

Caregiver Manual

A basic guideline for family and volunteers providing care and support to older people



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Using bookmarks

To make it easier for you to navigate through this manual, hyperlinks have been included throughout the document. To access all the topics in the manual, open the 'Bookmarks' panel in your PDF reader and select the title you wish to read by clicking on it.

The screenshot shows a PDF viewer interface. On the left, there is a 'Bookmarks' panel with a tree view of the document's structure. A red box highlights the 'Assisting with mobility' item under 'Section A-Assisting with mobility'. The main content area shows the start of a section titled 'Moving in and out of bed' in large black font, with a red box highlighting the first bullet point: 'Who might need help with moving in and out of bed?'. Below this, there is a red box containing the text 'Helping someone to move in and out of bed'. At the bottom of the content area, there is a block of text about assisting someone to move in bed due to mental health issues.

Home Tools Caregiver manual_... x

Bookmarks

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Who is this guide for?

We have prepared these guidelines for family caregivers looking after one or more older people at home, and for volunteer caregivers and those who organise and support them, in low- and middle-income settings. In such settings, access to care support services and age-friendly environments may be low.

We recognise that caregiving happens in a wide range of settings and situations:

- The older person needing care may live in a house in a rural village, in a high rise apartment in a city suburb, or above a shop in a small town on a busy road.
- They might live alone, with a spouse, with a family member, or with several family members. A family caregiver may live with the older person, or live nearby and visit to provide help. There may be two or more family caregivers. The caregiver themselves may be frail or unwell and need care and support.
- The older person might need assistance with all basic activities of daily life, such as washing, dressing and eating, or only with activities such as shopping, visiting the doctor, going to the temple, mosque or church, managing money, or seeing friends.
- They might be physically well but need help because of dementia or depression, or they might be mentally alert but have a physical disability that restricts their mobility.
- The older person might be part of a community with helpful neighbours, local supportive organisations and accessible health services, or they might be socially isolated. If socially isolated, it may be because they are migrants, members of a minority group which faces discrimination, or because of personal characteristics including disability or mental health. Or the community or society they live in may not have strong cohesion and availability of support services.

- They may have sufficient savings to live on, or be well cared for financially by their family, or they may be very poor and need financial assistance.
- The older person may have access to the internet and know how to use it, or have no form of telecommunications.
- All these variables make a difference to the way that care needs to be provided.

These guidelines have been developed with an intention of providing a strong foundation of caregiving in good practice for those providing care in a range of low- and middle-income countries. The guidance is meant to be general, written in simple English, and to be easily updated. We hope that they will be translated into many languages, and adapted for particular settings.

SECTION 1

Guide for the organisers, managers or trainers of volunteer caregivers

What is care and support and why is it needed?

We are all ageing and in most countries in the world, the number of older people in the population is rising. While many people remain healthy and active well into later life, as we age we can experience changes in our social, physical, mental, emotional and spiritual lives that we need support to adapt to, so that we can continue to enjoy wellbeing and do the things that matter to us. For some of us, this support might be a little help to understand and manage the changes we are facing, or the provision of information and advice on how we can stay physically and mentally active and engaged. For others, it might mean receiving help with specific activities, like shopping or managing money. For those with a higher level of need, for example, as a result of physical or mental ill health or disabilities we experience, it could mean more day-to-day care and support is required, including help with activities such as washing, dressing, eating, using the toilet, or getting around inside the home. In some cases, we might need intensive clinical care to support us.

What is important to remember, is that having care needs does not necessarily have to impact upon our overall wellbeing as we age. With the right support, together with an enabling environment, we can all continue to live the life we want to, and participate and contribute as we wish. The World Health Organization describes this process as 'Healthy Ageing'.

Healthy ageing

Healthy ageing is about maximising the ability of everyone to enjoy wellbeing in later life and to continue to do the things that matter to them. This includes, things like:

- meeting our basic needs
- learning, growing and making decisions
- being mobile (getting around)
- building and maintaining relationships
- and contributing to families, communities and societies.

A person's ability to enjoy healthy ageing is influenced by their physical and mental abilities, the environments in which they live, and how these two things interact.

Physical and mental abilities include things like our ability to walk, think, see, hear and remember. As we age, these can be affected by things like diseases, injuries or general age-related changes.

Our environment is made up of all the elements of our home, our community and our broader society. It includes the built environment, people and relationships, attitudes and values we and others around us hold, and the systems and services that support us throughout our lives.

For many people in later life, care and support can play a key role in achieving healthy ageing by helping to maximise physical and mental abilities, the environments in which we live, and how these elements interact.

Who provides care and support?

In most of the world, families are the main providers of support for older people with care needs. However, smaller family sizes, increasing numbers of younger people moving away to cities or to other countries, and more women working outside the home, are all leading to fewer people being available to provide care and support for increasing numbers of older people. Even when families and friends are nearby and available, increasing rates of non-communicable diseases (NCDs) mean that many older people have more complex care needs that might require more intensive care. NCDs include conditions like heart disease, chronic lung disease, cancer, diabetes, and

mental and neurological conditions, such as dementia. A person's care needs can be particularly complex when someone has two or more long-term conditions. This is called 'multimorbidity' and is also more common in later life.

Changes in the care needs of older people and in the availability of family care, mean that the demand for support from outside the family is rising. This is leading to discussion globally about how responsibility for care should be split between individuals, families, communities and the state. It is also leading to debate about the role governments should take in the design and delivery of long-term care systems, recognising their responsibility as duty bearers to promote people's health and wellbeing and to make sure we can all enjoy our human rights.

Whatever the role of the government or formal care and support services in your country, local organisations can make a contribution to supporting people with care needs in their communities. One of the ways in which they can and are doing this is by identifying, training and organising volunteer caregivers to deliver care or by providing information, support and advice to help family and friends who are delivering care informally.

Care and support activities

The goal of care and support is to promote healthy ageing and to ensure that an individual with care and support needs can maintain the best possible quality of life, with the greatest possible degree of independence, autonomy, participation, personal fulfilment and human dignity. Care and support activities are therefore varied and can take place in different settings. What is delivered will depend on the individual's needs and wishes, as well as what is available in their environments. However, some common activities that are delivered as part of care and support include:

- **psycho-social support** to enable individuals to remain physically and mentally active and engaged in their communities
- **measures to help with the basic activities necessary for daily life** (often called 'activities of daily living') and activities that support independent living (often called 'instrumental activities of daily living') (see box below)
- **clinical care** to help manage infections or long-term conditions.

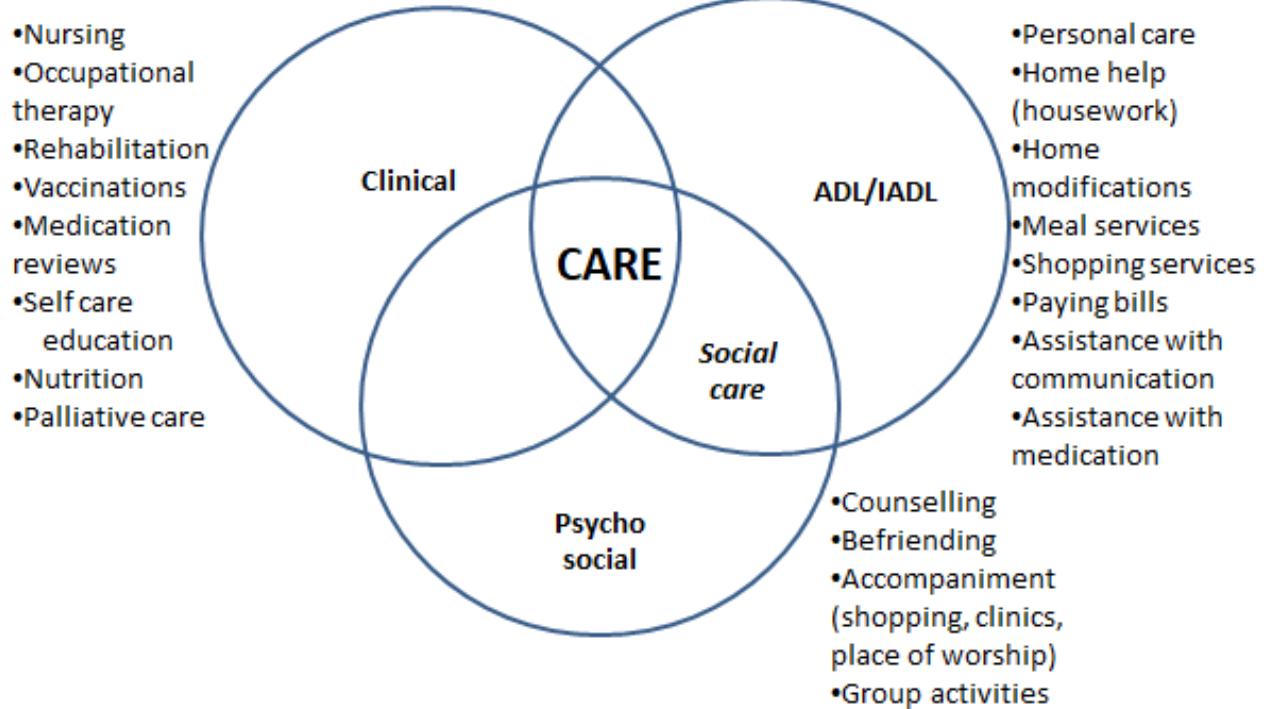
Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

ADLs can be described as the basic activities necessary for daily life, such as bathing or showering, dressing, eating, getting in or out of bed or chairs, using the toilet, and getting around inside the home

IADLs can be described as activities that facilitate independent living, such as using the telephone, taking medications, managing money, shopping for groceries, preparing meals and getting around outside the home.

Types of services

HelpAge
International



Source: ADB/HelpAge caregiver training course

Modalities/ location



Term	Modality	Description
Home and Community Care (persons remain in the community: 'ageing in place')	At home	Any service provided in the home
	Community groups	Peer groups, self help groups
	Community/activity centre	Range of activities (meals, exercise, craft, games, education)
	Day care	Social and in some case medical care (rehab etc) Often provided with transport services
	Respite care	Short term overnight care to give care givers a break
	Senior housing	Independent residency aimed at older people, some with on site services
Institutional care (24 hour accommodation)	Care homes	Residential care with on site care services
	Nursing homes	With 24 hours nursing services
	Long term care hospitals	Hospitals + 3months care
	Hospice	End of life care

Source: ADB/HelpAge caregiver training course

This this manual is for caregivers who may provide a range of services but will mainly support with ADL/IADL and psycho-social elements of care. In relation to clinical care, they may support with referrals, counter-referrals, medication, self-care education, nutrition and rehabilitation, as requested and supported by health staff.

In addition to these activities, support is often needed to help the person with care needs and their caregiver to identify and access services that help promote healthy ageing, including accessing assistive devices and technologies that are available, and to communicate and coordinate between different service providers.

In addition to support for the person with care needs, activities should also consider the health and wellbeing of family and friends providing care and what a volunteer can do to support them in their role.

Putting the person at the centre of care and support

Care and support should always begin from the perspective of the person with care needs and focus on enabling them to live the life they want, to the best of their abilities. This means ensuring everything from the planning through to the delivery of care and support is person-centred.

There is no set way to deliver person-centred care and support because it is about the individual. But some important elements include:

- The person with care needs, the caregiver and their family and household members working together to design a care and support plan based on the needs, preferences and goals of the individual with care needs
- All those involved in care provision supporting the person with care needs to have the knowledge, skills, motivation and confidence to manage their own health and wellbeing as much as possible
- Promoting good communication and coordination between all those involved in a person's care so everyone is working together to achieve the goals important to the person with care needs
- Delivering care that promotes the independence, dignity and human rights of the person with care needs (see section below)

Person-centred care

Person-centred care values older people as individuals with unique experiences, needs and preferences. They are seen in the context of their daily lives and are helped to maintain relationships with their family, friends and community. Their dignity and autonomy are respected in a culture of shared decision-making.

Care can assess whether they are practising person-centred care by asking themselves the following questions:

- Does my behaviour and the way in which I am communicating show that I respect and value this person?
- Am I treating this person as a unique individual with a history and a range of strengths, needs and preferences?
- Am I making a serious attempt to see my actions from the perspective of the person I am trying to help? How might this person interpret what I am doing?
- Does my behaviour and interactions help this person feel confident and supported?

Source: WHO Ageing and Health Report 2015

Supporting informal caregivers

Delivering person-centred care also means respecting the role and knowledge of family members, friends, neighbours and any other informal caregivers who support the person with care needs. Caregivers should always be treated as partners in the planning and delivery of care and support, and their needs and rights should be considered and reflected in care plans. Caregivers will also need support to look after their own health and wellbeing. Guidelines for how volunteers can promote the wellbeing of family and friends providing care should be considered, thinking about what information, advice and support can be offered to help them manage their role.

Safeguarding a person's dignity and rights

Everybody is born free and equal in dignity and human rights, and this does not change as we age. The rights of the person with care needs and the person delivering care (the caregiver) must always be recognised, respected and promoted in the planning and delivery of care and support.

These rights include, but are not limited to:

- The right to dignity
- The right to autonomy
- The right to independence
- The right to choice
- The right to control
- The right to participation
- The right to information
- The right to privacy and confidentiality
- The right to equality and non-discrimination
- The right to justice and redress
- The right to freedom from violence, abuse and neglect

Some people's care and support needs can put them at increased risk of experiencing rights violations, including violence, abuse and neglect. People with mental or cognitive health issues, including dementia, can be especially at risk. It is the duty of those with management and oversight responsibility for volunteer caregivers to ensure the person with care needs and those providing care are safe. It is important they know and understand their rights and how they should be promoted and protected, and that they know what they should do if they think their safety or their rights may be at risk – including being familiar with any local measures in place for reporting elder abuse.

What is the role and key responsibilities of organisers, managers or trainers of volunteer caregivers?

The roles and responsibilities of the organisers, managers or trainers of caregivers will depend on the how the organisation(s) involved are set up, how they operate, and the rules and regulations regarding the provision of care in the country you are in.

However, some of the key roles and responsibilities involved in organising, managing and/or training caregivers, include:

- **Recruitment and training of caregivers** – In some countries, formal training and qualifications may be needed to be a caregiver. This will depend on the context and whether the role is a volunteer or a paid one. It is the duty of the organisations arranging the care and support to make sure they are informed about legal and regulatory requirements related to qualifications and training of volunteer caregivers and that the caregivers they recruit meet the required standards. Whatever the legal requirements, it is always good practice for organisations to have their own training programme to make sure that the care being delivered meets their own expectations and the quality and standards that the organisation sets for itself (see below). This will need to be tailored to the kind of care and support being provided, who is providing it, who they are providing it to, and in what setting.
- **Identifying and assessing people in need of care and support** – Organisations will need to plan how they identify and assess those in need of care, and how they will decide who receives support and what the support they receive will be. There are different ways of doing this. Whichever option is chosen, it is likely that the number of people needing or wanting support (the demand) will be greater than the amount that you are able to provide (the supply). It is therefore important to decide in advance on your approach and what criteria you will use for identifying and selecting beneficiaries and how you will deliver services based on the needs identified.
- **Care planning** - Care planning is a conversation between the person in need of care and support and those providing care about how support will be delivered. As outlined above, care planning should be based on the needs, preferences and goals of the individual with care needs. It should be designed jointly with them and those involved in their care, including volunteer caregivers, family or household members and others as relevant, including any health professionals who provide support. Organisations should have a process in place for guiding the care planning process, including what the care plan will cover, how it will be designed and agreed, and the way in which it will be recorded and monitored to ensure it meets the needs, preferences and goals of the person with care needs.
- **Management and oversight** – Clear structures and guidelines should be agreed for how caregivers and the people they are providing care for (sometimes referred to as the 'caseload') will be managed and how quality and safeguarding will be ensured, including methods for monitoring what care and support is delivered and the outcomes it achieves. This must be in line with

local legal and regulatory requirements and the rights and responsibilities of the organisers, the caregivers and the individuals receiving care. It is important to be clear about the different rights and responsibilities of volunteer caregivers and what is and is not expected of them. It is very important to be clear about the activities that as a volunteer they should never perform and which should only be carried out by a trained professional.

- **Working with the local community** – Healthy ageing depends upon many elements, including a person's local community, the relationships they have with people within it and the services and support available to them. Caregivers and the organisations that organise and manage them, have an important role to play in working with the community, building networks with different partners, and supporting the people they provide care for to access and engage with different organisations, services or groups – including those who promote intergenerational activity. This engagement can play a vital role in promoting positive and enabling environments, including through community action, as well as supporting people to maximise their physical and mental abilities.
- **Linking with government health and care providers** – Alongside community level engagement, linking with formal services and support is also crucial in supporting healthy ageing. Organisations providing informal care have a role in ensuring their services are not delivered in isolation. Community and home-based care programmes should be linked with other health and care services, including through the establishment of effective referral systems from caregivers to formal health services and in management and supervision support of caregivers by formal health workers. Good relationships with local authorities and government departments will be needed to ensure these linkages are made and maintained.
- **Advocacy with local and national stakeholders** – As part of delivering care and support, organisations and caregivers should also consider their role as advocates for the people they provide care for. Advocacy might involve supporting the person they provide care for to access services and support, for example from local government and service providers or from voluntary or community groups. It might also mean advocating with local, regional or national policy makers to promote understanding of the needs and rights of the groups that they are providing care for and raising the importance of care and support, and the role of government within this, on the political agenda. The year 2021 marks the start of the UN Decade of Healthy Ageing, to which governments have committed. Caregivers can play a role in advocating for the implementation of the Decade in their country and community, pushing their governments to take action to support healthy ageing, including through strengthening care and support.

