and capable rather than dependent. Sometimes however, some people's choices are not always immediately possible or always in the best interest of the person. For example, they may want to move away to their own house today because they are unhappy. You need to ensure your response maintains their self-esteem by acknowledging their choice or decision and helping them focus on issues they can

influence. You could say that you understand the way they might feel (acknowledge their choice) but ask them what could be done today to make living here better? (Focus on what can be done).

Role modelling

If we are good communicators and demonstrate clear and effective communication skills in our work, then those people we support can learn from our example. They can see the positive impact of effective communication and how it can benefit them. It is important that they can see that it is safe to express their ideas and opinions in front of others, that they will be listened to and acted upon, and that what they have to say is important. Your role modelling can reinforce this.

Providing information to support views

You might need to assist those you support to research and gain additional information that supports their ideas and opinions in order to give them more validity. You could do this by supporting them to:

- Access their local library
- Access their local advocacy or peak disability body (or bodies)
- Research information on the internet
- Survey others.

Communicating isn't just about finding a way to speak so that others can understand you; it is about having the opportunity to express our ideas and opinions or finding a way to be heard and respected. As support workers, we must reinforce this concept by developing and using effective strategies that encourage this in those we support.

Element 4: Complete reporting and documentation



Maintaining confidentiality and privacy of the person in all dealings within organisation policy and protocols

Community services workers regularly work with sensitive information that is communicated in confidence. Confidentiality is a fundamental component of service provision. It safeguards client privacy and promotes trust between service users and staff.

As a general rule, information should be kept in confidence, with the following provisos:

- Where a client is in danger of physical or sexual abuse. In such cases, the laws relating to mandatory reporting apply
- Where a client's health or safety is in danger
- Where a client's condition or circumstances create a danger to others
- When giving evidence in Court.

Good practice

Client confidentiality is a complex issue. There are many instances where we are asked to use our professional judgement in determining the degree of client confidentiality.

The following examples illustrate the potential complexity when dealing with client confidentiality. Is confidentiality with the worker or with the agency?

- A client who complains that a worker has passed information on to their supervisor in a formal supervised setting (such as a Mental Health facility)
- A parent who wants information from the agency about their son, who is 16 and has run away from home
- An elite police unit requesting client information immediately over the phone
- A client who approaches a worker after hours in the local supermarket and starts talking in a loud voice about another client
- The worker who bumps into a client in a public place.

Each of us will be faced with professional dilemmas. We will resolve these dilemmas through a variety of means – our own study and reflection, formal supervision, informal debriefing, case management experience and by referring to organisational policies and practice standards. An organisational approach to client confidentiality that is both transparent and widely known will go a long way towards resolving client confidentiality issues.

The effective organisational approach has the following characteristics:

- A clear client confidentiality policy
- Policy made known to both staff and clients
- Outlining the circumstances under which client confidentiality might be breached. This will include statutory and professional obligations
- The organisational parameters of client confidentiality
- Referring on, within and outside the organisation. What are the parameters of client confidentiality in these situations? Does the organisation seek permission from the client before passing on information? If so, what are the means for approving such transfers of information?

Privacy

Privacy refers to the right of the individual to keep his or her life free from unwanted interference, or public scrutiny. The right to privacy is becoming an increasingly important issue in community services and health. We collect sensitive information, increasingly complex and detailed information, and now have the tools to store and manipulate it in ways unimagined 25 years ago. Our client may already be in a position of alienation and vulnerability. They may be in unfamiliar surroundings, dealing with changing staff and/or unfamiliar people and perhaps feeling deprived of personal space and liberty. It is critical, given the context, that we can do all in our power to maintain and ensure client privacy is maintained as far as possible.

Ensuring privacy is a practical demonstration of the following:

- Respect for client
- Respect for client privacy, dignity and confidentiality
- Support for client
- Fostering client independence.

Complying with the organisation's informal and formal reporting requirements, including reporting observations to supervisor



In your role as a care worker, you will most likely be involved on a regular basis in recording information about changes in a client's condition and their ongoing care requirements. Many care agencies have developed a series of forms which care workers are required to complete, in order to ensure continuity of care.

You will need to familiarise yourself with the types of records used by care service providers, including:

- Information obtained for the purpose of identifying client needs, including personal history and assessment
- A formal and updated statement of client needs
- Details of specific needs (often listed in a care or service plan)
- Client diary or daily records that need to be completed and signed by the care worker
- Information from organisations and staff members who have accepted the responsibility to fulfil specific client needs
- Information associated with residential assistance or requests for residential assistance
- Ongoing information related to client's condition and health status.
- Evaluation of assistance provided
- Specific incident reports
- Medical history and records
- Various consent forms.

Client records and case history may include:

- All records related to the person's health status
- Assessments
- Plans of care
- Progress notes
- Test results.

The augmentation of client records will be assisted by the completion of documentation that will personalise the records, such as:

- Development of personal profiles to assist in individualising care or support services
- Aged Care Assessment Team (ACAT) and Home and Community Care (HACC) assessment
- Aged Care Funding Index
- Care/case plans
- Service delivery plans.

The following forms used for day-to-day monitoring or communication will include:

- Progress notes
- Contact sheets or flow charts
- Continence assessment and management
- Behaviour and pain assessment
- Medication orders and administration records
- Nutrition record.

Some of the other types of documentation that may be required to be completed by workers in the aged care and community care sectors may include:

- Requisition forms (equipment or consumables)
- Workplace Health and safety (WHS) documentation, eg: hazard or accident/incident reports
- Maintenance requests for equipment or appliances
- Files must be clearly labelled. Each page must contain the details of the client's name, date of birth, and date of entry. Ongoing pages, eg: progress notes, must be numbered.

The personal clinical file is a working document and is an essential tool for ensuring both continuity of care and legal adequacy. It must be accessible to all authorised care staff.

It provides:

- A record of individual needs (dynamic and flexible)
- A plan for effective ongoing care
- Historical and ongoing account of the care or services provided – recording what is done, why and how
- A communication tool between nursing or care staff, management, treating doctors and paramedical personnel, eg: physiotherapists, Diversional therapists, occupational therapists
- A legal document to provide evidence of care or support
- An action plan for continuing services.

The clinical file may be used for:

- Validation of care, for government funding or legal purposes
- Auditing purposes, eg: nurse manager or standards monitoring department research and education
- Staff instruction, ie. Duties and responsibilities.

In view of the above, accuracy is essential in documenting the clinical file to support:

- The possible legal use of the document
- Ongoing provision of services that meet the needs of the individual
- Maintenance of a validated record of services already provided, including anticipated and actual outcomes
- Maintenance of appropriately planned continuing services
- Valid ongoing evaluation of care or support.

When recording anything in client records, objective language should be used in order to eliminate generalisations, interpretation, bias or judgements. That is, you record what you saw, heard, felt (by touch) or did, rather than using subjective language that infers, concludes, supposes or assumes.