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SECTION 2

Guide for caregiving for older people with care needs

What is care and support and why is it needed?

We are all ageing and in most countries in the world, the number of older people in the population is rising. While many people remain healthy and active in later life, as we age we can experience changes in our social, physical, mental, emotional and spiritual lives. We may need support to adapt to these changes so that we can continue to enjoy wellbeing. For some of us, this support might be a little help to understand and manage the changes we are facing. We might need information and advice to guide us in how to stay physically and mentally active and engaged. For others, it might mean getting help with some activities, like shopping or managing money. For those with a greater need, for example as a result of physical or mental ill health or disability, it could mean more day-to-day care and support is needed. This might include help with activities like washing, dressing, eating, using the toilet, or getting around inside the home. In some cases, we might need more intensive clinical care to support us.

It is important to remember that a care need does not have to impact upon a person's overall wellbeing. With the right support and by making best use of what's available in our homes and communities, we can all continue to live the life we want to, and participate and contribute as we wish.

Who provides care and support?

In most of the world, families are the main providers of support for older people with care needs. But changes in the amount and type of care older people need, and less family being available for giving support because of smaller family sizes and children moving away from home, mean that there is a greater need for help from outside the family. Globally, there is growing discussion about the role of individuals, families, communities and the government in supporting older people.

The government has responsibility to promote people's health and wellbeing and to make sure we can all enjoy our human rights. But we also know that in many places, there are not many formal systems and services available to support older people and their families. We also know that even where systems and services do exist, families and friends, as well as wider communities, remain key in providing care and support. As a caregiver it is important to reach out to these groups, including any local voluntary or community organisations that might be able to help. You can ask them for support, information and advice that could assist you in your role. They may know about services that are available for the person you provide care for.

Remember, whilst caring might sometimes feel overwhelming, you are not alone. With the right support and by making sure you look after your own health and wellbeing, caring can be manageable and rewarding. If you are providing caregiver support but are not the primary caregiver, consider how you can support the family or other informal carers.

Care and support activities

It is helpful to keep in mind that the goal of care and support is to enable the individual you are caring for to have the best possible quality of life, with the greatest amount of independence and dignity. It is about helping them to continue to do the things that matter to them, including things like:

- meeting their basic needs
- learning, growing and making decisions
- being mobile (getting around)
- building and maintaining relationships, and
- contributing to families, communities and societies

The actual activities that you carry out will depend on the needs and wishes of the person you are supporting and what they want to do. It will also depend on their environments and the available resources. But some of the typical activities involved in care and support include:

- **psycho-social support**, providing social, mental, emotional and spiritual support including through befriending, counselling, accompanying them to the shops, health centres or places of worship and taking part in group activities that enable the person you are caring for to remain physically and mentally active, engaged in their communities, and to enjoy wellbeing
- **support with basic activities of daily life**, such as bathing or showering, dressing, eating, getting in or out of bed or chairs, using the toilet, and getting around inside the home

- **support with activities that promote independent living**, such as using the telephone, taking medications, managing money, shopping for groceries, or preparing meals
- **clinical care** to help manage infections, long-term conditions or to provide palliative care – these activities will normally need to be carried out by a trained professional, but a nurse or other care professional may teach you how to do some of the tasks yourself, such as administering medication or changing and dressing wounds
- **support to identify, access, communicate and coordinate** with local organisations or service providers involved in the care of the person you support
- **working in partnership with and supporting other caregivers.** If you are providing care through a programme managed by an organisation, you will need to support family members providing daily care at home, and if you are the family member, you should work with, seek advice from and support any caregivers who come in to assist you and the person you are providing care for.

Characteristics of a good caregiver

The most important thing about being a good caregiver is respecting the dignity and independence of the person you are providing care for and being committed to supporting them to do what they value. To support someone else well, it is also important that you look after yourself. You need to make sure you have the knowledge and confidence to deliver care, and that you take steps to maintain your own health and wellbeing.

Some additional characteristics of a good caregiver include:

- Being friendly, kind, compassionate, patient
- Treating others with respect
- Having integrity and being reliable
- Being flexible and resilient when faced with challenges
- Being committed to providing good care and willing to learn new skills
- Having a sense of humour and ability to make the best out of a situation
- Taking initiative and being enthusiastic
- Having good interpersonal and communication skills
- Knowing how to remain calm or to take a break when frustrated

- Being able to be discreet and to maintain confidentiality

Putting the person you support at the centre of the care you provide

Care and support should always begin with the person you are providing care for and focus on enabling them to live the life they want, to the best of their abilities. This is sometimes referred to as 'person-centred care'. Delivering person-centred care means respecting the person as an individual and ensuring that they have a voice and can make choices and decisions for themselves about the care and support they receive. It means doing things with them and not doing things to them. It also means seeing the person you are caring for as a whole person, not as a series of health conditions, care needs or disabilities. We are all unique and it is important that you respect the different views, identities, needs and wants of the person you are supporting, and do what you can to provide the care they want that responds to their individual needs.

Consider for example, you are supporting an older woman who is 73 years old. She lives with her daughter, son-in-law and their three kids. She used to farm and sell fruit and vegetables at a local market, along with woven baskets she had been taught to make, but she no longer works because of arthritis in her hands and in her knees. Her faith is important to her and she enjoys singing. She has hearing impairment, diabetes and depression. She needs support to leave her house because it is difficult for her to walk long distances and she lives far from the centre of the village.

Now consider you are caring for an older man who is 67 years old. He never married and moved to the city from his village when his only brother died. He worked as a taxi driver for many years and would spend time when he was not working chatting with the other drivers while smoking. He has not been able to work since having a stroke a few years ago which resulted in him having limited mobility, especially in his right arm and leg. He spends a lot of time at home listening to the radio and watching television.

The things you would need to consider in providing care for these two people would be very different, and they would likely have different wants and needs in relation to their care. Getting to know the person you are supporting and respecting their diversity is crucial in providing good quality care.

As every person is different, there is no set way of delivering person-centred care and support. However, some key elements include:

- Taking decisions about the care and support you deliver together with the individual you provide care for, ensuring that it is based on their needs, preferences and goals Supporting the person you care for to self-manage their

health and wellbeing as much as possible, promoting their knowledge, skills, motivation and confidence

- Supporting good communication and coordination between all those involved in a person's care (including family, friends, volunteer or paid-for caregivers and local service providers), so everyone is working together to achieve the goals important to the individual with care needs
- Delivering care that promotes the independence, dignity and human rights of the person you are providing care for.

Am I delivering person-centred care?

Caregivers can assess whether they are practising person-centred care by asking themselves the following questions:

- Does my behaviour and the manner in which I am communicating show that I respect and value this person?
- Am I treating this person as a unique individual with a history and a range of strengths and needs?
- Am I making a serious attempt to see my actions from the perspective of the person I am trying to help? How might this person interpret what I am doing?
- Does my behaviour and interactions help this person feel confident and supported?
- Is the support I'm delivering meeting the needs, preferences and the goals identified by the individual?
- Am I promoting the person's independence and supporting them to make their own decisions?

Source: Adapted from WHO (2015) World Report on Ageing and Health.

Good communication between you and the person you are providing care for

A key part of delivering good care is practising good communication. As a first step, it is important to understand the communication needs of the person you are providing support to. For example, do they have any difficulty with seeing, hearing or speaking? Do they have any mental health or cognitive difficulties that affect their communication? Consider whether any changes to the environment are needed, such as adjusting the light in the room, reducing any background noise, or removing distractions. You should also check if the person uses or needs assistive devices or products, including glasses or hearing aids, and if these are working properly.

Good communication is also about respect. It means being aware of what you are saying and how you are saying it, as well as actively listening. Some things to keep in mind include:

- What words you choose
- The tone of your voice and the speed and delivery of your speech
- Your attitude – avoid speaking to the person you’re providing care for in the way you might speak to a young child or as though you know better than they do what they need. Treat them with dignity and respect. Recognise their right to have their own opinions, ideas, preferences and to make their own decisions and choices about their care for themselves, with support if necessary
- Your non-verbal behaviour and body language – your body posture, gestures, facial expressions, and eye movements
- How the person you are communicating with is feeling, paying attention to their nonverbal behaviour and body language
- Giving the person time to say what they want to and listening with empathy and respect, showing that you take the thoughts and feelings of the person you are speaking to seriously
- Not getting distracted – focus on the person and what they are telling you
- Do not interrupt the person, wait until they have finished speaking before taking a pause and reflecting on what’s been said
- Repeating or paraphrasing what the person you are speaking to has said to check that you have heard and understood them correctly
- Responding appropriately – take time to think about your response before speaking

Good communication takes time and practice. It can be difficult and frustrating at times and caring can mean having to have some sensitive and hard discussions. If you are caring for someone who experiences barriers to communicating, it can be especially challenging. You may have to try different techniques before you find the right way of managing it. Be patient with yourself and the person you are providing care for, recognising your feelings and theirs. Each interaction is an opportunity to improve communication and to better the understanding between you.

Additional tips for communicating with people with dementia

Dementia can affect communication in different ways and how it does so will depend on the individual. The rules for general communication outlined here are also relevant to people with dementia. Some additional considerations include:

- Gaining the attention of the person you are speaking to in a respectful manner. You may want to lightly touch them on the shoulder, or take their hand
- Asking or telling the person one thing at a time.
- Using simple language and keeping sentences short. Avoid long and complicated sentences, focus on one subject at a time.
- When needed, change from open-ended to closed-ended questions that can be answered with YES or NO.
- Recognising and responding appropriately to challenging behaviour, considering what might be causing the person to behave in the way they are, thinking about how they might be feeling and finding strategies together to respond at times like these. People with dementia are likely to respond to your behaviour and communication, so if you're frustrated or angry it may make things worse. Offer the person gentle reassurance and let them know that you are there to support them. If needed and possible, try stepping away from the situation and giving yourself and them space

Source: Adapted from WHO iSupport, p. 42 and Alzheimer's Disease International, 'Reducing and managing behaviour that challenges'. www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/managing-behaviour-changes

Safeguarding dignity and rights

When delivering care, it is important to remember that we are all born free and equal in dignity and human rights and that this does not change as we age. Some people's care and support needs may put them at increased risk of experiencing rights violations, including violence, abuse and neglect. This is especially the case for people with mental or cognitive health issues, including dementia.

As a caregiver, you should take time to understand the rights of the person you are providing care for. These are considered in the box on 'our rights'. It is important to make sure that the care that you provide respects and promotes these rights. If you ever think that the safety of the person you are caring for or their rights may be at risk, whether from family or community members, within support services or from health workers or caregivers, you should raise your concern with a health professional, with the police or with the relevant authority in the place you live. It is also important that you are aware of your own behaviour. If you start to feel exhausted, overwhelmed, frustrated or impatient and you are concerned that your behaviour towards the person you are caring for could become abusive or neglectful, always ask for support.

Our rights

Our human rights include but are not limited to:

- The right to dignity
- The right to autonomy
- The right to independence
- The right to choice
- The right to control
- The right to participation
- The right to information
- The right to privacy and confidentiality
- The right to equality and non-discrimination
- The right to justice and redress
- The right to freedom from violence, abuse and neglect

Looking after yourself

When providing care, it is equally important to recognise that you, as a caregiver, have rights that must be upheld and needs that must be met. Some of the rights you have that are important to keep in mind when providing care include those outlined in the box above. Your needs include those related to your physical and mental health and safety, but also your social and economic wellbeing.

As outlined above, looking after yourself is vital both for your own wellbeing and the wellbeing of the person you are providing care for. As a first step, you should make sure that your family and friends, and any relevant health professionals, know you are a caregiver. You should also check whether any local organisations or the local authority offer any training or support.

Finding time for yourself is also important. This can be difficult to do alongside your caring responsibilities, but it is essential to avoid reaching a crisis point. Making sure you eat a healthy and balanced diet and exercise regularly is important. This and a range of relaxation activities can also be helpful for avoiding and managing stress. Having a break from caring regularly is essential, ensuring that the person you provide care for is being well looked after by someone else while you're not there. Talking to other people who are providing care has been shown to have a positive impact on the wellbeing of carergivers too. Reaching out for support is particularly important when you are facing straining conditions as a result of caring or as a result of bereavement. And you should always speak to a health professional, social services professional or the police if you believe you are at risk of, or are experiencing, exploitation, neglect and/or abuse

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Assisting with mobility

Why is it important to stay as mobile as possible?

As we age our bodies change and we may find it becomes more difficult to move around. Staying as active and mobile as we can is important for our physical and mental health and wellbeing. Staying mobile has many benefits such as:

- reducing the risk of developing several health conditions, including coronary heart disease, stroke, diabetes, some types of cancer, obesity, arthritis, depression, and dementia, including Alzheimer's disease
- helping to manage existing health conditions
- Improving our mood, increasing our self-esteem, increasing our confidence and energy, and relieving stress.

How can I assist a person with their mobility?

There are things we can all do to try and stay active, and there are things you, as a caregiver can do to help others. Assisting someone with their mobility may cover a range of different tasks and will depend on the level of ability of the person you are caring for. You may need to help a person with:

- [walking](#)
- [turning and moving in their bed](#)
- [moving from their bed to a chair](#)
- [standing up from a sitting position](#)
- [physical exercise](#).

Important tips to keep yourself safe while assisting someone to move

Whenever you are assisting someone to move, you should consider these guidelines to protect yourself from injury:

- Keep your head, neck and spine in a line and your neck and back as straight as you are able
- Bend with your hips and knees rather than forward from your back and use the muscles in your legs to lift or pull
- Do not twist your body when carrying or supporting someone
- Seek help if you need
- Lifting Techniques
- Some general guidelines to follow when you lift or move a person include:
- Keep your head and neck in proper alignment with your spine; your head, neck, and back should be as straight as possible.
- Maintain the natural curve of your spine; bend with your hips and knees, rather than from your back.
- Avoid twisting your body when carrying a person.
- Always keep the person who is being moved close to your body.
- Keep your feet shoulder-width apart to maintain your balance.
- Use the muscles in your legs to lift and/or pull.
- If the person is uncooperative, too heavy, or in an awkward position, get help.

Moving in and out of bed

Helping someone to move in and out of bed

Assisting someone to move in bed or to get out of bed is important for physical and mental health and wellbeing. It may be needed because someone is no longer able to do this themselves or has lost the motivation or confidence needed. If the person you are caring for is unable to get out of bed, turning them and changing their position frequently is important to prevent pressure sores and to aid blood circulation. (See [Skin care and caring for wounds](#)) Spending a lot of time in bed risks a loss of physical condition and muscle tone. This will make moving around increasingly challenging and will make it harder for the person you are caring for to maintain some independence. It's important for your safety to know how to protect your back and muscles when assisting with mobility. (See [Assisting with mobility](#))

Who might need help with moving in and out of bed?

Some older people might need your help with moving in or getting out of bed. Those who may need more assistance include people:

- who are less mobile or have mobility related impairments affecting muscle strength, coordination, reflexes, and balance;
- who have certain health conditions, for example, heart disease, low blood pressure;
- with vision problems;
- with dementia, which can affect reflexes and awareness of surroundings, and may lead to confusion about the time of day and when to get up;
- who have mental health conditions, including depression and anxiety.



Looking after your own health and wellbeing – tips for caregivers

It is important for you to consider your own physical health while assisting those you care for with their mobility. Some things to remember:

- Try not to lift or take someone's whole weight by yourself
- Protect your back when moving someone - use the strength in your legs, keeping your knees bent
- Stand with one foot in front of the other to increase your stability
- Avoid twisting or stooping;
- Move in the same direction that you are moving the person;
- Make sure to assess the person's level of ability before assisting them with mobility so you know the type and amount of help they will need;
- Seek advice from a health worker, trained caregiver or supervisor in the safest way to assist the person you are caring for, based on their level of ability;
- Make a note of any challenges, changes in the person's level of ability or any signs of pressure sores and share these with a health worker, trained caregiver or supervisor;
- Remember, there are people who can support you.

How to help someone move in and out of bed

Before assisting someone make sure you do the following:

- wash and dry your hands;
- ensure the area is free from slips, trips or falls hazards;
- ensure you are wearing sensible shoes;
- check there are no sharp objects like scissors or badges in your pockets;
- if necessary familiarise yourself with the person's care plan and level of ability.

Moving someone in bed, particularly someone with very little mobility can be challenging, and it is important for you to take measures to make the process as safe and risk free as possible, both for the person you are assisting and for yourself. Be

aware of the person's level of ability and ask them to help to whatever extent they are able. For example, they may be able to use their muscles to partially support their own weight even if they are unable to fully move without help. It is important to be aware of any aches or pains or sore areas the person might have so you can avoid hurting them, and to pay attention to their skin. Friction can scrape or tear the person's skin, a particular challenge when moving older people as our skin tends to become thinner as we age. Areas to be particularly aware of are the shoulders, back, buttocks, elbows, and heels.

See videos:

- *M01_V01 Getting in bed*
- *M01_V02 Helping someone to get out of bed*



Special considerations for people with memory loss and/or confusion

Dementia can affect a person's physical mobility and behaviour. If you are assisting someone with dementia or a person who is confused or forgetful:

- speak calmly and clearly, explaining what you are doing and why
- reassure the person about what is happening;
- tell the person you are going to take their hand or touch them, before doing so;
- if assisting them to get out of bed, explain what time of day it is and why it is important to get up.

Turning someone in bed:

1. discuss what you will be doing with the person and get their consent, for example, by asking, "shall we turn you now?"
2. if the person can turn themselves, ask them to do so and explain why;
3. if the person is not able to turn themselves, start by turning their head in the direction you will be turning them (away from you);

4. if a second caregiver or family member can help, ask them to stand on the other side of the bed;
5. cross the persons arms;
6. bend the person's leg nearest to you so that their foot is close to their bottom, or if this is not possible, cross their legs at their ankles;
7. place one hand on the person's shoulder and the other on their hip. Gently push the person over onto their side, making sure in advance that they are not too close to the edge of the bed;
8. if there is a second caregiver on the other side of the bed, they can help support the person by placing their hands on the top shoulder and knee
9. if possible, place a cushion or pillow behind the person's back and between their legs;
10. support the person in this position, check how they are feeling and make sure they are comfortable and feeling safe.



Note: A bed sheet can be used to help turn a heavier person in bed and may be useful in other circumstances.

[See video: M01_V03 Turning someone in bed](#)

If you are turning a person on a low bed or mattress on the floor, you may have to kneel on the floor or edge of the mattress. Try to use a sheet to help in this situation.

Sitting up in bed: using a slide sheet:

You can use a sheet to help you move someone higher in the bed and more into a raised or seated position. The goal with this way of moving is to pull, not lift, the person toward the head of the bed. This technique requires two people, so try to work with another caregiver or family member.

1. Discuss what you will be doing with the person and get their consent, for example, by asking, "would you like to sit up now?"
2. If the person can move themselves up the bed, ask them to do so.
3. If the person is not able to move themselves, start by placing a slide sheet under them. Roll the person to one side (as described above), then place a half rolled-up sheet, ideally made of a slippery material, against their back.

4. Roll the person onto the sheet and spread the sheet out flat underneath them.
5. Make sure the person's head, shoulders, and hips are on the sheet
6. You and the other caregiver or family member helping you should stand on opposite sides of the bed.
7. Grab the slide sheet at the person's upper back and hips on the side of the bed closest to you.
8. Put one foot forward as you prepare to move the person and put your weight on your back leg.
9. On the count of three, move the person by shifting your weight to your front leg and pulling the sheet toward the head of the bed.
10. You may need to do this more than once to get the person in the right position
11. If using a slide sheet, make sure to remove it when you are finished

If the person has some mobility and can help you, ask them to:

- bring their chin to their chest and bend their knees, keeping heels on the bed;
- have the patient push with their heels while you pull up.

Sitting up in bed: single caregiver through arm lift:

Note: Only do this lift if you can do so safely without injuring yourself. If the person is larger than you and requires much effort, ask for another person to help you. Be sure not to pull on arms or under arms as they are not able to easily bear weight.

[See video: M01_V04 Sitting up in bed: single caregiver through arm lift](#)

1. discuss what you will be doing with the person and get their consent, for example, by asking, "would you like to sit up now?"
2. if the person can move themselves up the bed, ask them to do so;
3. if the person is not able to move themselves, position yourself behind the person with one knee on the bed and the other foot on the floor
4. put your arms under the person's arms and around their chest. You can ask the person to fold their arms across their chest before you do this;



5. ask the person to drop their head down towards their chest;
6. agree with the person what you will say, for example, "ready, steady, lift". Ask the person to push up and back with their legs on "lift" while you pull up and back;
7. when the person is in the right position, place cushions or pillows behind their back to support them;
8. with this lift it is important not to grip too hard or exert too much pressure on the person's chest while moving them.

Getting out of bed to a chair:

1. discuss what you will be doing with the person and get their consent, for example, by asking "are you ready to stand up?"
2. check the area around you to make sure there are no obstacles or trip hazards and try to make sure you are wearing suitable shoes;
3. ask the person to turn their head in the direction in which you will be moving them - to the side of the bed they will be sitting on;
4. ask the person to cross their arms over their chest or help them to do this
5. bend the person's legs at the knees and move their knees to the side of the bed they will be sitting on;
6. bring the person's feet to the very edge of the bed, keeping their knees bent. Their feet should overhang the side of the mattress;
7. gently roll the person on to their side;
8. stand close to the bed with legs apart, knees bent and back straight;
9. place your arm nearest the top of the bed around the person's shoulders and your other hand on their hip;
10. standing close to the person, push gently downwards on the hip and upwards on the shoulder to move the person to a seated position on the edge of the bed;
11. give the person a few minutes to rest and check they are feeling comfortable and safe and are not dizzy;
12. position a chair at right angle and close to the bed;
13. make sure the person's feet are flat on the floor;
14. squat in front of the person with your knees bent, feet apart and back straight. Ask the person to put their arms around your waist;
15. agree on wording, like "ready, steady, lift" and make sure it is clear to you both to move on the word "lift". Stand upright, moving the person with you and pivot towards the chair;

16. ease the person down into the chair;
17. check the person feels comfortable and safe.

See video: M01_V05 Getting out of bed to a chair

Getting out of bed to standing (for more mobile people requiring support):

1. discuss what you will be doing with the person and get their consent, for example, by asking "are you ready to stand up?"
2. check the area around you to make sure there are no obstacles or trip hazards and try to make sure you are wearing suitable shoes;
3. remove the person's bedding being careful to ensure their nightclothes are covering them to ensure their dignity and privacy;
4. ask them to lie on their side at the edge of the bed facing outwards;
5. ask them to drop their feet and legs over the side of the bed, and push themselves up with their hands until they're sitting upright;
6. help them to put on slippers or shoes;
7. Sit on the bed next to them. Have their clothes or dressing gown ready if they want to wear them once they're standing;
8. put your arm nearest them around their waist;
9. make a fist with your other hand and ask the person to put the palm of their hand that's nearest you over the top of your fist. This is safer than holding hands in the usual way. If your fingers are interlocked and you stumble, one or both of you could be injured;
10. while you are sitting side by side, place your feet flat on the floor with one foot slightly in front of the other;
11. agree on wording, like "ready, steady, stand" and make sure it is clear to you both to move on the word "stand". Pushing down through your heels and gently rocking forward as you say "ready", "steady" can make it easier to stand. The person can use their free hand to push against the bed to help them stand up;
12. when you're both standing, pause for a moment. Check that the person is feeling OK and wait until they are feeling steady before starting to walk;
13. if they feel unsteady, dizzy or weak, help them sit back down on the bed.

See video: M01_V06 Getting out of bed to standing



When to see advice from a health care professional

It is important to understand what the person you are caring for can do, what support they might need and how best to assist them. You should seek advice from a health worker, trained caregiver or supervisor to:

- assess the person's level of ability and agree a care plan that details the support they want. This should include understanding any physical injuries the person may have, including hip, knee and shoulder joints, and whether they have had any recent surgery or medical treatment;
- ensure you are best equipped to assist the person to move in, or get out of bed ensuring you and the person you are caring for are safe and not putting your own health at risk;
- discuss any available equipment and aids that could help you and the person you are caring for;
- share any observations you have of changes to the person's level of ability and general health and wellbeing;
- report any challenges or incidents, including any sign of pressure sores;
- get immediate medical help if the person falls while you are assisting them to move and you are concerned they may be injured or you are unable to move them

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Standing from a sitting position

Helping someone to stand

Being able to stand is important in our ability to stay mobile and active. It is also crucial in helping us to stay independent and able to do everyday tasks for ourselves. Standing from a sitting position is a functional exercise that strengthens leg, core and back muscles, all muscles that are needed to increase mobility and independence and improve balance. Even if someone is not able to stand without help, assisting them to stand from a sitting position can still have great benefits.

It is important for you to protect your back and muscle from injury when assisting someone to move. (See [Assisting with mobility](#))

Who might need help in standing up from a sitting position?

Some older people might need your help with standing from a sitting position. Those who may need more assistance include people:

- who are less mobile or have mobility related impairments affecting muscle strength, coordination, reflexes, and balance;
- with heart disease and/or high or low blood pressure;
- with diabetes, because of potential problems with their feet and legs
- with vision problems;
- recovering from an injury or surgery;
- with dementia, which can affect reflexes and awareness of surroundings.

Mental health conditions can also affect our motivation to stand and be active. Our confidence and sense of control can also be affected by health issues and physical disability, so taking it slowly and supporting the person you care for to do things in their own time is important.



Looking after your own health and wellbeing – tips for caregivers

It is important for you to consider your own physical health while assisting those you care for with their mobility. Some things to remember:

- Try not to lift or take someone's whole weight by yourself. This is particularly important if you are helping someone to stand up from a low seated position, including from the ground;
- Protect your back - use the strength in your legs to help the person to stand, keeping your knees bent;
- Stand with one foot in front of the other to increase your stability;
- Avoid twisting or stooping;
- Move in the same direction that you are moving the person;
- Make sure to assess the person's level of ability before assisting them with mobility, so you know the type and amount of help they will need;
- Seek advice from a health worker, trained caregiver or supervisor in the safest way to assist the person you are caring for, based on their level of ability;
- Do not blame yourself if the person struggles or if they fall trying to stand on their own;
- Make a note of any challenges, changes in the person's level of ability or any falls and share these with a health worker, trained caregiver or supervisor;
- Remember, there are people who can support you.

How can I help someone stand up from a sitting position?

Standing from a chair:

1. discuss with the person what you will be doing and get their consent, for example, by asking "shall we stand up now?"
2. if the person normally uses a walking aid such as a cane or walker, prepare this in advance of standing up;
3. check the area around you to make sure there are no obstacles or trip hazards, and try to make sure you are wearing suitable shoes;
4. ask the person to try and shuffle their bottom to the edge of the chair, taking care they don't shuffle too far forward. They should transfer their weight from one buttock to the other, gradually moving forward;
5. when they are sitting at the edge of the seat, they might be able to push on the arms of the chair to stand;
6. if the chair doesn't have arms or the person is sitting on a bench, and you need to help them, stand close to the person. Take care to bend your knees and keep your back straight. Put your arm that's nearest to the person around their waist. Make a fist with your other hand. Ask the person to put the palm of their hand that's nearest you over your fist;



7. agree on wording with the person, like "ready, steady, stand" or counting "1, 2, 3". Make sure you both know to move on the word "stand" or the number 3;
8. push down through your heels and gently rock forward as you say "ready" and "steady", as this can make it easier for the person to stand;

9. the person can push with their hands, the hand that is on yours and their free hand, which can push against the chair to help them stand up;
10. when you are both standing, pause. Check how the person is feeling and wait until they are feeling steady before starting to walk or move further;
11. if the person feels unsteady, dizzy or weak, help them sit back down on the chair;
12. try to give reassurance throughout the process if you think it is needed.



Note: if the person is sitting on the ground, you may find it useful to add a few steps to move from sitting on the ground to sitting on a chair before standing. Assist them to kneel and then ask them to lean their head and arms forward onto a chair or bed while you place a stool or cushion under their bottom. Then assist them to come into a seated position on the stool or cushion. If needed you can repeat again to help them sit on a chair or bed. Once sitting upright, you can follow the above steps.

See videos:

- *M02_V01 Helping someone to stand up from a sitting position (1)*
- *M02_V02 Helping someone to stand up from a sitting position (2)*

Sitting down on to a chair:

1. discuss with the person what you will be doing and get their consent, for example, by asking "shall we sit down now?"
2. check the area around you to make sure there are no obstacles or trip hazards and try to make sure you are wearing suitable shoes;

3. ask the person if the chair is close enough to them;
4. stand close to the person. Put your arm that's nearest them around their waist;
5. make a fist with your other hand and ask the person to place the palm of their hand that's nearest you over the top of your fist;
6. guide the person to a position where they can feel the seat against the back of their legs. Support them as they sit down;
7. if possible, use a chair with arms and encourage the person to hold the arms while lowering themselves down;
8. if you are assisting someone with a visual impairment, using touch is important. Help the person to take hold of the chair so they know exactly where it is in relation to themselves. With this help they may be able to sit down with little assistance from you.



Special considerations for people with memory loss and/or confusion

Dementia can affect a person's physical mobility and behaviour. If you are assisting someone with dementia or a person who is confused or forgetful:

- speak calmly and clearly, explaining what you are doing and why;
- reassure the person about what is happening;
- tell the person you are going to take their hand or touch them, before doing so.



When to see advice from a health care professional

It is important to understand what the person you are caring for is able to do, what support they might need and how best to assist them. You should seek advice from a health worker, trained caregiver or supervisor to:

- Assess the person's level of ability and agree a care plan that details the support they want;
- Ensure you are best equipped to assist the person to stand from a sitting person while making sure you are safe and not putting your own health at risk;
- Discuss any available equipment and aids that could help you and the person you are caring for;
- Share any observations you have of changes to the person's level of ability and general health and wellbeing;
- Report any challenges or incidents, for example, a fall;
- Get immediate medical help if the person falls while you are assisting them to move and you are concerned they may be injured or you are unable to move them.

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Walking

Benefits of walking

Walking is an excellent form of exercise. It is an important component in staying active and independent in older age. It is an excellent form of exercise with well recognised positive impacts for physical and mental health. These include reducing risk of or management of chronic diseases like hypertension, heart disease, diabetes, some cancers, arthritis, and dementia among others. Being able to walk supports our ability to keep doing things for ourselves at home.

Assisting someone with walking

Whether the person you are caring for has significant mobility challenges and needs a lot of support to move around their home, or they are physically able, but they gain confidence through having someone accompany them on walks outside, there are things you can do as a carer to help.

Who might need assistance with walking?

Older people in need of care may face a range of different challenges with walking. Those who may need your help include people who:

- Are less mobile or have mobility related impairments affecting muscle strength, coordination, reflexes, and balance.
- Are rehabilitating after health events, surgeries, or treatment, for example, after having a stroke, hip or knee surgery or a period of illness with time spent in bed.
- Have diabetes.
- Have vision or hearing problems.
- Have mental health conditions affecting their confidence, motivation, and ability to leave the house, for example, depression and anxiety.
- Have dementia or are experiencing confusion and memory loss.



Looking after your own health and wellbeing – tips for caregivers

It is important for you to consider your own physical health and mental health while assisting those you care for with their mobility.

Some things to remember:

- When helping someone to walk try not to take someone's whole weight by yourself.
- Protect your back when helping someone to walk - avoid stooping and take any weight with your legs and not your back.
- Make sure to assess the person's level of ability before assisting them to walk so you know the type and amount of help, they will need.
- Seek advice from a health worker, trained caregiver, or supervisor in the safest way to assist the person you are caring for, based on their level of ability.
- Make a note of any challenges, changes in the person's level of ability and share these with a health worker, trained caregiver, or supervisor.
- Walking is good for your physical and mental health too. Make time for breaks and go for a walk in the fresh air.
- Remember, there are people who can support you.

How to assist someone with walking

Things to check in advance

It is important to understand the level of ability of the person you are caring for before assisting them to walk. It is particularly important that you are aware of any health issues with their legs, feet, hip and knee joints and any conditions affecting their balance and awareness of their surroundings. Make sure you know about any history of falls.

Good foot care is essential for mobility, independent walking, and comfort. Foot health can be maintained with proper foot care, which includes a complete assessment of the

feet, foot hygiene and nursing care, that is required to help with problems associated with the toenails and skin. People with diabetes can experience challenges with foot health and should receive medical care from trained health workers.

Helping someone to walk around their home

If the person you are caring for has challenges with their mobility, helping them to stay as active as possible is important. Keeping someone moving, including walking small distances can help to maintain the person's level of mobility and delay any further decline. In some cases, for example in people who have been unwell or have had surgery or medical treatment, they may have seen a decline in their mobility but may be able to regain part or all their previous level of ability through rehabilitation. This will include gradually getting back on their feet and walking again. In these cases, you can support the person you are caring for using the following steps:

- Discuss what you will be doing with the person and get their consent, for example, by asking, "are you ready to go for a walk?"
- Check the area around you and anywhere you plan to walk to make sure there are no obstacles or trip hazards.
- Check that both you and the person are wearing suitable footwear.
- If the person is sitting down, follow the guidance on standing from a sitting position to help them to get up. (See [Standing from a sitting position](#))
- Once on their feet, pause for a moment and check that the person is feeling comfortable and safe and is not dizzy or unstable.
- The person may have a stronger and weaker side of their body, for example, if they have had a stroke affecting one side. If this is the case, make sure you stand on their weaker side.
- Place your arm nearest to the person around their waist. Make a fist with your other hand held out in front of you and ask the person to place their palm on top of your fist. The person might hold a walking stick or cane with their other hand.
- Agree on wording, like "ready, steady, walk" and make sure it is clear to you both to move on the word "walk". Make sure the person is ready before starting to move.
- Gently help the person to walk using small steps.
- If you are walking to a chair, help the person to turn so the chair is behind them. Once they can feel the chair on the back of their legs, help them to sit down.
- Consider working with the person to set some goals for how far they want to try and walk. Try to encourage gentle improvements where possible but the person should only do as much as they feel able.