Descriptive documentation accurately records:

- Severity, onset and location, eg: pain, when appeared, area of frequency and duration, eg: how often, how long
- Precipitating or aggravating factors, eg: what you were doing at the time
- Associated symptoms, eg: swelling, redness and bruising
- Colour, quantity and consistency, eg: coughing up phlegm
- Odour and sounds, eg: smell of phlegm (if any), the type of cough to produce phlegm
- Time and place
- Witnesses or persons involved, eg: occurrence of incident/accident
- Events and actions, eg: protocols for incident/accident.

What to document

- Description of individualised care
- Record details of significant events, eg: note who said/did what
- Record significant changes, differences or concerns
- Suggestions to improve care.

Progress notes

These are notes recording the progress and response to treatments. Notes should be integrated so they reflect continuity of care. All the professionals contributing to care should record in these notes. All contributions of the team should be available to all team members. Records are legally accountable documents. Therefore, it is important that the person who gives care records actions and observations. Progress recording provides the up-to-date information health care workers need to provide appropriate services and interventions for clients.

Progress note example

Date & time	Notes (All entries must be signed and designation given)
Sunday 1400 hours	Walked Agnes to dining room and back to her room for breakfast and lunch today. Pain medication given as prescribed half an hour before she was to walk. Agnes c/o difficulty in straightening out her joints “very, very painful, hurting all the time”. Noticed she also has difficulty bending at the hips when asked to sit down. Dr Grimshaw to be contacted regarding review of medications. B Thomas RN ----- -----

Using a Client Communication Book

The communication book is used by the Home and community care workers especially, and all others involved with the provision of services to the client. The communication book serves to keep people in touch with the activities of the client, to share information; to provide instruction where a situation or procedure needs to change and it provides workers with a record to refer to when they next support the specific client.

Some organisations require that their support workers record any changes in client care in the communication book following each visit or shift. The entry is to be dated and signed and the information should be concise and relevant. Workers must be mindful of the language used, as the communication book is a record that is open to many people to read. It is extremely important to note the communication book does not replace an incident report form.

Types of reporting

Written reports

There are a variety of different written reports you may need to be aware of while working with clients.

These could include:

- Progress notes
- Care plans
- Log books
- Communication books
- Handover notes.

It will be your responsibility to make sure that information is added to these reports and that all information remains up-to-date. Always remember that you are working as part of a team and the other staff that assists your client needs to be aware of any changes and ongoing progress.

Verbal reports

During the course of your work you may be required to verbally report events or issues, either face-to-face or over the telephone. It is important when reporting verbally, to have all of the information prepared and in order, and to report the facts of the issue accurately and clearly to ensure that the person you are reporting to can fully understand the situation.

Remember when using verbal communication to report an issue, it is important to:

- Be objective and report what actually happened
- Speak clearly and avoid rushing to make sure that you are fully understood
- Clarify anything that is not understood and report the incident or issue as soon as possible to ensure that your recollection is clear and accurate
- Report an incident in a logical sequence of events, that is, what occurred prior to the incident, during the incident and following the incident, regardless of whether it was a change in the behaviour, appearance or mood
- Avoid using language that suggests you may be being critical or judgmental of your client as this will impact negatively on the listener
- Be aware of your body language and facial expressions when you are reporting in a face-to-face situation.

In emergency situations you may be required to verbally report the situation of your client to an ambulance officer or a medical practitioner, either over the telephone or face-to-face.

It is important that you:

- Provide your name and job title
- Provide the name of the client
- Provide the address and phone number of your location
- Clearly state the problem and objectively explain exactly what happened
- Clearly state the condition of the client
- Provide the telephone number of your client's general practitioner if required
- Provide information about, or the telephone number of, your organisation or client's next of kin if required.



Thirteen

Complying with the organisation's informal and formal reporting requirements, including reporting observations to supervisor

Case study

You are a support worker for Marian Charles who has recently suffered a mild stroke. As a result she has been left with difficulties in oral communication. On her care plan it is noted that you need to encourage her to communicate verbally, and you need to be patient wherever possible to ensure that she is encouraged to practise her speech. On this particular day you notice that Marian is quite agitated and distressed. She refuses to communicate and attempts to completely ignore you. This behaviour should be reported immediately as it is a significant change from her daily routine.

1. What information about Maria and which members of the care team should you report the changes of behaviour you have observed?

2. What confidentiality guidelines do you need to aware of and comply with?

Identifying and responding to situations of potential or actual risk within scope of own role and reporting to supervisor as required



What is a risk?

Risk is the chance that an event will occur that will impact upon the aged care/disability services objectives. For example, risk is the chance of harm to people, property and the environment. It is measured in terms of consequence and likelihood. You need to consider and assess the risk factors for clients in relation to their needs, environment and possible consequences. A safe environment is one in which a client has a very low risk of becoming ill or injured. In a safe environment, clients feel safe and secure both physically and psychologically. The individual is at low risk of developing infection, being burned, and poisoned or suffering other injuries. Information relating to the client and client's carer should be documented in the Care Plan.

This documentation should also include identifying any potential risks that could be associated with:

- Behavioural difficulties
- Health issues
- All areas to which the clients has actual or potential access, such as gardens
- Obstacles and hazards noted in the initial client
- Assessment analysis
- Type of furniture
- Carpets
- Electrical cords and appliances
- Hot water.

Completing a risk audit/minimisation plan

An inspection of the home/or residential care facility environment should be conducted before service is provided to a client. This should be conducted while developing the client's care plan. The inspection will identify potential hazards so that an assessment can be made about risks and appropriate controls can be put in place to reduce the risk of injury or illness for the worker.

The checklists can be used to conduct the inspection. The checklist should be signed by the client and a copy provided for corrective actions. It is the client's responsibility to rectify these defects as soon as possible. If the client is not the homeowner, the client may need to refer some of the matters to the homeowner for rectification. In some cases the employer may choose to assist the client with information on contacting appropriate trades people or who to approach for funding if required. A risk assessment should be conducted *before* services are provided. The risk assessment should consider the hazards generated by the activity, for example, the workers' physical environment and the physical and emotional state of the persons being visited.

Step 1 - Identify the Hazards

Some environments and tasks are more hazardous than others. The following factors should be considered when identifying the hazards:

The external environment

- Access
- Lighting
- Animals.

The internal environment

- Floors
- Lighting
- Sanitation facilities
- Electricity supply controls eg. residual current devices
- The tasks to be undertaken
- Isolation of the workplace and/or route of travel
- emergency contacts/procedures
- Health status (physical and psychological) of the client
- The suitability of equipment provided by the employer or client.

How to look for hazards

Consulting with workers, looking at the environment and the tasks involved, and analysing records and reports can help identify hazards. Conducting inspections using the checklists will also help in the identification of hazards. The employer has the right to refuse to provide services if the condition of the home environment (the worker's workplace) poses a threat to the worker's health and safety.