Accompanying someone walking outside

If the person you are supporting is more mobile and able, they may want you to accompany them on walks outside. Try to make time for this as it will likely be beneficial to both your and the person's physical and mental health. In other cases, the person you are caring for may be physically able to walk outside but may have a lack of motivation or confidence to do so. This could be linked to mental health issues, including depression and anxiety. If this is a concern, try to discuss this with the person and a trained health professional. Provide gentle encouragement to go out with you and take it slow.

- Agree with the person when you will go for a walk and discuss how long you will walk for and where you will go.
- Plan your route - are you walking somewhere with a particular purpose, for example to a shop or cafe, or doing a circular route for the pleasure of being outside?
- Consider any challenges with the route - are there any steep hills or steps? Will the ground be uneven? Will you need to walk by a busy road?
- Consider whether there will be places to stop and public transport you can take to get home should the person feel tired.
- Consider whether you will have access to a toilet, particularly if the person has any issues with incontinence.
- Check that both you and the person are wearing suitable footwear, considering any specific terrain on your route.
- Check whether the person wants to take your arm while walking or needs any physical support from you.
- If the person walks with an assistive device, for example a walking stick or frame, make sure they take it with them.
- Start out gently, walking at a manageable pace.
- Set goals if helpful and always be guided by what the person wants and feels able to do.

Walking with someone with problems with their vision

- Ask the person what help they would like, for example, whether they want to take your arm while walking.
- If walking around the home check for hazards and obstacles on the floor.
- Do not move objects or furniture without asking the person first.
- Do not leave doors ajar, close them or open them fully.

- Use accurate and specific language when giving directions. For example, "the door is on your left", rather than "the door is over there."
- Try to avoid noisy situations if you need to give directions and instructions.
- In a dangerous situation say "STOP" rather than "LOOK OUT."
- Describe the surroundings and obstacles in their pathway (remember to look up as well as down). Warn of the presence of over-hangs such as kitchen cupboards, jutting side mirrors of cars, or trees.

Walking with someone with diabetes

Walking can be a helpful way for people with diabetes to stay active. It can have positive effects for controlling blood sugar levels, managing weight, and fighting fatigue. If the person you are caring for has type 2 diabetes you should consider the following while supporting them to walk:

- Encourage them to check with their health workers before starting to walk if this is a new form of exercise.
- Make sure the person plans their sugar intake and any medication carefully around a walk.
- If the person injects insulin into their legs, they should avoid walking after this, because exercising the leg muscles can affect the rate at which insulin is absorbed.
- Encourage the person to check their blood sugar level 15 minutes before walking and 1 hour after finishing. If there's a big difference, encourage them to discuss with their health worker.
- The person should not go for a walk if their blood sugar is unusually high
- Make sure you or the person carries glucose with you.
- Get advice from a health worker, trained caregiver, or supervisor to make sure you know what to do if the person's blood sugar levels drop (a hypoglycaemic episode).

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- Click on image, open 'Picture Format' feature on the top menu.
- Click on 'Wrap text' and select Square or Tight as appropriate

If the image is big, set it to the center of page.



Special considerations for people with memory loss and/or confusion

Keeping mobile is good for people with dementia in the same way as for other people. Walking can provide many benefits including:

- encouraging mobility - and therefore independence - for as long as possible.
- improving circulation and helping prevent stiffness and muscle wasting.
- aiding relaxation, promoting a sense of calm, and helping ensure a good night's sleep.
- reducing anxiety, stress, and depression.

People with dementia often want to walk but may be unable to articulate why. There is, however, usually a reason. For example, they might be:

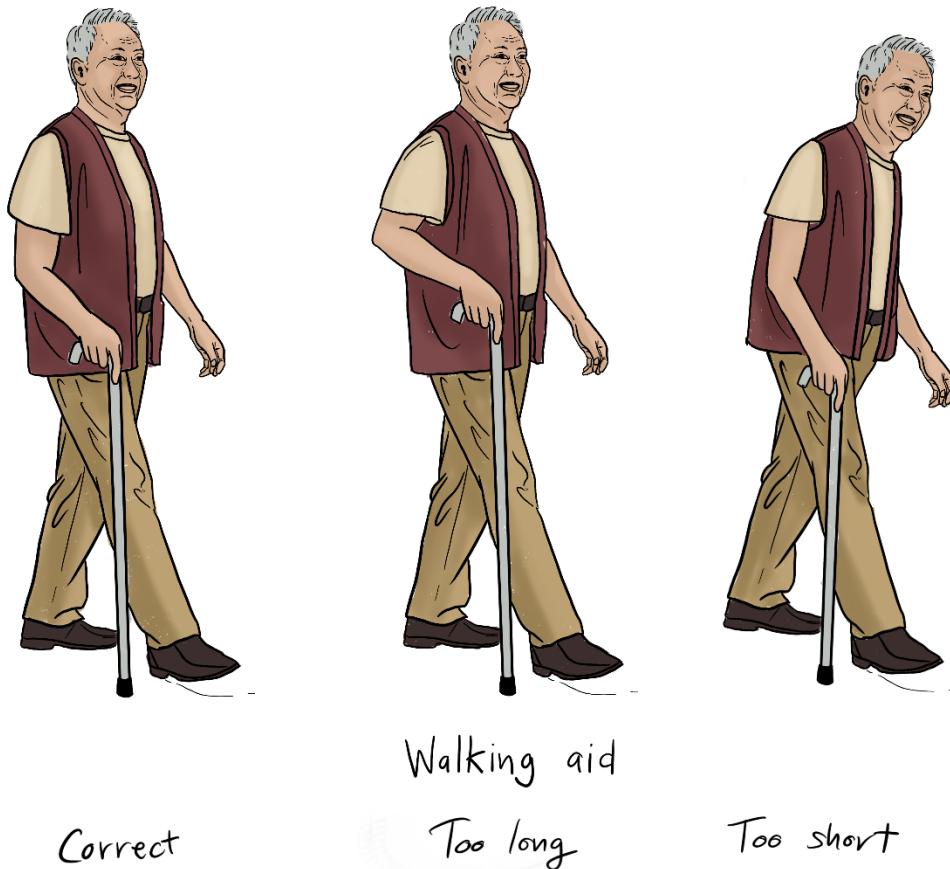
- lost and trying to find their way
- looking for someone or something which may or may not be there
- reliving an old routine
- trying to cope with troubling emotions or physical pain
- be lonely or bored
- feeling in need of exercise or might simply enjoy walking.

Walking can pose some challenges for people with dementia and their caregivers, for example, the risk of getting lost. Here are some tips for caregivers to help limit the risks:

- If the person has a garden, make it safe by removing obstacles from the ground or overgrown plants.
- Ask trusted friends, neighbours, and shopkeepers to be aware of the person's needs and how to help them if they see them out walking.
- Don't stop the person from leaving home if they are determined. Try to make sure they are wearing outdoor shoes and clothing and accompany them.
- Make sure the person carries identification.

Mobility aids to help with walking

The primary types of walking aid are walking sticks or canes and walking frames. Canes come in different materials and have different handle types. They may also be single point or tri or quad-point, meaning they have three or four pronged bottoms which help with balance and stability. Walking frames provide more support and are held in front of the person with both hands. If the person you are caring for uses a mobility aid, make sure you know the most safe and effective way it should be used so that you are able to help them if necessary. For example, a stick or cane should be held with the stronger hand, on the stronger side of the body. It should be moved when the weaker leg is moving to balance the stronger and weaker sides of the body.



A wheelchair can also be a useful aid for people with more limited mobility. Having a wheelchair can enable the person to go out, and can provide a level of support and reassurance so that the person can stand up from the chair and walk short distances.

If the person does not use mobility aids but you think doing so might be useful, suggest they talk to a health worker to find out if there are options for them and to ensure they use the most appropriate aid, suited to their body, and needs.



When to see advice from a health care professional

It is important to understand what the person you are caring for can do, what support they might need and how best to assist them. You should seek advice from a health worker, trained caregiver, or supervisor to:

- Assess the person's level of ability and agree a care plan that details the support they want.
- Ensure you are best equipped to assist the person to walk while making sure you are safe and not putting your own health at risk.
- Discuss any challenges the person may be facing in relation to their ability to walk, and a particular health condition to ensure you know the best and most safe way to support them

discuss any available equipment and aids that could help you and the person you are caring for.

Share any observations you have of changes to the person's level of ability and general health and wellbeing.

- Report any challenges or incidents, for example, a fall.
- Get immediate medical help if the person falls while you are walking with them and you are concerned they may be injured, or you are unable to move them.

Sources

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GRAVIS - Self-care training manual

Physical exercise

Physical exercise

Physical exercise is important and possible at any age and for people with different levels of ability. Experts recommend older people try to do at least 150 minutes (two and a half hours) of physical exercise each week that raises your heart rate. That amounts to 30 minutes per day for five days. When supporting a person you are caring for to do physical exercise, remember that this time can be broken down into more manageable chunks, depending on the person's level of ability. If a continual 30 minutes will not be possible, try to support them to be active for 10 minutes three times during the day.

Mostly exercise can focus on raising your heart rate. At least two times a week you should engage in 1) stretching and flexibility, 2) balance exercises, and 3) exercises to strengthen muscles in legs, stomach and back, and arms. The level and types of exercise people are able to do vary. Generally, exercise shouldn't hurt and you should be able to breath while doing it. With help from health workers, trained caregivers or your supervisor, you should be able to find something suitable for the person you are caring for and be able to support them to do it. Physical exercise is important and possible at any age and for people with different levels of ability. Experts recommend older people try to do at least 150 minutes (two and a half hours) of physical exercise each week that raises your heart rate. That amounts to 30 minutes per day for five days. When supporting a person you are caring for to do physical exercise, remember that this time can be broken down into more manageable chunks, depending on the person's level of ability. If a continual 30 minutes will not be possible, try to support them to be active for 10 minutes three times during the day.

Who might need help with physical exercise?

Older people in need of care may face a range of different challenges with keeping active and doing physical exercise. Those who may need your help include people:

- who are less mobile or have mobility related impairments affecting muscle strength, coordination, reflexes, and balance

- who are rehabilitating after health events, surgeries or treatment, for example, after having a stroke, hip or knee surgery or a period of illness with time spent in bed
- who have diabetes
- with vision or hearing problems
- with mental health conditions affecting their confidence, motivation and ability to leave the house, for example, depression and anxiety
- with dementia or experiencing confusion and memory loss.



Looking after your own health and wellbeing – tips for caregivers

It is important for you to consider your own physical health and mental health while assisting those you care for with their mobility. Some things to remember:

- If you need to take someone's weight when helping them with physical exercise, try not to take their whole weight by yourself
- Protect your back - avoid stooping and take any weight with your legs
- Make sure to assess the person's level of ability before assisting them so you know the type and amount of help, they will need
- Seek advice from a health worker, trained caregiver, supervisor or physiotherapist in the safest way to assist the person you are caring for, based on their level of ability
- Make a note of any challenges, changes in the person's level of ability and share these with a health worker, trained caregiver or supervisor
- Exercise is good for your physical and mental health too. Make time for breaks and take some physical exercise when you can. Try to do this outside in the fresh air
- Remember, there are people who can support you.

How can I support the person I care for to do physical exercise?

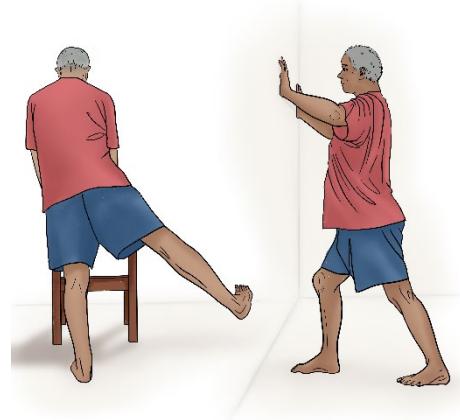
- Discuss the benefits of physical exercise with the person you are supporting.
- Make sure you are aware of the person's level of physical ability and any health conditions that need to be considered when engaging in physical exercise. Make sure the person has discussed any new or increased exercise programme with a health worker.
- Learn about the person's experience with physical exercise - what do they enjoy doing? What do they currently do? Is there anything they have enjoyed doing in the past that they might want to restart?
- Encourage the person to set realistic goals. Start gently if the person has not done much physical exercise recently.
- Remind the person that exercise does not need to be complicated. Walking, housework and gardening are all good physical exercise.
- Encourage the person to do exercise regularly. Help them build it into their daily routine.
- Support the person to stick with it – it takes about a month to create a habit. If the person stops for any reason, just encourage them to start again when they are ready and build up the habit once more.
- Where possible, the person should try to do a mix of exercises that support strength, balance and flexibility in addition to those that focus on raising their heart rate. The types of activity that might be useful in these areas are listed in the table below.
- If the person is interested, identify opportunities for them to exercise with a community exercise group or peers.
- Walking is an excellent form of exercise for many people. (See [Walking](#)) Others might enjoy exercises like jogging, swimming, tai chi, yoga, dancing, gardening.

Exercises for strength	
Type	Good for
<ul style="list-style-type: none">• Carrying shopping• Gardening• Lifting weights (can use things like water bottles)• Jumping• Chair aerobics• Dancing	<ul style="list-style-type: none">• All daily movement• building and maintaining strong bones• regulating blood sugar and blood pressure• maintaining a healthy weight.

Exercises for balance	
Type	Good for
<ul style="list-style-type: none"> • Tai Chi • Yoga • Pilates • Dancing • Posture exercises 	<ul style="list-style-type: none"> • Confidence • Reducing risk of falls • Improving posture • Improving quality of walking
Exercises for flexibility	
Type	Good for
<ul style="list-style-type: none"> • Stretching • Yoga • Pilates 	<ul style="list-style-type: none"> • Staying supple • Increasing range of movement • Maintaining level of ability with daily tasks

Exercises for someone who is mobile

If the person you are caring for is mobile and physically able, encourage them to do a mix of strength, balance and flexibility exercises. This may be in the form of daily tasks they already engage in, for example, housework or gardening, or activities or hobbies they have done before, e.g., walking or dancing. If the person wants to try some specific exercises, you could help them to learn the exercises described below.



[See video: M04_V01 Physical exercise](#)

Support the person by:

- Encouraging them to discuss these exercises with a health worker before starting.
- Making sure you guide the person through each step of the exercise.
- Looking out for any signs of discomfort, weakness or dizziness and telling the person to stop.

Strength exercises

Sit to stand

- Sit on the edge of a chair, feet hip-width apart. Lean slightly forwards
- Stand up slowly using your legs, not arms. Keep looking forward
- Stand upright then slowly sit down, bottom-first
- Do this five times.

Mini squats

- Rest your hands on the back of a chair. Stand with your feet hip width apart
- Slowly bend your knees as far as is comfortable, keeping them facing forward. Aim to get them over your big toe. Always keep your back straight
- Gently come up to standing, clenching your buttocks as you do so
- Do this five times

Sideways leg lift

- Rest your hands on the back of a chair for stability
- Raise your left leg to the side as far as is comfortable, keeping your back and hips straight. Avoid tilting to the right
- Return to the starting position
- Raise your right leg
- Raise and lower each leg five times

Bicep curls

- Hold a light weight (e.g., a small bottle of water or a can of soup) in each hand and stand with your feet hip width apart
- Keeping your arms by your side, slowly bend at the elbows until the weight in your hand reaches your shoulder
- Slowly lower again
- Try three sets of five curls
- This can also be done sitting on a chair

Balance exercises

Sideways walking

- Stand with your feet together, knees slightly bent
- Step sideways in a slow and controlled manner moving one foot to the side
- Move the other foot to join it
- Avoid dropping your hips as you step
- Do 10 steps each way

Heel to toe walk

- Standing upright, place your right heel on the floor in front of your left toe
- Then do the same with your left heel
- Make sure you keep looking forward at all times
- If necessary, put your fingers against a wall for stability
- Try at least five steps

One leg stand

- Start by standing facing the wall, with arms outstretched, finger touching the wall
- Lift your left leg, keep your hips level and keep a slight bend in the opposite leg
- Gently place your foot back on the floor
- Hold the lift for 5 to 10 seconds
- Try 3 on each side.

Flexibility exercises

Neck stretch

- Sitting upright, look straight ahead and hold your left shoulder down with your right hand
- Slowly tilt your head to the right while holding your shoulder down
- Repeat on the opposite side
- Hold each stretch for 5 seconds and repeat 3 times on each side.

Sideways bend

- Helps restore flexibility to the lower back
- Stand upright with your feet hip width apart and your arms by your sides
- Slide your left arm down your side as far as is comfortable. As you lower your arm, you should feel a stretch on the opposite hip
- Repeat with your right arm
- Hold each stretch for 2 seconds and try 3 on each side.

Calf stretch

- Good for loosening tight calf muscles
- Place your hands against a wall for stability. Bend your right leg and step the left leg back at least a foot's distance, keeping it straight. Both feet should be flat on the floor
- The left calf muscle is stretched by keeping the left leg as straight as possible and the left heel on the floor

- Repeat with the opposite leg.

Seated chair exercises for people who are less mobile

If the person you are caring for is less mobile, encourage them to do a mix of chair-based exercises and getting up from their chair if they are able. If the person wants to try some specific chair-based exercises, you could help them to learn the exercises described below.

Try to support the person by:

- Suggesting they get up once an hour. You could set a timer to remind them
- Helping them to set goals to work towards, like pushing up from sitting in a chair to standing position without using an aid or leaning on someone
- Encouraging the person to discuss chair-based exercises with a health worker before starting
- Making sure you guide the person through each step of the exercise
- Making sure the person uses a sturdy and stable chair, without wheels or arms
- Making sure they can sit with their feet flat on the floor with their knees bent at right angles
- Looking out for any signs of discomfort, weakness or dizziness and telling the person to stop.

Chest stretch

- This stretch is good for posture
- Sit upright and away from the back of the chair. Pull your shoulders back and down. Extend your arms out to the side
- Gently push your chest forward and up until you feel a stretch across your chest
- Hold for 5 to 10 seconds and repeat 5 times.

Upper-body twist

- This stretch will develop and maintain flexibility in the upper back
- Sit upright with your feet flat on the floor, cross your arms and reach for your shoulders
- Without moving your hips, turn your upper body to the left as far as is comfortable. Hold for 5 seconds
- Repeat on the right side
- Try 5 times on each side.

Hip marching

- This exercise will strengthen your hips and thighs, and improve flexibility
- Sit upright, do not lean on the back of the chair. Hold on to the sides of the chair
- Lift your left leg with your knee bent as far as is comfortable. Place your foot down with control
- Repeat with the opposite leg
- Try 5 lifts with each leg.

Ankle stretch

- This stretch improves ankle flexibility and lowers the risk of developing a blood clot
- Sit upright, hold on to the side of the chair and straighten your left leg with your foot off the floor
- With your leg straight and raised, point your toes away from you
- Point your toes back towards you
- Try 2 sets of 5 stretches with each foot.

Arm raises

- This exercise builds shoulder strength
- Sit upright with your arms by your sides
- With your palms forwards, raise both arms out and to the side, and up as far as is comfortable
- Return to the starting position
- Keep your shoulders down and arms straight out
- Breath out as you raise your arms and breath in as you lower them
- Repeat 5 times

Supporting someone to do physical exercise in bed

If the person you are caring for is bed bound, physical exercise and movement is still important. Due to long periods of inactivity and lack of exercise, a bedridden person may experience stiff joints and muscle fatigue or wastage. It is important to try and avoid this to help the person maintain as much independence as they can and to try to improve their level of ability if possible. This is particularly important if the person

has had to spend time in bed because of an illness or injury, but they were more able before.

Support the person by:

- Encouraging them to get out of bed whenever possible with your help
- Encouraging them to turn in bed, if possible, with your help
- Offering to massage them with vaseline or oil
- Encouraging them to exercise in bed at least twice a day with your help, moving ankles, knees, hips, wrists, elbows, shoulders and neck
- When helping the person to move, hold their limb above and below the joint while moving it. Support as much of its weight as you can
- Bending, straightening and moving joints as far as they normally go
- Being gentle and moving slowly without causing the person any pain. Make sure to ask how they are feeling, checking they are comfortable
- Stretch the person's joints by holding them as above but with firm steady pressure.

Exercise the elbows

- Gently lift the forearm up and down, bending the arm at the elbow, bringing the hand as close as possible to the shoulder
- Repeat the exercise several times

Exercise the wrists

- Bend wrists gently and slowly move through the full range of motion without causing pain
- If you want to stretch, apply pressure bit by bit
- Repeat the exercise several times

Exercise the shoulders

- Gently lift the arm up and bring the hand above and behind the head. Move the arm side to side
- Repeat the exercise several times

Exercise the knees

- Gently hold the leg up. Bend and straighten the leg at the knee
- Repeat the exercise several times

Exercise the ankles

- Exercise the ankle joint by extending and flexing the foot
- Repeat the exercise several times



Special considerations for people with memory loss and/or confusion

Keeping mobile is good for people with dementia in the same way as for other people. Exercise can provide many benefits including:

- encouraging mobility - and therefore independence - for as long as possible
- improving circulation and helping prevent stiffness and muscle wasting
- aiding relaxation, promoting a sense of calm and helping ensure a good night's sleep
- reducing anxiety, stress and depression.

When supporting someone with dementia to stay physically active:

- try to build exercise into a routine and stick with it
- consider what the person has enjoyed or done in the past and gradually try to reintroduce these activities, dependent on the person's level of ability
- take it slowly
- look out for any signs of discomfort or distress and stop when needed.



When to see advice from a health care professional

It is important to understand what the person you are caring for can do, what support they might need and how best to assist them. You should seek advice from a health worker, trained caregiver or supervisor to:

- assess the person's level of ability and agree a care plan that details the support they want
- ensure you are best equipped to assist the person with physical exercise while making sure you are safe and not putting your own health at risk
- discuss any challenges the person may be facing in relation to ability to exercise and a particular health condition to ensure you know the best and most safe way to support them
- discuss any available equipment and aids that could help you and the person you are caring for
- share any observations you have of changes to the person's ability and general health and wellbeing
- report any challenges or incidents, for example, a fall
- get immediate medical help if the person falls while you are exercising with them and you are concerned they may be injured, or you are unable to move them.

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Assisting with instrumental activities of daily life

Why are instrumental activities of daily life important?

As we get older, or our physical and mental abilities start to decline, we may need support with instrumental activities of daily life. These are activities which enable us to live and engage in our communities. instrumental activities of our daily life include:

- [Transport and road safety](#)
- [Helping with shopping](#)
- [Preparing meals](#)
- [Helping with housework](#)
- [Managing medicines](#)
- [Managing personal finances](#)
- [Communicating with health care and social welfare services](#)

Instrumental activities of daily life are an important part of our lives. Our ability to perform these activities has an influence on our sense of independence, wellbeing and quality of life. If a person needs assistance with these activities, providing this support will be a key part of a caregiver's role. Support with these activities should always be provided with sensitivity and compassion. A caregiver should respect the person's choice and preferences, as well as their privacy and dignity. The type of support provided should be based on the needs and abilities of the person being cared for. It is important that the support the caregiver provides promotes the person's independence, autonomy and confidence, and enables the person to carry out these activities without assistance as much as possible.



Looking after your own health and wellbeing – tips for caregivers

Assisting with instrumental activities of daily life may be time consuming and tiring if there are a lot of tasks to do. It is important to talk with the person you are supporting to make sure you both understand their personal goals related to instrumental activities of daily life and your role in supporting them with these. To look after yourself, remember the following:

- make sure you plan activities in advance with the person you are providing care for
- be realistic about the time an activity will take and be clear about the amount of time you are available in advance
- understand the support that the person wants you to provide and how they would like you to provide it
- plan for any additional support you might need to perform an activity, such as a walking stick or frame, or transport, and make sure they are available when you will need them
- assure the person of confidentiality when handling personal or sensitive knowledge or information
- keep your rights and needs in mind when providing support, and make sure you feel comfortable with what you are being asked to do. If you are not comfortable, raise your concerns with the person that you are providing care for and try and find alternative solutions.

Sources

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Transport and road safety

Why does transport and road safety matter?

Like others, older people need to travel to a variety of destinations for social, spiritual, economic and health reasons. They might need to go shopping or to visit their adult children, grandchildren, and friends. Visiting relatives and taking part in social functions such as weddings and funerals are important and enjoyable parts of their lives. Many often travel to places of religious significance. Some older people need to travel for work, or to go to town to collect their social welfare entitlements. Many need to attend clinic appointments and get monthly supplies of medicines.

Many older people use buses or trains. Some older people drive a car, motorbike or bicycle. Some walk for shopping, religious activities and visiting friends.

Older people with care may face challenges with transportation and mobility that cause barriers to getting where they want to go. They may feel a loss of independence and suffer social isolation, which affects both physical and mental health.

Why can transport and road safety be a problem for older people?

Problems with transport vary depending on the older person's situation and health. Barriers to using public transport might include:

- Unavailability in their area
- The cost
- Long distance to walk to a bus stop or train station, especially when carrying bags
- Difficulty in climbing into a bus, train or other vehicle
- Fear of having to stand or of crowds on public transport
- Lack of public toilets, or public toilets that are not safe to use

- Fear of getting lost or struggling to navigate the system
- Fear of a robbery or accident while travelling

People that drive a car or motorbike should consider if they are still safe to drive. Reasons some people become unsafe to drive include:

- Slower reaction times and reflexes
- Stiff joints can make it difficult to turn the steering wheel quickly, or to brake safely.
- Problems with vision, such as cataracts, can result in glare from streetlights or headlights. Older people with vision problems can find it difficult to see pedestrians, bicycles and animals that are out of the direct line of sight.
- Hearing loss can make it difficult to respond to horns, sirens, or noises coming from the car.
- Older people with dementia are not safe to drive because they may not make decisions quickly, forget road rules, and lose their way.
- Some medicines have side-effects that can make driving unsafe, such as feeling sleepy or light-headed.
- Loss of feeling in the feet can make it difficult to use the foot pedals.

For several reasons, some older pedestrians may be at greater risk when walking along the side of roads or crossing roads:

- They may have poor balance, a limp, low vision, poor hearing, and slow reflexes.
- Some older people have not yet adjusted to the increases in traffic in their area, and to danger from road traffic.
- When roads are built, or widened, pedestrians may be at greater risk of road traffic injuries, unless information about safety and safe crossings is provided.

There is evidence that older pedestrians suffer disproportionately in road traffic accidents.



What can I do to help the person I care for with transport difficulties?

Be aware that transport is an essential aspect of life and ask the person you are supporting where they want and need to go.

Preparing before travelling is helpful. Encourage the older person to:

- Check bus or train timetables.
- Find out where there are public toilets.
- Plan to travel between rush hours when there will be fewer people on the bus or train.
- Discuss what they need to take with them. Check the weather forecast.
- Check whether there is a 'senior citizen identity card' that enables older people to travel free of charge at certain hours.

Some people will need someone to go with them in order to get to where they want to go. This could be because they are not steady on their feet, can't hear well, or can't see well, have dementia or are fearful. A family member or friend can support them. If travel is difficult, assist the older person to make a plan with their family members or neighbours to obtain shopping, medicines, or any other essential items.

Pedestrian safety

Discuss with the older person when pedestrian accidents are most likely to happen and how to reduce the risk:

- When the driver of a car is turning and their attention is on several things, the older person should look at the driver rather than at the car, and check that the driver has seen them.
- Accidents also happen when a vehicle in one lane has stopped to allow a pedestrian to cross, but a second vehicle passes it. To avoid this, the pedestrian can stop at the outside edge of the stopped car and look for what might be coming in the next lane.
- Pedestrians also need to remember not to use or look at their phone when on the road or roadside.

Conduct advocacy for age-friendly communities and towns

If possible, discuss with community groups or local organizations of older people about planning and conducting advocacy with transport companies and local

government. Ask the mayor or councillors to develop the town as an age-friendly town with, for example:

- A shelter with a bench for older people at bus stops
- A sign to be placed above several bus or train seats to prioritise older people and encourage others to give up their seat for an older person.
- Bus conductors reminded to assist older people to get on the bus.

Consider arranging for a panel of volunteers to drive those that need assistance once a week to the town or clinic, or to accompany them on the bus or train, if needed. Advocacy efforts could include raising awareness among drivers of the need to look out for and be especially careful when driving past older pedestrians. They need to be aware that some older people may lack balance, good vision and hearing.

Promote safe driving

Discuss these safety tips with the person you care for.

- Check the route before leaving home. It is safer to drive only on familiar roads that are close to home.
- Try to avoid right hand turns (if cars drive on the left), or left hand turns (if cars drive on the right).
- Avoid driving at night, and when tired or stressed.
- Always wear a seat belt and make sure passengers wear their seat belts.
- Wear your glasses and/or hearing aid, if you use them.
- Avoid distractions when driving, such as eating, listening to the radio, chatting or talking on the phone.
- Make sure that the windscreen and car windows are all clean and clear.

The decision to stop driving

There is no set age when it is recommended that someone stops driving because we all age differently. To help the older person know if they should stop driving ask them to think about these questions:

- Do other drivers often sound their horns?
- Have they had any small accidents?
- Do they tend to get lost on familiar roads?
- Do cars or pedestrians seem to appear out of nowhere?

- Do they get distracted while driving?
- Have family, friends, or my doctor said they're worried about the older person driving?
- Do they have trouble staying in lane?
- Do they have trouble moving their foot between the accelerator and brake pedals?
- Have they been stopped by traffic police?

If they answer 'yes' to any of these questions, suggest that they talk with their doctor about whether they are safe to drive.

It can be very difficult to support someone to make the decision to stop driving even if it is no longer safe for them or others. Consider discussing risks and ensuring alternate transport options are available in line with their transport needs. People with dementia often do not know they are having driving problems. In this situation it is important to discuss the problem with other family members. It is important to prevent a person with dementia from driving, for their own safety and to keep other road users safe.



Looking after your own health and wellbeing – tips for caregivers

Discussing transport difficulties can be a sensitive and upsetting subject.

- Try to avoid telling the older person what to do.
- It is better if they can think through transport and pedestrian safety issues for themselves.
- It is helpful if a group of older people, or of family members, can have a discussion and share their ideas. Be careful not to create fear and add to isolation.
- Ask other family, friends and neighbors to help out if accompaniment is needed. This can help to make sure people can go where they want and need to without requiring you to go on every trip yourself.

Helping with shopping

Who might need help with shopping?

Shopping can become more difficult for older people, especially if they have mobility problems, lack transport, or live alone. But shopping is often a pleasure for older people, an opportunity for some physical exercise and a social event. If it is important to the person you are supporting, encourage them to continue shopping. If needed you can accompany the older person when they are shopping to make the task safer and more comfortable.

What to consider when planning a food shopping trip

For a visiting caregiver it might take some time to be able to plan well and make a routine for shopping. There are many points to consider:

- Think about how far the older person lives from the shops and market. Where do they prefer to buy their food? Is it easier and cheaper to buy from small local shops, than to make a weekly longer trip to larger shops, which may have less variety of locally available fresh foods?
- Do they live alone or in a household that already shops?
- Is it possible to get a ride to the shops regularly with a neighbour?
- If the older person able to accompany you, would they like to join the shopping trip?
- What sort of transport is available? (See [Transport and road safety](#))
- Are there others in the community who could share a tuk-tuk or taxi to town for shopping?
- Is there an icebox, refrigerator / freezer in the home?
- What is the budget? – for food; for other items?
- Do mobile shops or markets regularly visit the community?

- Is delivery or online shopping a possibility?

Provide support to make a weekly menu plan and shopping plan

- Discuss shopping needs with the older person and, if possible, with other family members, particularly the person who is doing the cooking. If there is interest, support the older person to make a weekly menu plan (See [Nutrition](#)).
- Have a conversation about food, and to learn what foods they like, when they like to have their meals, and what sort of help they may need.
- Then, make a weekly shopping plan with them and other family members. It may be necessary to seek help from neighbours. Then you can make a list for when you go to the shops.
- Encourage the older person, if they are able, to make a note when any food item is running out.
- It is a good idea to keep the cupboard stocked with foods that keep well for a long time. This might include rice, flour, pasta, dried beans and lentils, vegetable oils, canned foods such as vegetables and fish, tea, and spices.

Preparing to go shopping

- When planning a trip to the shops think about where you might be able to find somewhere shady for them to sit down.
- Think about taking a water bottle and shade hat or umbrella if the weather is hot, and umbrella or raincoat if it may rain.
- A shopping trolley on wheels may be a great help to an older person shopping alone.
- Remember that a shopping trip may be a social occasion for an older person who lives alone. You might be able to help them to arrange to meet an old friend in town.



Looking after your own health and wellbeing – tips for caregivers

Helping with shopping can require patience and time. Some people need more time to move around or make decisions. Or they may just enjoy shopping and may want to take Time.

When accompanying, some people feel frustrated or impatient. If this is challenging for you, consider asking others to accompany them or take turns with you if needed.

Preparing meals

How can I help the person I care for to prepare their meals?

When you are caring for an older person, you might need to help them to prepare their meals. Cultural and religious beliefs influence what people eat. When you are responsible for preparing and feeding meals to an older person, talk with them (and their family members) to find out:

- Which foods do they like, any foods that they dislike?
- What foods are forbidden or inappropriate?
- Do they have any allergies or foods they must avoid for medical reasons?
- What times of day do they prefer to eat? Some people like to eat more at midday and have a small meal in the evening to avoid indigestion.

This is also an opportunity to share nutrition information. It can be helpful to support them to prepare meal plans for the week ahead, but many families will decide what to cook depending on what is available in the market.

Pay attention to food hygiene

It is especially important to pay attention to hygiene when preparing food because food-borne illnesses can be severe in older people. Always wash your hands before preparing food, and between handling raw meats and other foods. Keep kitchen surfaces and utensils clean. When storing food, keep raw meat and seafood away from other foods. If there is a fridge, throw food out after about three days in the fridge, even if it looks alright. If there is no fridge, do not keep cooked food longer than one day, and cover with a food cover to prevent flies. Rinse vegetables and fruit before eating if you are going to eat them raw. Avoid eating raw meat and fish. Always make sure meat and fish is cooked through thoroughly. As much as possible try to eat food immediately after cooking.