Consultation

Workers should be consulted in the process of identifying hazards, assessing the risks and developing practical control measures. This may be carried out during informal discussions or by formal mechanisms such as using a questionnaire and during staff meetings. Workers, employers and clients should work together to raise and resolve ongoing workplace health and safety issues in the home. There may be a need to involve the home owner in situations where the client does not own the home. This will help to ensure any necessary controls are implemented by the appropriate person.

Step 2 - Assess the Risks

Risk assessment is the part of the risk management process that enables you to determine whether there are hazards that require control. Once the risks have been assessed, it is necessary to prioritise the risks for future action.

The following method should be used to assess the risks -

Risk Assessment Method

1. Determine the **likelihood** of an injury or illness occurring from each hazard identified, bearing in mind existing control measures.

Use the following descriptive scale to establish the **likelihood**:-

Risk priority chart (risk score and statement)

LIKELIHOOD How likely is it to happen?	CONSEQUENCES: How severely would it hurt someone (if it happened)?				
	Insignificant (no injuries)	Minor (first aid treatment only; spillage contained at site)	Moderate (medical treatment; spillage contained but with outside help)	Major (extensive injuries; loss of production)	Catastrophic (death; toxic release of chemicals)
Almost certain – expected in most circumstances	3 H	3 H	4 A	4 A	4 A
Likely – will probably occur in most circumstances	2 M	3 H	3 H	4 A	4 A
Possible – might occur at some time	1 L	2 M	3 H	4 A	4 A
Unlikely – could occur at some time	1 L	1 L	2 M	3 H	4 A
Rare – may occur, only in exceptional circumstances	1 L	1 L	2 M	3 H	3 H

Risk score and statement

Score and statement	Action
4 A: Acute	ACT NOW – Urgent – do something about the risks immediately. Requires immediate attention.
3 H: High	Highest management decision is required urgently.
2 M: Moderate	Follow management instructions.
1 L: Low	OK for now. Record and review if any equipment/people/materials/work processes or procedures change.

Workplace Health and Safety Risk Management Advisory Standard 2000 (DEIR)

Step 3 - Decide on Control Measures: Hazards should be controlled using the hierarchy of controls. Firstly, try to eliminate the hazard.

If this is not possible, prevent or minimise exposure to the risk by one or a combination of:

- Substituting a less hazardous material, process or equipment
- Redesigning equipment or work processes
- Isolating the hazard.

As a last resort, **when exposure to the risk is not (or cannot be) minimised by other means:**

- Introduce administrative controls
- Use appropriate personal protective equipment.

Step 4 - Implement control measures: Develop a plan for the implementation of the control measures.

Step 5 – Monitor and review outcomes: Ensure the control measures introduced have eliminated or minimised exposure to the risk. Review the controls to ensure they are being maintained and continuing to manage the risk. Most importantly, ensure the control measures have not introduced additional hazards.

Health and safety risks to individuals who require care assistance

A health and safety risk to a client is any situation, material or event which poses a threat to that person, either to their general state of health or to their immediate physical safety.

Risks can include:

- The person's known behaviour or pre-existing medical condition
- Inadequate supervision or support of the person
- Poorly maintained equipment or fixtures in the workplace
- Inappropriate or unsuitable features in the environment
- Poor hygiene and food preparation practices.

The person's known behaviour or pre-existing medical condition

Some of your clients may engage in behaviours or demonstrate characteristics which in themselves pose health or safety risks. These might include, for example, smoking in bed or a fascination with fire and flame. Pre-existing medical conditions, such as epilepsy, diabetes, respiratory problems, allergies and elevated blood pressure or cholesterol levels, also indicate that the person may be at risk in some situations.

Risks related to memory, confusion and mental ability

These risks can be among the most difficult to minimise since they are unpredictable and may change dramatically from day to day. The best tool support workers have for minimisation of these risks is vigilance. This may be from individuals working in the person's home, or support workers. People's friends, family and significant others have a vital role to play.

Physical harm

Your client may experience physical harm through

- Physical abuse
- Poor nutrition
- Ill-fitting shoes or poor foot care
- Dentures
- Lack of appropriate clothing
- Lack of heating and cooling
- Poor skin care
- Inappropriate use of medication
- Lack of aids (wheelchair, walking frame, hand held shower, grab rail).

Emotional harm

Emotional harm may be experienced through:

- Verbal and psychological abuse, e.g. yelling, screaming
- Withholding affection and physical contact
- Not being respected
- Being treated and spoken to like a child
- Not having your rights acknowledged.

Social harm

As a result of geographical isolation, language barriers, mobility and ill health, some clients may experience a level of social harm or neglect of their social needs. The need to mix and socialise with others or to be escorted on outings may be gaps in the client's life that need to be filled or recognised.

Financial harm

A client may experience financial harm and hardship through such things as:

- Having their money stolen
- Trusting someone who may use their money inappropriately
- Bad investments
- Not managing their money properly
- Lending money and not getting it back.

It is part of your role to ensure that you/others complete the necessary checks and balances when shopping for clients. There should be clear policies and procedures for documenting money received, money spent and money returned to the client. Any type of potential harm to the client needs to be taken seriously and acted upon. If workers have any concerns about the client or suspect the client is in a harmful situation, procedures should be in place to document and report this to the Case Manager/Program Manager/Organisation.

Abuse and the elderly



While most families work tirelessly to care for frail and dependent family members, and people who work with older people do so because they want to enhance the quality of life of older people and to ensure their rights and interests are protected, older people do experience abuse. Abuse, which is the intentional harm caused to a person by another person with whom that person has a trusting relationship, is usually very complex and often difficult to resolve. When people think about abuse, they often think about acts of physical violence, such as hitting, kicking, slapping and punching, however older people can also be abused in many other ways.

The reasons why people abuse older people are complicated and often there is more than one cause. It is not always obvious, or easy to understand why some people abuse others. However, things such as carer stress, which is the result of increased frustration and isolation that occurs because of the constant demand to meet the older person's needs, tiredness and physical strain can sometimes be the cause. A lack of carer support, poor self-esteem, a lack of money, the abuse/misuse of drugs and alcohol and a sense of powerlessness, or not having control over other things, are often seen as some of the other reasons that contribute to a person's likelihood to abuse others. Abuse may also be a continuation of domestic violence which has existed in the relationship for many years.

These issues can make it hard for carers, care workers and other people in trusting relationships; however they never justify or excuse abuse. Being abused affects the whole well-being of the older person – both their physical and emotional well-being, often for sometime after the abuse has occurred. Unfortunately abuse is difficult – not only for the older person but also for family members, friends and other care workers. People close to the person may feel helpless and frustrated and may find it difficult to know what to do or how to react and behave, especially if they are close to the older person and the person causing the abuse. While it is essential that the safety and rights of the older person are maintained it is also important that the person causing the abuse has their rights respected and is supported in addressing their needs and concerns.