Avoid exposure to the smoke from cooking

If you are cooking on a wood or other biomass stove, try to reduce the older person's exposure to the smoke. (See [Reducing exposure to air pollution](#))

Choose healthy cooking methods

The method of cooking can make a difference to the nutritional value of food. For example, it is helpful to steam rather than boil vegetables. It is common, both in homes and cooked food outlets, to re-use oil repeatedly for deep-frying. When you re-heat oils some harmful substances can develop in the oil, including some that can cause cancer or increase blood pressure. Some beneficial substances are lost from the oil when it is heated to high temperatures.

If the older person asks for sweet foods, try offering sweet vegetables such as carrots, pumpkin, beetroot, or sweet potato. Colourful foods help to make a meal look tempting.

Most cooked food outlets add more salt than is healthy to the meals and snacks they cook so that it will be tasty, and they can sell more. The food is often fried so contains a high proportion of fat or oil. The oil is often re-heated. There is little harm from eating this food as a special treat, but it is best to avoid buying ready-cooked meals frequently.



Looking after your own health and wellbeing – tips for caregivers

When the person that you are caring for needs help with preparing food and eating it is a big responsibility. You might worry about whether the elder is eating enough and eating the right foods. It is a good idea, if possible, and with the older person's permission, to talk with their health care provider about what they should eat, and any foods that should be avoided.

Try to share the responsibility for preparing food and feeding the older person with other family members and neighbours. A weekly plan showing who is responsible on which days can help.

If you are continuing to find it stressful to support preparation of food and eating for the person you care for, seek help from your supervisor or a trusted peer, who will be able to support you when needed.

Helping with housework

Why is cleaning and other housework important?

No matter how old we are, we all benefit from having a clean and tidy home to live in. This includes clean clothes and bedsheets, clean dishes and cooking area, clean air to breathe in the home without dust or smoke, and a tidy home which we can safely move around inside. Having a clean and pleasant home environment has been found to reduce our risk of illness and improve our quality of life. It also means we can be safer at home, reducing the risk of falls and other injuries. Cleaning and other housework is an important part of infection control, making sure we are not exposing ourselves to risks from particular diseases. Other housework like repairs, gardening or taking care of animals may also be important needs in home life.

Reasons an older person might need help with their housework

Heavier, more physically demanding chores can be particularly difficult, especially if our mobility is starting to decline. Those with memory loss might also start to forget what needs to be done. Caregivers often help with housework, taking on tasks that are becoming too challenging and ensuring a safe and pleasant environment for the person they are supporting.

If an older person's physical or mental abilities start to decline, they may need help to keep their home clean, tidy and safe. This might be the case if:

- the person becomes less mobile. They may struggle to move around their home so well, particularly if they must go up and down any steps or stairs or the floors are uneven;
- the person starts to have issues with their balance. This can make tasks that involve bending down or stretching to reach ceilings or high surfaces more difficult;
- the person is anxious about slipping or falling. In these circumstances mopping the floor or cleaning the bathroom might be worrying for the person;
- the person does not feel as strong as they were. Heavy tasks around the house, such as changing the bed, hanging out wet laundry or taking out heavy bags of garbage might feel too physically strenuous;

- the person becomes confused or forgetful. This may mean they forget when they last did certain chores, what needs to be done or how to do things
- the person has physical health conditions that affect their ability and energy levels. If the person is having problems with their sleep, this can also affect their ability to do household chores;
- the person has mental health conditions or is struggling with their emotional wellbeing. This can result in a lack of motivation to take care of ourselves and our homes;
- the person is socially isolated. If they live alone or do not have many visitors, they may not feel it is worth keeping their home clean and tidy.



Looking after your own health and wellbeing – tips for caregivers

- Helping with housework can take up a lot of time. If you have a limited amount of time with the person you are caring for, try to plan and prioritise. Avoid taking on too much and spending longer than you should providing care, particularly if this means you do not have time for yourself and risk becoming exhausted and overwhelmed.
- Housework can be a more physically demanding part of a caregiver's role. It is important to look after your own health and safety. Remember to lift with your legs rather than your back and try to avoid twisting or stooping. If you have any physical aches or pains speak to a health worker, trained caregiver or supervisor.
- Be careful with any cleaning products you are using. Make sure you know what they are, how to properly use them, and use protective equipment such as gloves when necessary.
- If you are cleaning soiled laundry or disposing of waste, make sure you know how to do this safely and without putting your health at risk.
- Remember that your home environment is important too! Make sure you have time to stay on top of your own housework and ask others in your household to take equal responsibility.

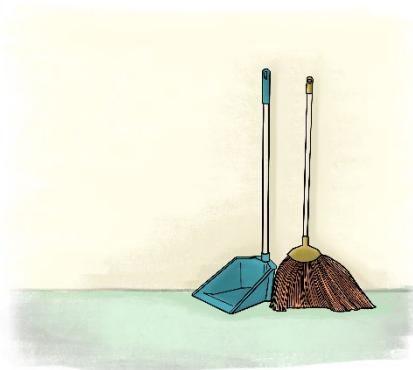
Tips for helping with housework

Our homes and how we choose to organise them are personal to each of us. If you are helping the person you support with housework, talk with them to understand what they need help with and how they like things to be done. If you have limited time, ask the person what they struggle with most and what they would prioritise. Make sure to respect how the person does things and do what they ask. An exception would be if the person asks you to do something that poses a specific risk, such as keeping flammable cleaning products in unsafe places or storing items on high shelves that the person will struggle to reach, risking a fall.

You should also make sure that you are using appropriate and safe cleaning products. Always read the instructions for use and make sure you wear gloves or intact plastic bags and use any other protective equipment to keep your skin and clothes safe.

Equipment and cleaning products

- Broom, dustpan
- Mop
- Soap for laundry, dishes and floors, disinfectant, bleach
- Rags, cloths, dusters
- Vacuum cleaner
- Garbage bags
- Gloves, apron, plastic bags, hand soap



Home hygiene and ventilation

Hygiene in the home can be maintained by:

- cleaning all rooms of the house regularly;
- keeping garbage in a covered bin and disposing of it regularly;
- keeping animals out of the house and cleaning up after pets;
- ensuring all members of the household always use a latrine or toilet and keeping the toilet and its surroundings clean and free from flies;
- washing soiled clothes or bed linen quickly, and immediately if they are dirty with urine, faeces, vomit, blood or other bodily fluids;
- ensuring the home is well ventilated by opening windows and doors. This is important to reduce breathing in smoke from fires for cooking or heat and in dealing with any unpleasant odours. If the weather is cold and wet, try to make sure the person you are supporting is not left in a drafty area while windows and doors are open without warm enough clothing. If you need to ventilate the

sleeping area of a bed bound person, make sure they are warm enough, providing extra blankets or bed linen as needed;

- disposing of soiled dressings and used bedpans or commodes immediately;
- disposing of any spoilt foods or drinks, and ensuring any leftover food is covered and kept at a safe temperature.

Laundry

You may need to help with everyday laundry or soiled items. It is good to remember to:

- ask how the person you are supporting wants their laundry and ironing done. Take care of their clothes and linens in the way they ask;
- keep any soiled laundry separate from other laundry, particularly if items are dirty with urine, faeces, vomit, blood or other bodily fluids
- wear gloves when handling soiled laundry
- clean soiled laundry in hot water with soap and a chlorine or bleach solution if possible, following directions for use
- dry all laundry outside in the sun whenever possible. This is particularly important with soiled laundry as the sun's rays help to kill any remaining germs.

Waste disposal

It is important to deal with any potentially hazardous waste carefully and in line with any procedures and requirements in your area. Hazardous waste includes anything contaminated with bodily fluids, such as wound dressings or incontinence pads or pants. Medical equipment, such as syringes and needles used by people injecting insulin for diabetes, also need to be carefully disposed of. Faeces should always be put into a toilet or pit latrine. If this is not possible it should be buried responsibly.

When dealing with hazardous waste:

- use gloves and appropriate personal protective equipment when handling waste;
- handle waste carefully to avoid spills or splashes;
- always wash your hands after removing gloves and handling contaminated waste;
- avoid transferring contaminated waste from one container to another;
- hazardous waste can be burned or buried;

- a small pit can be dug, and used as a site for the disposal of hazardous waste:
 - find an appropriate location. This should be at least 50 metres away from a water source, should have proper drainage, be free of standing water and not in an area that might flood. The location should not be accessed by anyone other than those disposing of waste;
 - dig a pit 1 metre square and 2 metre deep. The bottom of the pit should be 2 metres above water level. The pit should be lined with a material with low permeability if possible;
 - dispose of contaminated waste in the pit and cover with 10–15 cm of soil;
 - the final layer of dirt should be 50–60 cm and compacted to prevent odours and attractions of insects, and to keep animals from digging up the buried waste;
 - depending on volume such a pit should last for 30–60 days.

Jobs in different rooms

Kitchen:

- wipe up spills;
- empty garbage bins regularly;
- clean surfaces before and after food preparation;
- dispose of food waste;
- sweep or mop floors;
- wash dishes.

Bathroom:

- clean sink, bath, shower;
- clean toilet using bleach;
- clean bed pans, commodes or other containers used for toileting after every use;
- sweep or mop floor;
- wipe up water spills and splashes;
- wear gloves;
- use a different cloth or rag than used in other rooms or on other surfaces.

Living area:

- sweep or mop floors;
- brush or beat rugs;
- dust or wipe surfaces;

- dust and handle personal belongings with care and put back in their place.

Sleeping area:

- sweep or mop floors;
- brush or beat rugs;
- dust or wipe surfaces;
- change bed linens regularly, and immediately if soiled.

Outside:

- Clearing, sweeping or shovelling pathways
- Feeding or cleaning up after animals
- Gardening
- Outdoor home repairs or yard maintenance



Special considerations for people with memory loss and/or confusion

A person with dementia may find it increasingly difficult to stay on top of their housework and require extra support. But keeping active and doing as many of the tasks as possible can have benefits.

- memory loss can make it difficult for a person with dementia to stay focused on a task from beginning to end;
- tasks may prove physically exhausting or overwhelming;
- it is important to determine what tasks a person with dementia can do and encourage them to do them. This helps maintain independence;
- focus on tasks that do not pose any risks for the person's safety;
- it is important to support a person with dementia to maintain a routine. Housework can help. Get the person to do the same thing at the same time of day;
- encourage the person to do heavier tasks in the morning when they will likely be at their best;
- less strenuous, repetitive tasks can help a person with dementia to relax at the end of the day and can help to ensure a good night's sleep;
- you could put labels around the house to remind the person where things are kept;
- focus on the person's participation. It does not matter if a task is not done perfectly, their engagement and effort is most important.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- if you notice and are concerned by a particular decline in the abilities of the person you are supporting;
- to get support and guidance with challenges related to dementia;
- you have any unusual aches and pains after doing housework tasks, or that are making it difficult for you to do these tasks;
- if you are worried about your exposure to hazardous waste while cleaning the person's home;
- if you splash yourself with any cleaning products, particularly strong products or bleach, or you have a reaction to the use of any products;
- remember to maintain confidentiality in any discussions.

Sources

HelpAge International - Training manual on community home based care, Ethiopia

https://www.health.ny.gov/professionals/home_care/curriculum/docs/home_care_curriculum.pdf

<https://www.homewatchcaregivers.com/dementia/living-with-dementia/household-chores-upkeep/>

<https://www.alzheimers.org.uk/get-support/staying-independent/everyday-tasks-dementia>

Managing medicines

Why is it important to know how to help someone manage their medications?

Many older people are prescribed medicines for chronic conditions. Older people often have more than one chronic condition, so they may need several medicines.

If the medicines are not taken in the correct way they may not work, or may cause a harmful reaction. Each medicine might need to be taken at a different time of day. It can be difficult for anyone to remember to take their medicines each day.

As a caregiver, you can play an important role in helping the person you care for to take their medicines at the right time, in the right dose, according to the direction of the nurse or doctor.

What are the common problems with managing medications?

- It can be difficult for some older people to remember to take their medicines at the right time.
- Medications for chronic conditions usually help to control symptoms and prevent complications, rather than cure the condition. However, older people may not be aware of what to expect from the medicine and may stop taking a medicine for a chronic condition if they do not notice an improvement. This can be dangerous.
- Normal ageing processes mean that an older body responds differently to medicines than a younger body. The way that the body absorbs the medicine and breaks it down is often different in older people. There is the possibility of side-effects and of interactions between medicines, which can make older people reluctant to take them.
- Some medicines, such as metformin for diabetes, can become dangerous if the older person develops another medical condition, such as kidney disease. It is

important for the older person's health and medications to be reviewed regularly by their health care provider.

- It can be difficult to obtain a regular supply of medicines for chronic conditions without any gaps. There may be adverse consequences to stopping a medicine suddenly. The older person needs to know this and be aware that if they will not be able to obtain a new supply in time, they should reduce the dose gradually.
- Medicines may not be stored properly and lose their effectiveness.

Managing medicines

What can I do to help the person I care for to manage their medicines?

Firstly, ask them about their medicines and whether they have any problems with them. Don't tell them what to do, but ask for their opinions and ideas about how to manage any medicine-related problems. This conversation will also help you to know their level of knowledge about their medicines, their health conditions, and any concerns that they have.

If they are not sure about the medicines they need to take, suggest that they see their health care provider for a review of their medication and to answer any questions that they have. They might like to take a family member with them. It is important that they understand which condition each medication is meant to treat. They also need to know about the possible side-effects of each medication.

If the older person is unable to give their consent because they lack mental capacity, discuss their medicines with their family to make the best decisions for them.

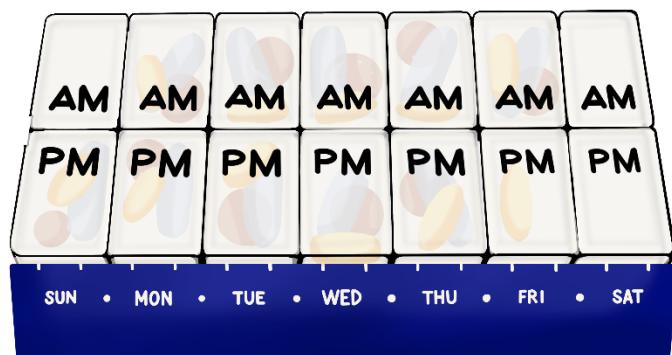
Keep a record

Next, make a list of the medicines they take, the reason or condition that the medicine is for, and side effects to watch out for. Many older people remember which medicines they take by the colour and shape of the tablets or capsules. It is helpful to write the list of medications, their colour and shape, and the doses, in the care notebook. Do this with the older person. You can suggest that if they have any side-effects, then they can write down their symptoms. Whenever the older person is prescribed a new medication, they should write this in their care book, with the date that they began to take it. If they cannot read or write, you can use other methods like symbols or colours and make a simple chart or pill organiser.

Taking or giving medication at the right time

Ask the older person how they remember to take their medicines each day.

- Some may use meal times as a reminder to take their medications. Check whether their medication should be taken after a meal or before. Changes in routine such as journeys or increase in workload can cause an elder to forget to take their medicines.
- If they miss a dose, they should take the missed dose as soon as they remember it. However, if it is close to the time for the next dose they should just take one dose. It is dangerous to take a double dose.
- It may help to make a one-page checklist of the medicines, the times to take them, and the amounts. Stick it to a wall or table where it is easy for the elder to see it. You can show the time to take the medicine by a moon symbol representing 'at night' and a sun, representing 'in the morning'. You can draw the shape and colour of each medicine.
- Many families now have a mobile phone, which could be set as an alarm to remind elders when they should take their medicines.
- A pill organiser box is used to separate the medicines into individual compartments for different times of the day for each day of a week. [Picture 1] This can be a convenient way to help some older patients take their medicines correctly. Check that the person can open the box, understands the meaning of the different compartments, and is able to fill the box correctly. The compartments should only be refilled with pills once a week, so that the elder can see whether they have taken their medication each day. If they continue to take medicines from both the usual container and the pill organiser box, they can become confused about whether they have taken their medicines or not. They might take a double dose or miss a dose by mistake. Check from time to time that the pill organiser is being used correctly. If there is any doubt that the person understands how to use the pill organiser then it can be managed by the caregiver or someone else in the family.



Administering medications

If the person you care for is not able to take medicines themselves for physical or mental health reasons, they will need help. Ask for their permission and discuss with family members how they can arrange for someone to give them their medication each day at the right times. The helper may also need a telephone text reminder or alarm. As always, allow the person you care for to decide what support they need, and allow them to do as much as possible by themselves.

Medicines are prepared in different ways and can be delivered by different routes. These include:

- by mouth – tablets, capsules and liquids or syrups;
- by inhalation into the lungs – using an inhaler device, for example, to treat asthma;
- by the rectum or vagina – suppositories;
- through the skin – creams, ointments, patches, poultices, and oils;
- into a vein or muscle – injection

Before giving any medications, you should wash and dry your hands. You need to check:

- the name of the medicine;
- the correct dose and time to give the medicine;
- that the older person has not taken the medicine already;
- the expiry date of the medicine;
- that the elder is not allergic to the medicine

You can put the tablets or capsules into a small, clean bowl and offer them to the person with a glass of water or milk. You can use a plastic syringe to measure the right amount of a medicine in liquid form, or a measuring spoon.

Help the person to get into a comfortable position and allow them to take the medicines themselves unless they are physically unable to do so.

Never force the person you are caring for to take their medicine.

If they don't want to take their medicine, talk with them calmly about the reasons. Suggest that they discuss taking their medicines with a family member or their health care provider. If they have difficulty in swallowing medicines encourage them to talk with their health care provider about changing to a different preparation of the medicine, such as a liquid or a suppository.

Check for reactions to the medicines

When a person takes several medicines there is a risk that the medicines will react with each other:

- ask them about any symptoms they have, such as dizziness, headache or rashes;
- encourage them to discuss these symptoms with their health care provider;
- discuss with them the importance of having their list of medicines reviewed by their health care provider at least every six months in case their condition changes;
- remind them to tell their health care provider about any traditional medicines that they take or any non-prescribed, over-the-counter medicines, such as pain-killers or vitamin supplements.

When away from home

If the person you care for is travelling away from home, perhaps to stay with a family member, they might need your help to prepare their medicines. They should take their care book with them with the list of their medicines. This will be helpful if they need to see a different health care provider while they are away.

Storage of medicines

- If the medicine is dispensed in an airtight plastic screw-top container it is best to keep the tablets, capsules or liquids in that container.
- In some settings medicines are dispensed in a paper envelope without a proper label. It is then helpful to put the tablets or capsules into a small airtight jar or pot. Make a clear label with:
 - the name of the older person;
 - the generic name of the medicine;
 - the strength of the tablets or capsules;
 - the number of tablets or capsules prescribed;
 - the name of the health care provider who prescribed the medication;
 - how many tablets or capsules to take;
 - the times to take the medicine;
 - the date dispensed.
 - the expiry date
- Heat and damp can cause medicines to lose their effectiveness. If possible, store medicines in a box in the refrigerator. If not, set aside a dark, cupboard space out

of the reach of children. Do not store medicine with toiletries or cleaning products to avoid dangerous mistakes.

Information about medicines

It is important for you as the caregiver, and the person you care for to understand the medicines that they are taking. Because brand names of medicines vary from one manufacturer to another it is important to use the generic name of the medicine. For example, metformin, a medicine to treat diabetes, has many brand names including Diamet, Glucophage, Metofix and Riomet. Hydrochlorothiazide, a common medicine to treat high blood pressure, might be named Apo-Hydro, Aquazide, Esidrix, Hydrodiuril, and Oretic.

Every medicine container should have a label that includes the generic name, but this is not always the case. Talk with the person you care for about the generic names of their medicines, so that they can talk about the medicines with their health care provider. There is also useful information online about the uses and side-effects of different medicines. Reliable sites about medicines include:

<https://www.mayoclinic.org/drugs-supplements> and

<https://www.webmd.com/drugs/2/index>.

However, decisions about any medications should only be made following the advice of the health care provider.

When the person you care for sees any health care provider encourage them to take a list of all their medicines with them. It is important to check that they have not been prescribed the same medicine under a different brand name, which could result in an overdose.

When the health care provider prescribes a new medicine, encourage the person you care for to ask about, and, if possible, to write down:

- what the medicine is for and what it should do;
- how to take the medication;
- possible side effects to watch out for;
- how long before they can expect improvement;
- how long to take the medicine (lifelong or for a period only);
- if there are any foods they should avoid while taking this medicine;
- if they can drink alcohol when taking the medicine.

Regular supply of medication

Ensuring a continuous supply of medicines for chronic conditions can be a problem. There are some problems that are beyond your control. For example, if the hospital pharmacy has run out of the medicine when the person you care for travels a long way there to obtain their monthly supply.

Sometimes the person cannot afford to buy their medicines every month. They might lack money to travel to or attend the clinic. With their permission, try to find out through a social welfare officer or health care provider if the person is entitled to free or subsidized prescriptions.

In the care notebook you can help the person you care for to keep track of the supply of each drug, and when the prescription needs renewing. Do not use medicines after the expiry date.

If the person is taking traditional medicine, or medicines they have purchased themselves, encourage them to write this in their care book, and to discuss with their health care practitioner.

It can be dangerous to share someone else's medication. Encourage them not to do this.

Vaccinations

As people get older the immune system often becomes weaker. Older people can catch infectious illnesses when they look after their young grandchildren. Older people are more likely to suffer from infectious diseases such as Covid-19, influenza, pneumococcal disease, pertussis and herpes zoster. Encourage the person you care for to ask their health care provider to vaccinate them against these diseases. It is especially important to ensure that the person you care for is vaccinated against Covid-19, which spreads rapidly. Caregivers should also be vaccinated against Covid-19 as soon as possible.



Looking after your own health and wellbeing – tips for caregivers

Supporting the person you care for to manage their medicine is a big responsibility and can be stressful:

- It is better to share this responsibility for managing the medicines safely.
- If possible, try to ensure that someone else, such as a family member, also knows about the person's medications, and how to manage them safely;
- If you feel worried about helping to manage medicines discuss with your supervisor to find a solution;
- If you have concerns that the person is not taking the medicine correctly, discuss first with the person and their family members, and then, with their permission, consult a health care provider;
- Try to avoid misuse of medicines -do not give the person any prescribed medicines that were prescribed for someone else; ensure that the medicines are safely out of the reach of children and advise against the person sharing their medicines with someone else.



Special considerations for people with memory loss and/or confusion

Sometimes, people with memory loss or confusion refuse to take their prescribed medication. It is important not to assume that the person is just being 'difficult'. There might be a reason why they refuse a medicine.

- Is the person only uncomfortable taking their medication in some settings or with some people?
- Can you tell from the person's reaction that they dislike the taste, or that the medicine causes unpleasant side effects?
- Does the person have the capacity to refuse to take their medication?
- Have you asked the health care provider about alternative preparations of the medication?

NOTE: Never force a person to take medicine against their will

If the person you care for refuses a medicine you should discuss it with the health care provider who prescribed the medicine. The prescriber will be able to decide whether the person has the capacity to decide for themselves not to take their medication.

If the person does not have capacity to decide about the medicine, then the health care provider can decide what is best for them. When making this decision, the health care provider should talk to the person's relatives and other professionals involved in the person's care.

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Managing personal finances

Why some older people need help to manage their personal finances

There are many reasons why an older person might need help to manage their finances, for example:

- They may worry about not being able to keep up with paperwork related to their finances, such as paying bills or paying off a debt
- They may need assistance in visiting and communicating with staff at their local bank branch or Post Office in order to pay their bills or receive their entitlements
- They may not know about entitlements they might be eligible for or may have difficulty accessing them, including social pensions, disability allowance, survivors' benefits, health insurance
- They may lose their source of income if poor health prevents them being able to work
- A drop in interest rates may reduce the income they gain from their savings
- They may worry about new methods of transferring money by phone, paying bills online, and managing passwords.
- They may be at risk of telephone or online scams
- When an older person's spouse dies they might need help and referral to legal advice and support for financial inheritance matters. Older women are especially likely to need this assistance when their husband dies.

How can I help the person I care for to manage their personal finances?

The subject of personal finances is a sensitive one. If you are a volunteer caregiver, you may ask if the person would like any support in this area. Managing personal finances can be a cause of great worry and stress and can cause family arguments.

The older person might need your help to organise their financial papers or legal documents. Help them to make simple folders with labels so that they can easily find documents when they need them. This will be helpful if their circumstances change, such as moving in with a son or daughter's family, developing a disability, or being widowed.

Preparing a budget

If the person you care for asks for help with managing their finances, it is a good idea to help them to prepare a budget.

First help them to list how much they need to spend on food, rent, health care and medicines, transport, electricity, gas, phone, home maintenance and rates.

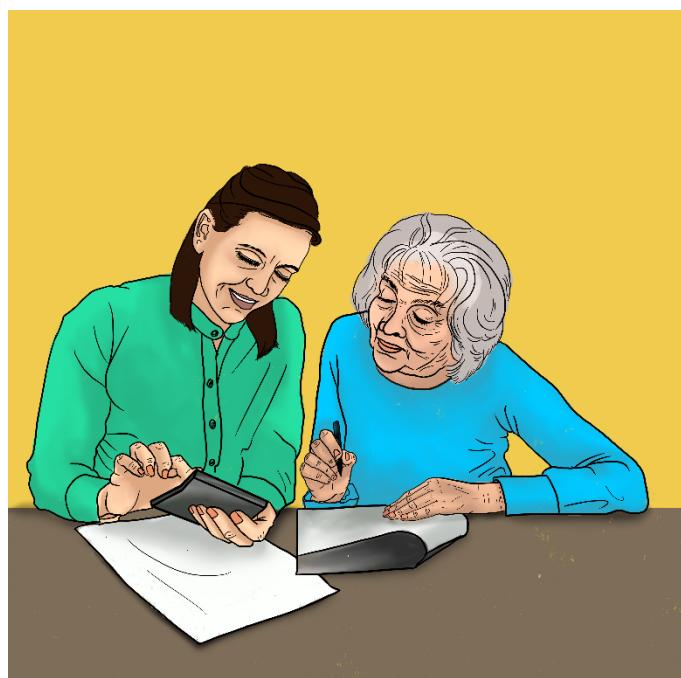
Remember that older people often like to keep some money in their purse. They may want to make a donation when they attend their temple, mosque or church or to give pocket money to their grandchildren. Consider advising against keeping large amounts of cash at home.

In some settings it is common for people to lease rather than buy costly items such as a television or refrigerator. Include lease repayments in the budget. Lease conditions can be difficult to understand because of interest rates. Before buying an item on a lease basis encourage the older person to take advice from a friend or family member who understands how this works if needed.

Help them to list amounts of any income, such as a pension, remittances from family members, interest on savings, or rent.

Preparing a budget might reduce worries about their finances, highlight where they need to be careful with spending, or show that they have debts that need to be addressed.

The budget items they identify can make it easier for them to keep a record of their spending and income in a notebook.



Paying bills

Some older people often have difficulties with, or simply dislike, modern innovations such as banking online, receiving and paying bills online, and buying goods or donating online. They may prefer to receive their bills at home and take them to the Post Office to pay them. But they might enjoy learning how to do their banking and pay bills online if a caregiver or a young family member can spend time with them to teach them.

Financial abuse

Financial abuse is when financial control is misused or when money or assets are stolen. Like other forms of abuse, it is family and trusted friends who are most commonly conducting financial abuse. Caregivers and care institutions are also sometimes guilty of financial abuse. Financial abuse harms an older person by reducing their resources, choice and power.

People with care needs, particularly those with dementia, are at higher risk for financial abuse.

Some examples of financial abuse include:

- A family member who takes a parent's pension and controls how it is used
- A family member who sells a parent's property or pressures them to sell or hand over their assets
- Someone who borrows money and never repays it or takes money from someone with dementia
- A person who misuses a power of attorney or forces or tricks someone into signing or changing a contract or will

You might also consider warning the person you care for about the possibility of telephone and online scams. Encourage them to be careful when they receive a phone call or a message from someone they don't know.

If you suspect that financial abuse is occurring to the person you care for, discuss with your supervisor or seek legal or counsel from a social worker.

Managing debts

Debts can be a major worry for older people who may lack the capacity to earn. They may respond by trying not to think about the problem. It can be helpful to have a discussion with them and give them some ideas to reduce the debt. Warn them about short-term lenders and commercial microfinance banks, who often charge a high rate of interest resulting in the amount owed getting larger. If they have a bank account there might be someone at the bank who can counsel them about their finances and

make a plan with them. You could also encourage them to discuss the problem with the Social Welfare Worker.

First, help the older person to identify how much they owe. Help them to make a list of all their debts and any repayments they have made. This might include unpaid bills, loans, fines and credit card debts. Then they can see the total amount that they owe.

Some older people can no longer earn an income and have insufficient savings for food and other essentials. Discuss with them if there are ways they can raise some funds to pay off their debts. For example:

- Could they sell excess garden products such as fruit or vegetables?
- Could they ask one or more family members to help them to reduce or clear their debts?
- Do they have an item they can pawn or sell?
- Could they join a local group that carries out income generating activities together, such as sewing, gardening or making candles or crafts for sale?
- Have they checked with the local government officer or social welfare worker about any benefits they might be entitled to?
- Might it be possible to seek help from their local mosque, church, or temple or from a community group?



Looking after your own health and wellbeing – tips for caregivers

If you are a volunteer caregiver for a person that has financial difficulties, remember not to take on responsibility for their finances. Encourage the person you care for to discuss their finances with a family member. If you are worried about the situation discuss the problem with your manager.

Avoid accepting gifts in the form of money from the person you care for.

Communicating with health care and social welfare services

Why some older people need help in communicating with health care and social welfare services

Older people may need help with communicating with health care providers or social welfare workers for several reasons:

- some older people, especially women, received little or no schooling and may have low literacy;
- older people may worry about forgetting what the health care provider or social welfare worker says to them;
- older people from a minority ethnic group may worry about being understood, or about discrimination, or they may fear officials;
- some older people may feel shy and uncertain about where to go and who to see or talk to;
- older people with low vision, blindness, hearing difficulties or a speech impairment often need help with communication.

For any of these reasons, older people may appreciate company when they visit or communicate with a health care provider or social welfare worker.

Social welfare workers provide support, information and advice about financial, social welfare, health, and housing matters. They help people to solve and cope with problems in their everyday lives. They may be responsible for obtaining assistive devices or equipment, such as a walker.

It is important to remember that an older person might need to communicate with health care or social welfare services for a reason that is sensitive or private. For example, they might want to see a health care provider about a sexual health problem, or a social welfare worker about financial or other abuse they might be receiving from a family member. So it is important if the older person asks for your help, not to ask for details about the health or social problem. If they tell you about their problem, tell them that you will not tell anyone else unless they want you to.

The health or social problem might be an acute problem, or it might be a chronic problem that needs long term monitoring.

Your role

It is helpful to think about and discuss with the person you care for the role you will play in helping them to communicate with service providers:

- do they need your help to make an appointment?
- do they need you to accompany them to the clinic or office?
- do they need you to help them to communicate with the health care provider or social welfare worker in the consultation?
- do they need your help to complete forms?
- do they need you to keep a record of the consultation?



Making an appointment and attending a consultation

The person you care for may need your help to contact health care or social welfare services to make an appointment. It is helpful to keep a book or notice by the phone with the names and numbers of the health clinic, doctor, or hospital, and of social welfare services.

In some situations or settings there may be no appointment system, and the older person may need you to accompany them to the clinic or social welfare office to register and wait to be seen by the health care provider or the social welfare officer. Try to find out how long the wait is likely to be and help the person you care for to prepare. For example, they might want to take a snack to eat, and to find out where the toilets are. Remind them to bring their glasses and hearing aid if they need them to see and hear.

If language is a problem, ask the health service if there is an interpreter, or try to ensure that they are accompanied by someone who speaks both languages and can interpret for them. When choosing an interpreter, encourage the person you care for to think about confidentiality, family and gender issues.

Sometimes a health care provider or social welfare officer will visit the older person at home. Ask the older person if they would like privacy or prefer you to stay with them when they talk with the service provider. If they are forgetful, help them to make some notes beforehand of what they want to say and to ask.

If the older person has low vision introduce them to the health care provider or social welfare worker.

Tele-medicine

In recent years there has been a gradual increase in the use of tele-medicine. This has increased with the Covid-19 pandemic. This has been especially useful for many older people with chronic diseases. However, tele-medicine depends on the older person having a phone, a tablet, or a computer, and access to the internet. Many still lack access to the internet. Even where internet services are available, older people may lack the knowledge or confidence to use the internet or tele-medicine services.

If it is possible in your setting to consult a health care provider by telephone or online, ask the older person if they would like your help to do this. You can help to set up the tele-medicine consultation and leave the person in privacy while they talk with the health care provider.

Keeping a health record

Some countries have introduced personal-held health record for adults, which are a valuable aid to communication and continuity with health care and social welfare services. Sometimes the personal-held health record is specifically for older adults; sometimes they are for adults with chronic diseases. The older person, and those who care for them, including health care providers and social welfare workers, can all write in the record.

A health record for older people usually includes:

- personal demographic and family information;
- medical and surgical history, including any allergies to medicines or foods;
- medications;
- blood group;
- emergency contacts and details of:
 - primary caregiver;
 - primary health care provider or GP;

- social welfare officer;
- nearest hospital;
- current health conditions;
- results, with dates, for:
 - blood pressure and weight;
 - mini mental state examination;
 - urine and blood sugar test;
 - ability to perform activities of daily life;
 - vision and hearing test;
 - oral cavity and dental exam;
- results of any other investigations;
- health promotion messages;
- appointments;
- assistive devices and equipment;
- social welfare entitlements;
- problems and progress.

If these personal-health health records are in use in your area try to ensure that the person you care for has one and encourage them to write in it. For example, they might write down a side-effect from a new medicine, or their blood pressure measurements if they have a blood pressure monitor at home.

If there is no official personal-held health record it is helpful to use an exercise book to keep this information.

The benefits of keeping a health record:

- communication, trust, and autonomy improve when older people keep their own health record;
- older people rarely lose their health record and remember to bring it with them to consultations.
- the patient, their caregiver and their health care providers give preventive health strategies more attention;
- the record makes it easier for the person to make decisions with their caregivers about their own health;
- it improves continuity of health care, for example, avoiding unnecessary repetition of tests;

- it makes cooperation and coordination easier between the health and social welfare services.