Addressing issues of abuse

When addressing issues of abuse consider the following.

1. Planning ahead

It is important that, as they age, people give thought to and plan for:

- Protection of their property and other interests
- Care options in later life
- Talking to family and other trusted people about these issues.

2. Information

There are many available sources of information. These include: local councils, government departments, various organisations for older people and, increasingly, the Internet.

The types of information to be gathered include:

- The range of options for care and support
- Who to talk to for advice
- Services available
- Rights and responsibilities
- Causes of elder abuse and neglect.

3. Advice

Thought should be given as to who the older person can and should rely on for advice as their life and lifestyle change.

Particular attention should be paid to the areas of:

- Legal/financial matters
- Personal difficulties and concerns
- Sources of advice.

4. Support services

It is probable that, as a person ages, their need for support of various types and in various aspects of their life will increase.

Consideration should be given to how a person can access support such as:

- Practical support and aids
- Support groups and services
- Relief care, shared care, day care, etc
- Respite care
- Residential care.

Inadequate supervision or support of the person

If a client has any behaviours or medical conditions which predispose them to risk, it is crucial that the worker is aware of these and provides appropriate supervision and support as needed.

Poorly maintained equipment and fixtures in the workplace

If a worker notices any poorly maintained equipment or fixtures in the workplace, they should draw the client's attention to them and explain what needs to be done. Poorly maintained equipment or fixtures might include:

- Faulty electrical equipment
- Loose knobs and handles on drawers and cupboards etc
- Broken or damaged furniture
- Floor coverings not secured properly
- In some cases the worker may need to take the responsibility for following up on the repair or maintenance themselves. In others the person with a disability may prefer to organise it.

Inappropriate or unsuitable features in the environment

These might include:

- Slippery floors or rugs
- Beds which are too high
- Chairs on rollers not secured properly
- Electrical appliances near water
- Sharp edges on benches, tables
- Ill-fitting or insufficient hand rails in bathroom/toilet areas
- Glazed doors which are unmarked or not marked at eye level
- Heaters or fires with no guards
- Lack of smoke detectors (now mandated in most states and territories)
- Inadequate heating or lighting

Medication issues



While taking more medicines, older people are also more sensitive to the effects and side effects of medicines. As our bodies age it is more difficult to remove toxins and to metabolise drugs. A number of older people are actually ill because of the drugs they take. Family members and caregivers can help older people in understanding their medication regime in a number of ways.

These might include:

- Talking about and writing down questions they might want to ask their doctors
- Accompanying them to medical appointments and encouraging them to read all instructions and information that comes with each drug
- Asking the dispensing pharmacist for information – aim to use one pharmacy/pharmacist to build trust and knowledge of health condition
- Making sure they keep records of their personal medical history and medication regime
- Exploring natural health and herbal remedies, after consultation with the medical practitioner, which may be used in conjunction with or instead of traditional medication
- Medication should never be changed or stopped, or new treatment added without consultation with the person's medical practitioner.

Guide to safe management of medicine

As care workers, we do not dispense medications. But there are a number of ways in which we can assist the client in managing their medication.

Helping a client find out:

- How often the medicine should be taken
- What exactly four-hourly means, if this includes during the night
- How the medicine should be taken – with a meal, with water, after a meal, should it be swallowed whole or chewed, can it be crushed, should the medication be applied in some other way?
- If alcohol or specific foods should be avoided while taking these medications
- How the medicine should be stored for safety.

Help the client think about questions which will help clarify the name, purpose and effect of any medication prescribed for them:

- What is the correct name of the medicine?
- What is it for?
- How will it help?
- Are there any known side effects?
- What should be avoided while taking this medication, eg: driving, alcohol, being in the sun, food, other?
- When should the medication be discontinued?

It is of the utmost importance that your clients, particularly your home-based clients should be aware of the following points. Any medication that has been discontinued or is out-of-date should never be taken. Medicines usually have a use-by or expiry date on them. Most drugs and medications last for several years, however, some (such as eye drops) lose their effectiveness a few weeks after being opened.

- Medicines should always be stored carefully and away from children
- No-one should ever take a medicine that has been prescribed for someone else
- This can be extremely dangerous
- The label instructions and the information leaflet that comes with any medicine should always be read carefully
- For liquid medications, a graduated measure should always be used. These are readily available at the chemist and cost only a few cents. Measuring by teaspoon is not reliable enough
- Tablets or capsules should generally be swallowed with a glass of water. However, people with swallowing difficulties may find it easier to ingest tablets in a spoonful of food. Some medications can be crushed but this needs to be verified by the pharmacist.

If anyone has sensitivity, or a reaction to a particular medicine or ingredient of a medicine, it should be mentioned to the medical practitioner prior to them writing out a prescription. Most doctors will inquire whether a patient is allergic to a medication they intend to prescribe.

If the person is taking two or more medicines for the same condition, they should check whether they really need to be taking both. The situation regularly occurs where someone is prescribed one medicine by a doctor in a hospital and another by a general practitioner (GP), neither of these doctors knowing about the other's prescription. If a person is required to take a number of medications on a long-term basis, they should check with their doctor at least once a year to review a medication. With constant developments and innovations in medication, it is possible they may be able to change or cut down on what they are taking. At least once a year clients should be encouraged to clean out their medicine cupboard. Unused tablets should not be flushed down the toilet. Enquiries should be made at the local pharmacy as to safe disposal of any unused medication.

Poor hygiene and food preparation practices

It is well documented that poor hygiene and food preparation practices can and do result in illness and a great deal of distress.

It is crucial that the worker and the person, who handle food, adhere to the following guidelines:

- Hands must always be washed with soap and water after the toilet and before the preparation of the food
- Food should be stored according to accompanying instructions. It is all too easy to assume we know how to store food, but all labels and instructions should be read
- Boards and implements used in the preparation of raw meat must not come into contact with cooked food or other raw food, they must be washed immediately
- Cooked foods should be consumed as soon as possible or, if they are to be kept refrigerated, put into the fridge immediately
- Food which is to be reheated must be done at a high temperature for an adequate period of time
- The use-by dates on food must be adhered to
- Crockery and cutlery must be washed in hot, soapy water
- Food preparation areas must be kept clean
- During the preparation of food, long hair should be tied back and an apron or protective clothing worn
- Lids should be kept securely on bins
- Steps should be taken to eliminate the presence of mice and flies in food areas.

Uncharacteristic behaviour



Challenging behaviour, which is also known as *inappropriate* or *uncharacteristic* behaviour; is behaviour which is seen as out of character for the person.

Some of these behaviours may include the following:

- Erratic behaviour
- Agitation
- Physical aggression
- Verbal aggression
- Disinhibiting behaviour
- Forceful refusal to cooperate
- Threatening behaviour
- Self-mutilation
- Screaming and shouting
- Wandering.

Influences on challenging behaviour

Medical Influences

- Unrecognised pain or discomfort.
- Substance abuse.
- Epilepsy
- Syndrome-specific conditions and behavioural phenotypes.
- Medication (side effect).

Psychiatric Influences (Is there a family history of psychiatric disorders?)

- Depression
- Mood disorders
- Schizophrenia.

Environmental (Social and Physical) Influences

- Gaining social attention.
- Escape or avoidance of demands.
- Gaining access to preferred activities or objects.
- Sensory feedback, e.g. hand flapping, eye poking.
- Pursuit of power and control over own life.
- Reduction of arousal and anxiety.
- Challenging behaviour.

Identifying other risks to the person and report accordingly

As a member of a team, you have a professional duty of care towards your client to make sure the service you provide does not endanger the person's health, safety or wellbeing. While providing care to your client, it is important you observe their reactions to all aspects of the case/care plan, and immediately advise your supervisor if any areas of risk or potential risk develop.

The times when these are most likely to occur are:

- When your client is undergoing change, eg: recovering from an infection or suffering the effects of a degenerative disease
- When the plan has been changed, eg: a new medication has been substituted and you need to watch for adverse reactions.

Areas of concern can be categorised into three levels of urgency. These are:

1. Areas of risk.
2. Areas of potential risk.
3. Areas requiring urgent need.

Risks need to be dealt with immediately, because once you have noticed a risk exists, your professional duty of care means you must act on it. For the same reason, potential risks and urgent needs also need to be acted on with urgency. Risks occur because of people's behaviour and the environment they are in. What is an acceptable risk to one person may be unacceptable to another and you need to talk with your client to determine whether the risks they are facing are acceptable or not.

Risks can be reduced by:

- Changing the environment
- Changing the person's behaviour.

In the course of working with your clients you might find that situations that they have coped with until now become areas of urgent need, potential risk or risk because of their changed abilities. For this reason you must be constantly monitoring their safety and wellbeing and not assume that what was acceptable at one stage is still appropriate.

As you develop the habit of constantly monitoring the way your client is responding to the support they are receiving, you may notice:

- Changes in client preferences
- A deterioration in the client's behaviour or abilities
- The client displaying an adverse reaction to some part of the plan
- Improvements which are slower than expected
- Parts of the plan that just do not seem to be meeting the client's needs
- Changes in physical surroundings that are having an impact on some aspect of the plan
- That the client has experienced a major physical, emotional, mental or other life event that could have an impact on their needs.

If any of these situations occur, a change in the case/care plan will need to be made and recorded.

Client service delivery may be modified in response to:

- Changes in client's preferences
- Identification of client preferences
- Identification of a need for client to access new service/s change in client's abilities.



Fourteen

Identifying and responding to situations of potential or actual risk within scope of own role and reporting to supervisor as required

Consider the following case study and complete the task below.

Case study

Tom is 62 years old and a widower. He suffered a stroke eight months ago and was moved into residential care. He has now regained almost full mobility, although he has retained mild paralysis of the left side. His communication and reasoning skills are good, but he still exhibits some mild confusion, particularly when he is tired or distressed. He wishes to move back to his old home.

Describe the strategies that you might put in place to minimise the risk of accident when Tom returns home. Consider environmental factors, as well as other supports that could be put in place to ensure Tom's continued independence and well-being.

Element 4: Complete reporting and documentation



Maintaining confidentiality and privacy of the person in all dealings within organisation policy and protocols

The intimate, or personal nature, of some conditions or activities will require particular attention to the person's right to privacy and confidentiality. This may be because the person would not want their family to know about the activity or what caused the condition because it would be considered a breach of the family's cultural or religious beliefs or because the family would react poorly if they were aware of the cause of the condition or nature of the activity. Do not divulge any information you are provided to anyone, even if you are questioned by concerned parties. You should not provide information of medical or personal information to any outside of your organisation other than in an emergency when your client's medical record needs to be known in order to provide the most appropriate treatment.

Once you are clear about the organisational guidelines in relation to confidentiality, you need to apply these guidelines to your day-to-day job. Remember that in your job you will see and hear many personal discussions about the client's life. There will be some situations where you cannot help but overhear and other times when you are included in the discussion. Whatever the situation, always be discreet, sensitive and careful not to abuse the trusting relationship you have with the client. Always treat the client with the right to privacy and confidentiality as you would expect to be treated.

Privacy

Privacy refers to the right of the individual to keep his or her life free from unwanted interference, or public scrutiny. The right to privacy is becoming an increasingly important issue in community services and health. We collect sensitive information, increasingly complex and detailed information, and now have the tools to store and manipulate it in ways unimagined 25 years ago. Our client may already be in a position of alienation and vulnerability. They may be in unfamiliar surroundings, dealing with changing staff and/or unfamiliar people and perhaps feeling deprived of personal space and liberty. It is critical, given the context, that we can do all in our power to maintain and ensure client privacy is maintained as far as possible.

Ensuring privacy is a practical demonstration of the following:

- Respect for client
- Respect for client privacy, dignity and confidentiality
- Support for client
- Fostering client independence.

Complying with the organisation's informal and formal reporting requirements, including reporting observations to supervisor

Every organisation has policies and procedures related to reporting and it is important you familiarise yourself with them and know precisely what your role is. As a support worker it is your task to help maintain the client's physical, emotional and social well-being. Your role in the process of observing, reviewing, monitoring and reporting the health condition of your client is a vital component in the on-going care they receive. Information you are provided with, such as care plan documentation, will aid you in your observations.

Recording and reporting any significant changes to normal routines, appearance, behaviour, mood or disposition of the client, can often assist in determining a more serious problem that requires addressing. Timely recognition of such alterations, along with suitable interventions, can guide an immediate response that will benefit your client's overall well-being.

As a support worker who regularly attends the same clients, you may discover they will talk to you about their problems or issues. Any issues they discuss with you that are of importance or concern should be reported to your supervisor and documented without delay, to ensure they are adequately dealt with. It is your duty of care to report any signs or suspicions of abuse of any kind (physical, verbal, emotional, financial or sexual) and you must inform the your supervisor if the client has made any such remarks, or you have cause to believe their rights are not being upheld.

Types of reporting

All health facilities have some type of formal process for the health care provider to record the on-going progress of clients. Reporting and recording information may be by video, audio, written or verbal.

Written reports

The most common type of report is the written report and the main places that client information is recorded are in the client's notes and on the nursing care plan. Data collection is done by all members of staff and the RN collates the information when the nursing care plan is written. It's therefore important to pass on all relevant information as soon as possible so that the care plan is up to date and complete.

There are many different types of written and computerised reports which are listed below.

- Reports to meet WHS requirements
- Progress notes
- Care plans
- Hand-over notes
- Incident reports
- Phone messages
- Admission assessment data
- Minutes of meetings
- Discharge client notes
- Referral to other health care professionals
- Communication books.

Verbal reports

You may find your work involves verbal reporting which means discussing issues either face-to-face or over the telephone. When this occurs it is important you have all of the information prepared and in order. You need to report the facts of the issue accurately and clearly so the situation can be fully understood by the person you are reporting to.

When using verbal communication it is important that you:

- Are objective and report exactly what has happened
- Speak clearly and avoid rushing to make sure that you are fully understood
- Clarify anything that is not understood and report the incident at the earliest possible time so that you remember it clearly and accurately
- Report about what happened prior to the incident, during the incident and after the incident, regardless of whether it was a change of appearance, mood or behaviour
- Avoid being critical or judgmental of your client, which will have a negative impact on the listener
- Are aware of using body language that betrays your attitudes to the client or event whilst you are reporting face-to-face
- Express your concerns and the basis for them.

As a support worker you should practice the skills of reporting accurately and objectively. Any report you give will have an impact on the client and the consequence could lead to a change in the level or type of support they are receiving. It is therefore important you realise that any inaccurate reporting may have a negative effect on your client.

People you may have to report to

Organisations have specific policies and procedures in place to direct your reporting methods. These guidelines advise who you should report any significant changes to. The people you may need to report to include:

Your supervisor: The most important person you need to report information back to is your supervisor. They need to be informed at all times of any significant changes in appearance or behaviour of your client in order for them to take the appropriate action. When you report any changes to your supervisor they will then direct you on any further action you may need to take.

Colleagues and other health care workers: It is important that any changes in behaviour or appearance of your client are documented in their care plan so that other support workers have access to this information. The sharing of information about your client is often essential in ensuring that the needs of your client are being fulfilled.

Medical practitioners: You will need to report any change of condition, especially those related to a medical issue to other health workers and the medical practitioner of your patient/client. These people are responsible for the health and safety of your client and therefore need to be aware of any information that may affect your client's health and well-being.

Health care services and other health professionals : There may be times when an organisation or worker from outside your organisation can assist your client with a problem. If this is the case then information needs to be reported to them so that they may be of assistance. The types of people you may need to report this information to include podiatrists, dentists or occupational therapists, which may be able to assist with a specific problem.

Home and Community care: Changes in behaviour or appearance of your client may need to be reported to organisations that provide your client with other types of community care. They will need to know this information in order to assist your client effectively and make any alterations to the types and kind of care that they provide.

Emergency services : There may be times when you need to report a change in your patients' client's condition or behaviour directly to emergency services. Emergency services need to be contacted if you consider the situation to be critical and requiring immediate attention, such as delirium, a heart attack, severe injury or acute psychosis.

Administrators : Some patients/clients will have administrators responsible for their health and well-being or responsible for other matters such as financial issues. Any changes related to these areas may need to be reported directly to the administrators in order for them to be aware of the change and respond accordingly.

Social services: There may be times when you need to consult social services to report changes in the behaviour or appearance of your client. This may be in situations of abuse or matters of security that social security can offer assistance with.

Relatives or next of kin: Some changes in behaviour or appearance of your client, such as increased aggressive behaviour, should be reported to the next of kin or family members of the client. This is sometimes important to ensure that you have legally informed your concerns to the family. A family member may be able to counsel the client or help you with strategies that can assist in working with your client.



Fifteen

Complying with the organisation’s informal and formal reporting requirements, including reporting observations to supervisor

1. Describe the reporting procedures and documentation requirements of your job role?

2. What guidelines would you give to a new Health care worker regarding the best way to give accurate verbal reports to colleagues during handover?

3. How are reports filed after they are completed?

4. Describe the procedures for recording client's observations in your workplace.

Identifying and respond to situations of potential or actual risk within scope of own role and report to supervisor as required

As a member of a team, you have a professional duty of care towards your client to make sure the service you provide does not endanger the person's health, safety or wellbeing. While providing care to your client, it is important you observe their reactions to all aspects of the case/care plan, and immediately advise your supervisor if any areas of risk or potential risk develop.

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Risks can be reduced by:

- Changing the environment
- Changing the person's behaviour.

In the course of working with your clients you might find that situations that they have coped with until now become areas of urgent need, potential risk or risk because of their changed abilities. For this reason you must be constantly monitoring their safety and wellbeing and not assume that what was acceptable at one stage is still appropriate.

Identifying and reporting signs of additional or unmet needs of the person and refer in accordance with organisation and confidentiality requirements

Maintaining records of change in client

Responding to changes in a client's needs is an integral part of your work. In this section, we will look at identifying indications of change in a person's physical or mental wellbeing, areas of risk and potential risk, responding to, and monitoring, changes to the care/case plan brought about by changes in need. The case/care plan that you use with any particular individual is developed with the team following a set process. This includes:

1. Assessing a person
2. Prioritising problems
3. Planning for goals, priorities and intervention
4. Implementing this plan and then evaluating it.

Evaluation is the process of determining how well the set goals or objectives are achieved. It lets the team monitor how effective their plan is and then compares the person's response to the plan with set goals. Evaluating also helps team members identify any new problems that the person is experiencing. When the plan is first developed, the team members nominate a set day or date on which the evaluation and review will be undertaken. It is also the duty of all members to constantly monitor the reactions of their clients to the support they are receiving.

This continual evaluation may show:

- A client's change in preference
- A person's improvement in their behaviour or abilities
- Adverse reactions to some part of the plan
- Improvements which are slower than anticipated
- Uncooperative behaviour
- Parts of the plan that are unsuitable
- Changes in physical surroundings
- Barriers to progress.

Any of these reactions need a change in the case/care plan.

Example:

Emily was admitted to a residential care facility because her family could no longer care for her at home. She frequently wandered and on a number of occasions was found out in the car park of the facility. Emily became agitated when staff tried to coax her to return inside. She was transferred to the secure section of the facility where she could wander freely and come to no harm. Her agitation ceased. Her plan needed changing to reflect the changes in her safety needs and behavioural issues.

Example:

Tung's care plan includes doses of penicillin to clear up an infection. His history states no known allergies, but after receiving the penicillin he exhibits a violent allergic reaction. His plan must quickly be changed to prevent him being given any more penicillin.

Example:

Jenny has cerebral palsy. She has been receiving physiotherapy and other exercises to regain her mobility after a hip operation. However, she contracted pneumonia and has just spent a week in bed, during which time her exercises were reduced, and she was not able to practise walking. New priorities have been given to different aspects of her plan in response to changes in her needs.

In order to record changes relevant to your client's needs, you need to:

- Observe your clients carefully.
- Listen to your clients and those around them.
- Accurately record your observations and the person's perceptions and sensations.

These changes are recorded in the relevant documents, ie: progress notes, skill charts, problem sheets, communication books, handover notes, assessment sheets and incident reports. The information needs to be dealt with in the context of the whole case/care plan. Meetings are held to consult, review, evaluate and update the care plans by those involved in providing support. The information recorded is the basis for discussions and helps ensure that support is as appropriate as possible. Remember, you are a member of a team when working for your clients. You need to sit down with other members of the support team and compare your observations and discuss the conclusions.

Other team members may see the person in a different situation and might bring quite different information to the discussion. On the other hand, their observations might back up yours, providing a different perspective on the same problem. Remember that in any situations of difficulty, you need to refer the problem to your supervisor. The team can work together to analyse relevant documentation, observations and client feedback, and decide how the case/care plan should be changed to respond to any change in a client's circumstance.

Providing referrals

Once it becomes apparent your organisation is not in a position to meet the needs of a given client, you need to examine its procedures for referring clients to other organisations. Many organisations can only provide specific services relating to particular care or for particular groups of people. It is important you know and understand the services that are offered by your organisation and be aware of other services your client may need to access.

The process of referral is essential in providing appropriate care for individuals. Clients who are eligible for a particular service can only receive these services if they are informed about what is available and how they can access the services. Providing a referral can be a lot more complicated than just giving your client the name and address of an organisation that deals with their issues.

Providing an appropriate referral for your clients may include:

- Locating appropriate services for your client's needs
- Checking the eligibility process of that organisation – you will need to find out more about what the service is and if your client would be eligible for it
- Making appointments for your clients and assisting with physical access where necessary
- Accompanying your client during first point of contact – this will help your client to feel safe and secure, and will also be valuable for you in learning more about what that organisation offers
- Making sure your client is happy to be referred on to another organisation for this particular need
- Writing a report or a brief that provides information to the new service about your client.

To provide your client with appropriate and effective referral you will need to follow up what has happened and check that your client is satisfied with the outcome.

Indications for referring on

Further referral may be indicated by:

- Assessment or review processes indicating that you cannot meet all of the client's needs
- More crucial issues needing to be addressed before your organisation can effectively provide a service, eg: mental health issues, or alcohol and drug issues
- Which need to be stabilised to maximise the benefits of further intervention
- Non-presenting issues negatively impacting on your ability to service the client's needs
- Recognition that another organisation is able to offer a more suitable service
- Awareness that joint referral to other services would be most effective in meeting the client's needs.

Other specific indications may include the following:

- Service delivery plan goals have been met. Some goals within the service delivery plan will be time limited (to be completed within a designated time frame). Other goals will be achieved through the process of effective implementation of the service delivery plan.
- Service delivery plan goals are not met. A lack of progress in meeting goals may indicate the need to look at other alternatives, including provision of other services, using specialist expertise, referring on to another organisation, referral to specialist assessment services, etc.
- Organisational policy, eg: the policy of the organisation may be to provide only short term or respite care. In an ongoing care situation, the client will need to be referred to organisations/programs that provide ongoing support.
- Resource limitations – resources, eg: staffing, may only be available for designated periods of time because of the demand on organisation resources, funding requirements/limitations, etc.
- Client choice. Remember, the client is the centre of any assessment and service delivery planning process. The client may choose to terminate support, or to seek support from another organisation.
- Conclusion of one stage of a service delivery plan process, eg: a client who is receiving home-based care. This in turn may result in the transition of services from the original provider to a second organisation/worker.

Completing and maintaining documentation according to organisation policy and protocols



It is one thing to have records and another to have quality records. The development and maintenance of quality documentation is critical not only to ensure high standards of client service, but also to uphold the reputation of the organisation as a whole through successful accreditation.

Five factors that ensure documentation is of the highest quality include:

1. Accuracy.
2. Conciseness.
3. Thoroughness.
4. Currency.
5. Good organisation.

Accuracy

- Information must be correct and objective to be accurate. It must have been observed and be verifiable. Only record what you observed; do not write subjectively about what you think happened
- Opinions or hearsay are generally not acceptable in courts of law. If you wish to report something but did not witness it, you need to state who or what was the source of the information
- It is also important to use correct spelling and abbreviations – those that are generally accepted within your organisation
- You must also sign and date all documentation that you record because you are accountable for it.

Conciseness: It is easier to understand information if only the essential information is documented. It needs to be well written, ie: using simple, clear language. Only include the necessary information in your reporting and avoid 'over-wordiness'.

Thoroughness: At the same time as being concise, it is important that you assess and record all the important details at the time of writing up your notes. Dot points, if accepted by your organisation, can be used to concisely record a lot of information, step-by-step.

Currency: Information must be current and timely – recorded as soon as possible after the event, with the relevant time and date noted. Past events, as we all know, can be difficult to remember accurately as time goes by.

Good organisation

Documentation should flow in order of occurrences.

In addition, you need to:

- Use appropriate forms and format as determined by your organisation for recording client details
- Consider giving a brief overview of what is recorded to the client and give them the opportunity to contribute and to verify its accuracy – this is particularly relevant when you are documenting a client's progress through their personal program plan, so they are a part of the recording process

- Handle the information sensitively and protect the rights of the client, especially ensuring confidentiality and rights to privacy.

In all cases your reporting should be:

- Relevant to the situation – ask yourself ‘Who am I reporting to?’, ‘Why am I reporting?’, ‘What is the desired outcome?’
- Timely – that is, within an appropriate timeframe to ensure suitable action can be taken.

Timeliness: It is extremely important that reports be presented within the appropriate timeframe. You may have been asked to collect some information and report back within a week. Make sure that you allow yourself enough time to do this and if you feel that you are not going to be able to meet your deadline, let your supervisor or the person to whom you are reporting, know in advance, so that you can negotiate a new deadline. This is much more professional than simply not handing something in on time and expecting others to cope with the situation.

In other situations something may come up while you are at work which you need to report to somebody else. You need to use your own judgement about how urgent it is to report on something, but generally, instances that are involved with health, safety and welfare need to be reported as soon as possible.

You should also consider the following in the writing of any report.

Plain English

Say what you want to say in plain English. Use familiar language. The aim is clarity – to record details of interactions in a clear, concise manner. The document should be readily understandable to all on the first reading. A few suggestions for documentation are given below.

Be specific: Avoid long, rambling sentences stringing together a range of facts. Don’t repeat information. If your report states the client’s age as 35, this information doesn’t need to be repeated further into the document or case notes.

Unnecessary words: In documentation, the aim is clarity in written communication. Don’t use a number of words when one word will do. Unnecessary words lengthen sentences. They confuse rather than clarify.

Sentence length

Records and case notes are meant to read efficiently, and easily. The best way we can ensure this is by keeping sentences short and to the point. Remember the professional writer’s rule of thumb – sentences no longer than 25-30 words. Long sentences are harder to track with the eye, and harder to track with the mind. By keeping sentences short, we limit each sentence to one or two closely related thoughts. When we link more than one thought per sentence, the report loses focus and clarity. When you communicate any information to your colleagues and others in your work team, you must make sure that your language is objective. This means that you describe what you have seen rather than taking a personal view, making a judgement or placing an interpretation on what you have seen or heard.

Electronic documentation

Many organisations now use electronic documentation systems. Electronic systems enable staff to document in a timelier manner, as information which needs to be transferred across different forms can be done so electronically, therefore reducing total documentation time.

If you are using electronic documentation, you still need to adhere to the four main principles of good reporting. Of course, using electronic text means that your writing will always be legible and neat, and many systems will also support spell check. Each entry is able to be tracked by time and date as well. You will be given log-in details which you will need to use each time you log in to the computer. It is very important that you also log out after you use the computer, as if you don’t someone else could make entries under your name. You are responsible for those entries which are attached to your log in.

Storing information according to organisation policy and protocols

The organisation in which you work is responsible for the safe and secure storage and handling of its documents and records. This system must be supported by your organisation's policies and procedures for documentation, methods of filing and retrieval, release of information and maintenance of confidentiality.

Examples of relevant policies include:

- Record keeping policy
- Access policy for confidential information
- Record disposal policy
- Confidentiality policy
- Privacy policy.

Legal and operational requirements

The storage of most operational documents, and particularly personal and case-related documents, is prescribed by legislation or organisational protocol.

Examples of document storage guidelines for communities and disability services organisations include:

- Files are required to be kept by law for seven years (for adults)
- For young people under 18 years of age records must be kept for seven years plus the difference between their current age and 18, i.e. 5 year olds must have records kept for 20 years: $(18-5)+7 = 20$ years
- Children's files are kept for life (meaning the life of the child).

All documents are archived after two years. Your organisation will have similar legal and operational guidelines, and you must make sure that you are aware of these.

Ergonomic and physical considerations

For ergonomic reasons we need to ensure safe and workable systems that do not require heavy lifting, stretching or bending. Care needs to be taken when lifting boxed archives stored at floor level or on high shelves. Filing cabinets can become unstable if top-heavy.

Storage systems

The types of information kept within a community services organisation includes: all correspondence, reports, submissions, media releases, forward plans, staff records, manuals, policies and procedures, log books, address and phone lists and client records. Any information that is to be kept must be stored in some way.

Storage systems used within various organisations may include:

- Computers
- Filing cabinets
- Disc, compact disc or DVD boxes
- Archive boxes / Ring binders and folders
- Bookshelves
- Card file boxes
- Books and journals
- Financial journals and ledgers
- Diaries
- Whiteboards and pin boards.

Let's take a brief look at some of these and the confidentiality implications in using these systems.

Computers



Community services organisations have been progressively moving to the use of computers to store a wide range of records for some time. Two highly confidential areas of information that may be stored on a computer include financial records of the organisation and personal information of both the staff and clients. Since personal computers are readily accessible, and most people have some level of knowledge of computers, it is important that this information is protected in some way. The simplest way to protect information on a computer is apply a password to all/any information which should not be accessed by everyone. It is important that passwords themselves are protected. It has little value, for example, if the password is written down and taped to the underside of the desk.

Filing cabinets



The confidentiality issue also applies to filing cabinets. Ideally these should be stored in a lockable drawer. Many filing cabinets lock the whole cabinet when the top drawer is locked. Some models are available with individual locks for each drawer, so that information needed on a daily basis may be stored separately in a drawer that is not locked.

Disc, compact disc or DVD boxes



These too could contain highly confidential information, and if they are to be stored on the premises should be lockable. Only authorised personnel should have a key or access to a key. Disc boxes containing confidential information should then be secured in a locked cabinet, office or safe at the end of the day.

Financial journals and ledgers



Where financial information is not stored on a computer, but kept in a handwritten form, these journals and ledgers should also be protected. At the very least they should be stored in a lockable office, ideally though, in a lockable cabinet or safe. This is particularly true where the financial records include personal details of staff and their pay details.

Archive boxes



Archive boxes are used to store paper files that are not used any more, but have to be kept for legal, technical or administrative purposes. Archive boxes are used to accommodate the overflow when filing cabinets are culled regularly, so that only the most current and frequently used files are kept in the cabinet.

Ring binders and arch folders



On occasions there are many documents of a similar type which have to be kept together, but are not required for daily access, eg: some organisations like to store their minutes in a special folder marked just for that purpose. These documents can be stored readily in ring binders or arch folders. They are particularly useful for long documents or thick documents, such as books or manuals that need to be referred to occasionally.

Bookshelves and display shelves



These are extremely useful to community services organisations. They can be used for ready access to items stored in ring binders and arch folders, including minutes, policies and procedures and other relevant documents. Display shelves are useful for displaying information, pamphlets and literature obtained from other organisations that may offer additional services to your clients or residents.

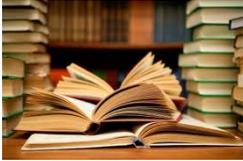
Card file boxes



Card file boxes are generally used for keeping straightforward details about different people or organisations that you may contact on a regular basis. This type of information, normally names, addresses and phone numbers, is entered onto small handheld cards that are stored in a box, usually

in alphabetical order. Placed centrally, people can access the information they need at any time. Care must be taken of course to see that the cards are returned to the box after they have been used.

Books



A variety of books may be used in an organisation to keep a record of things that don't need to be sorted into topics. A typical example would be a telephone message book, where all telephone messages received are written down as they come in. All staff members would know to check the book for messages if they have been off the premises and this is a good way to retain messages in a central location for later reference.

Diaries and log books



Diaries and log books can be a crucial part of a community service organisation's documentation. Diaries are often placed centrally, recording meetings and other events of interest to staff so that they can see what is planned and arrange their time accordingly. Likewise with log books, these record the movements of the organisation's vehicles, showing who has taken the vehicle out, where they have gone and how far they have travelled. All of this can be valuable for documenting client care and attendance on clients.

Any information that is not confidential can be stored under any of the other methods. This can then be placed in a situation where anyone who needs to can access the information readily. Most of all when dealing with records and financial aspects of the organisation's procedures, it is important that all workers make themselves fully aware of their organisation's security, privacy and confidentiality policies and maintain them at all times.

Computerised records



As with paper-based files, computer files need to be organised in a way that will help you and others find them again. Your workplace computer or network (a group of connected computers) should have an ordered system of folders that represent different sections of the organisation, including work areas, client groups, and special projects. Most likely you will share a group of files and folders with other workers, although there may be confidential or private folders that require special permission to open.



Sixteen

Recording client information as appropriate and conforming with legal, professional and organisation requirements

1. Using your own words, describe why documenting care is essential.

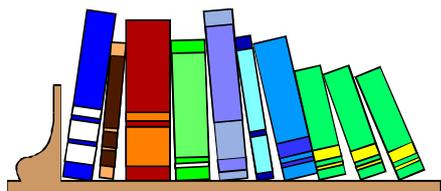
2. Describe how documentation relates to the relevant funding of a service provider.

3. Outline some of the legal requirements associated with documenting care.

4. Describe document maintenance and filing requirements in your organisation with regard to client information.

5. Quality documentation is characterised by the following features:

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