The person you care for should decide whether a family member or caregiver can write in and read their health record. They might prefer to keep their health details private.

They should take the record with them when they visit a health care provider or social welfare worker. If they are forgetful, remind them to take the record.

If the person you care for no longer has capacity to consent to medical treatment, identify and record the name and contact details of an appropriate person, usually a family member, who can make decisions for them.

Keeping important documents safe

Help the person to keep their official documents in order, such as birth and death certificates, identity documents, title deeds, and health records. You can make some folders from card.

Eligibility for social service benefits may depend on having documents such as a birth certificate. But older people may not have a birth certificate, or know their date of birth. They can tell the local government official about any major events they remember from their childhood, which will help the officer to provide them with a certificate showing their approximate age.

Giving feedback to service providers

Health care providers and social welfare workers have challenging and often stressful jobs. It is good to give them positive feedback after a consultation.

Assisting with social connection and relationships

Why is it important to maintain social connections and relationships in older age?

As humans, we all need to be socially connected with others. Feelings of loneliness and experiencing social isolation are something we can all experience at any time in our lives. Loneliness is the distressing feeling of being alone, not belonging or not being wanted. Social isolation is not having enough people to interact with regularly. This can be because someone lives alone or because they are not connected to those around them.

In order to avoid loneliness and isolation people need two main types of connection. The first is enough positive social interactions of any sort. This can be simple interactions like a smile from a seller in the market or a friendly hello from a neighbour. Friends and family can also offer positive social interactions through kindness, conversation and support. The second is being able to share more deeply things like your hopes, fears and worries with someone who knows you well and is supportive of you.

Feeling lonely and being isolated has been found to have negative impacts for our health and wellbeing. People who are lonely experience emotional pain. The emotional pain can turn to physical health problems because of the effect of stress on the body. Loneliness increases our risk of death by 26% and is thought to be as bad for us as being obese or smoking 15 cigarettes a day. Social isolation and loneliness are linked to lower quality of life, decreased wellbeing and reduced independence in older age. They are also linked with an increased risk of heart disease and stroke, high blood pressure, depression and dementia. For these reasons loneliness and isolation are viewed as serious health issues.

It is thought that almost half of people aged 60 and over are at risk of experiencing social isolation, while one-third will experience some degree of loneliness. As we age,

older people may find themselves spending more time alone or facing other barriers to connection.

Reasons why someone might be lonely or isolated

The older person you are supporting may be at risk of loneliness or isolation if they:

- Live alone
- Lack people to they feel they can open up with about hopes, fears, or worries
- Have poor relationships in the household where you live such as
- Have health conditions which make them feel unwell, tired or worried about being with others
- Have disabilities including hearing loss, sight impairment, memory loss and trouble getting around
- Experience discrimination in the home or society because of age, gender, disability, or for other reasons
- Have language or cultural barriers
- Have mental health conditions such as depression or anxiety
- Have lost a spouse or other family or friends they were close to because of death or because of distance such as when people move away
- Do not have access to or cannot afford transport
- Do not have free time to spend with family or friends, because of their work inside or outside the home
- Are prevented from seeing friends or family members outside their home by a spouse or other members of the household;

As a caregiver there are many ways you can support the person you provide care for in social connection and relationships:

- Connect and build relationships with family and friends (See [Connecting with family and friends](#))
- Improve communication for those living with disability (See [Improving communication with a disability](#))
- Participate and engage in their community and society (See [Social participation and opportunities to contribute](#))
- Recognize signs of abuse and take appropriate action (See [Preventing and addressing neglect or abuse](#))
- Support spiritual health (See [Spiritual health](#))



Looking after your own health and wellbeing – tips for caregivers

It is important for you to take care of your emotional wellbeing, and this includes addressing any feelings of loneliness or isolation you may have. Feeling connected through maintaining strong relationships and bonds with family and friends is important for your physical and mental health. They can also help provide you with strength for your role as a caregiver, and to manage your stress.

- remember to make time for yourself and to prioritise this time for connecting with your loved ones;
- talk with friends and family. Share any concerns, anxieties or stresses, and remember to celebrate achievements and things that make you feel happy;
- schedule regular time and events with friends and family, maybe having a regular evening out with your partner, family gathering or trip out with friends. Having social appointments to look forward to can help support our emotional wellbeing;
- find ways to stay in touch with friends or family who live further away. Use phone or video calls, emails, SMS or letter writing;
- make sure to keep your appointments with friends or family even if you are feeling tired or unmotivated. Seeing your loved ones will likely make you feel better;
- reach out to friends you think might be lonely.

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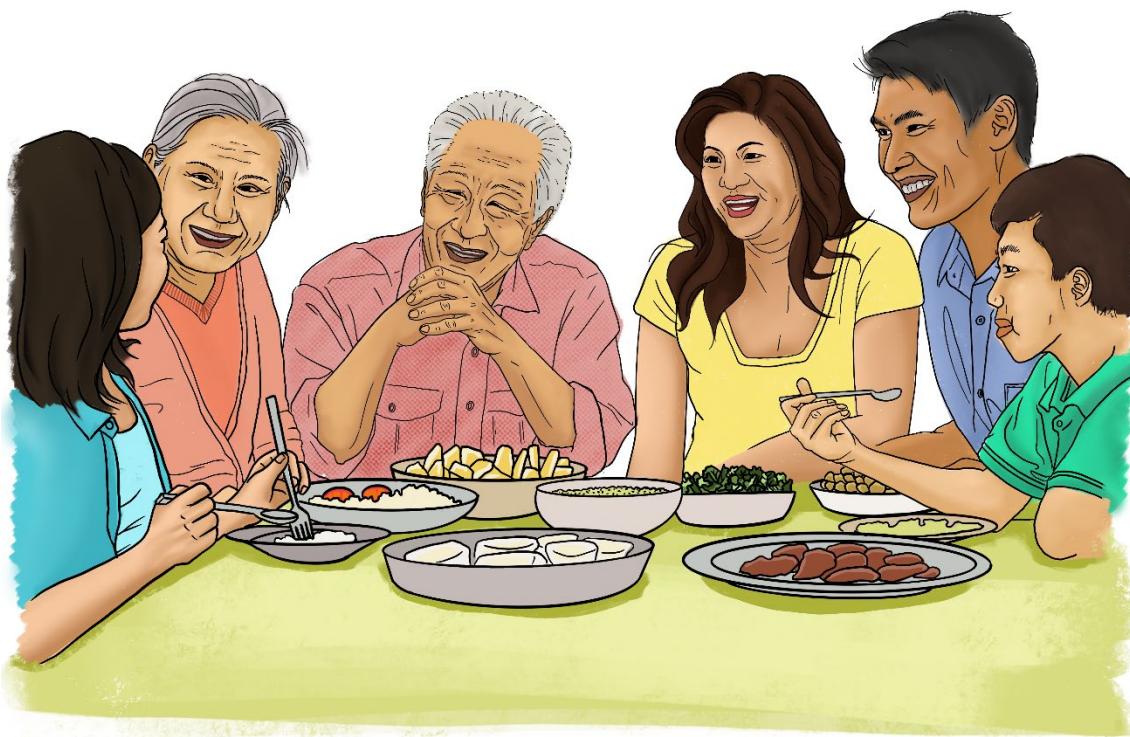
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Connecting with family and friends

Why are relationships with family and friends important for healthy ageing?

As we get older social connections and relationships with family and friends are key to maintaining our health and emotional wellbeing. This is because one need we all have is to be connected to others and to have a sense of belonging. It is important to have someone you can share with about your hopes and fears and worries. It is also important to have positive social interactions with others. While family relationships can sometimes be a source of emotional pain or even abuse, for most people, family are an important part of meeting our need for social connection. Without these relationships and regular engagement with the people closest to us we may face negative consequences for our health and wellbeing.



How can I support someone to stay in touch with friends and family?

Having social bonds and close relationships with a mix of family members and friends has been found to be most beneficial for our health and wellbeing. There are things you can do to support the person you care for to maintain these relationships:

- learn about the person's family relationships and engagement with friends. Encourage them to talk about the people closest to them. This will help you to gain an understanding of who the most important people are, and the different roles they play in the person's life;
- try to note how the person you support, and the people they are closest with react in different situations, with illness or stress for example. This will help you to help the person reach out to different family members or friends who can provide support in different situations;
- do not judge the person you are supporting, their family members or friends for the way they interact with each other. Remain neutral.
- remind the person of the importance of their social relationships and of the benefits of mutual support within these relationships. Try to encourage and help the person to support their friends and family, as well as reaching out to them for their support;
- following the death of a particularly important person in the life of those you are caring for, a spouse or close friend for example, encourage the person to stay in touch with other friends and family. This is important if the person who has died used to take more responsibility for joint relationships and social engagements;
- consider if the person you are supporting may be experiencing violence, abuse and neglect in their home and take appropriate actions. (See [Preventing and addressing neglect or abuse](#))

Provide practical support:

- suggest the person makes arrangements to see friends and family regularly;
- if possible, encourage the person to keep in touch with friends and family by telephone or online, and support them to use the necessary technology;
- encourage the person to write letters or send cards. You could offer to write the message if the person tells you what to say, or to help address the envelope, if either of these are challenging for the person



- if the person takes part in specific activities or is a member of a group, suggest they invite friends to join;
- if the person is anxious or under confident but wants to join new groups or try new activities, ask if they have a friend or family member with similar interests, and suggest they ask them if they want to accompany them;
- make a note of important dates, such as important holidays or birthdays and remind the person to get in touch;
- if you notice any problems between the person you are supporting and a friend or family member, try to sensitively raise the issue with the person to see if there is anything you can do to help. For example, they may have fallen into poor communication habits or be taking each other for granted. You might be able to help them see and address this;
- if the person you are supporting is unable to go out, suggest they invite friends and family to their house and offer to help by making tea or coffee for guests. You could also offer to pick up any shopping for a visit or a gift for a loved ones birthday;
- encourage family members to eat meals together;
- encourage family members to help with personal care, if the person you are supporting wants this and the family member is comfortable to do so.

If communication is difficult due to a disability or health condition, share tips with family and friends on how to get around barriers to good communication. (See [*Improving communication with a disability*](#))

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Improving communication with a disability



Special considerations for people with memory loss and/or confusion

When someone has dementia they may find that some of their relationships change. This might be because they feel less confident, particularly in social situations. Sometimes they may lose contact with some people who do not understand what having dementia means, and are unsure how to react.

When supporting someone with dementia to keep in touch with family or friends, remember the following:

- encourage the person to continue with activities and groups as long as they feel able. Offer to accompany them if they are anxious;
- offer to talk to their friends and family members about what dementia is and what they can do. Make sure the person wants you to do this before taking any action;
- remind the person to make and keep any social engagements;
- remind the person about important dates and holidays or festivals;
- if you are out together and you see a friend or family member, but the person you support cannot remember who they are, gently remind them;
- explain to close family members and friends how their loved ones behaviour might be affected by dementia, particularly if they do not appear to understand how their loved one is acting;
- encourage people to stick to routines. For example, if a couple have always read the newspaper together, encourage them to keep doing this, even if the person with dementia does not fully understand what they are reading.

Supporting people with vision or hearing problems

If the person you support has problems with their vision or hearing and you notice that this is affecting their relationships and how people communicate with them, consider offering the following advice to friends and family members:

Vision

When speaking with someone with vision problems:

- identify yourself - do not assume the person will recognise you by your voice;
- speak naturally and clearly, loss of eyesight does not mean loss of hearing
- continue to use body language, this will affect the tone of your voice and give a lot of extra information to the person you are talking with;
- use everyday language, don't avoid words like "see" or "look" or talking about everyday activities such as watching TV or videos;
- name the person when introducing yourself or when directing conversation to them in a group situation;
- never channel conversation through a third person. Always talk to the person directly;
- in a group situation, introduce the other people present;
- tell the person if you are leaving a room;
- use accurate and specific language when giving directions. For example, "the door is on your left", rather than "the door is over there"
- relax, speak naturally and be yourself.

Hearing

When speaking with someone with hearing problems:

- make sure you have face-to-face contact with the person you are talking to;
- get their attention before you start speaking, maybe by waving or tapping them on the arm;
- speak clearly but not too slowly. Do not exaggerate your lip movements;
- use natural facial expressions and gestures;
- do not shout;

- if someone does not understand what you have said, do not keep repeating it. Try saying it in a different way instead;
- find a suitable place to talk, with good lighting and away from noise and distractions;
- check the person you are talking with is following you during the conversation;
- if the person lip reads, do not cover your mouth with your hands or clothing.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- if you are concerned that the person you are caring for has physical health conditions that are affecting their ability to engage with family or friends;
- if the person you are caring for appears to lack the motivation or confidence to keep in touch with family or friends and you are concerned that this might be due to a mental health condition;
- for any support or advice in relation to hearing or vision problems
- to get support and guidance with particular challenges related to dementia;
- remember to maintain confidentiality in any discussions.

You should also seek help if you are feeling unhappy or are lacking in energy to the extent that you are not feeling able to keep in touch with family and friends.

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Social participation and opportunities to contribute

Social participation and opportunities to contribute

Staying socially engaged in older age is important in avoiding feelings of loneliness and isolation. Family and friends will be the main source of close relationships for people, but engagement in the wider community and positive social interactions with acquaintances and neighbours is an important part of social connection. A way to achieve this is through older people continuing to find ways to participate in daily life and to feel they are contributing to their family, community or wider society.

Finding ways to help the person you are supporting to participate and contribute in whatever way they choose is an important part of your role. For some older people, particularly those living alone, or for your spouse if you live in a household of just the two of you, you will likely be the person's link to daily life and society. It is important that you work together with the person you are supporting to ensure they can participate and contribute through doing the things they enjoy.

How can I support someone to participate in and contribute to society?

As a caregiver, there are things you can do to help the person you support to be able to continue to participate in and contribute to society, no matter what their level of ability. Think about the following:

- it is important that you know the interests of the person you are supporting, what they enjoy doing and what might drive them to participate and contribute;
- What people enjoy and want to participate in is their choice. You may play a role in assisting the person to participate in and contribute to society, but do not try to force them to do things if they do not want to;
- Sometimes people face stereotypes, prejudices and discrimination that can be a barrier to engaging in the community. This could be because of their age, their gender, their level of education or income. People with care needs or disabilities

often face discrimination as well. You can help to advocate for them if they face discrimination and can encourage them to find ways to do what they would like to.

- if the person you are supporting has been homebound and not participating in community life, there are still things you can do to support the person to be more involved in the community. You can suggest small things the person could do to start with. This could be helping with errands, accompanying you to the shops, going to collect their own medication from the pharmacy or dispensary. Undertaking their own administrative tasks, such as paying their bills, may also help them to feel they are participating in daily life and contributing to their household.

Getting involved with local groups;

- if the person would like to participate in activities outside their home and family, suggesting group activities can be helpful. Engaging with groups has been found to be positive for many older people;
- groups do not need to have the primary focus of combating loneliness or providing a way for people to contribute. In fact, they are often more successful if they have a different focus, for example, practicing a hobby or learning a new skill;
- learning and gaining new skills is important for all of us, no matter what our age. Groups that provide an opportunity for older people to learn can be a useful way for people to participate in society and contribute to their families and communities;
- think about whether there are groups or workshops where the person you are supporting could learn new skills. This could be about learning to use new technology (e.g., smartphones), understanding changing farming techniques, improving cooking skills or handicrafts. Such skills could help the person to feel a part of their community and could enable them to earn an income;
- group members might also have a role in supporting and leading activities in the community. There may be groups that organise community events, linked to holidays or festivals for example. Other groups might be involved in local fundraising efforts, maybe for a place of worship or local school;
- you could also find out whether there are any local groups involved in advocacy activities and campaigning in the community. Such groups might focus on issues related to older age, such as older people's access to services, or other topics the person you are supporting feels strongly about;
- there may also be groups in the community that provide support for people in particular circumstances, such as bereavement support groups;

- if the person you are supporting is interested in more formal volunteer roles, find out about their skills, experience and interests and help them to explore whether there are any local opportunities;
- the person you are supporting might also want to meet new people and engage with others in a less formal way. There might be local coffee mornings or walking groups they could join;
- assisting the person, you are caring for to increase their social participation could also provide an opportunity to support them to adopt healthy behaviours. There might be local exercise groups the person could join, for example.
- Religious or faith groups may also be a good option for engaging in the community (See [*Spiritual health*](#)).

Helping to make participation possible

Understanding the person's interests and knowing what opportunities there are, are important steps. You may also need to help the person overcome obstacles to their participation:

- consider accompanying the person at first, particularly if they are feeling under confident or anxious, or if they are unsure where they need to go; or arrange for someone else to accompany them;
- help the person to schedule activities at times of day when they feel most able, and avoiding other commitments;
- encourage the person to discuss any challenges with a group leader or group members. If the person has any problems with their vision or hearing that make participation more difficult, suggest they make others in the group aware and give advice on how they can communicate with the person to make things easier;
- do some research. Find out about local transport so the person knows how to get where they are going. What are the cheapest options for the person to get to activities? Are there any other people nearby they could share transport with? Are there toilet facilities at or near to where the activity takes place?
- if the person struggles to find time because of their family or household commitments, suggest they discuss this with other household members and help them to negotiate some changes, where possible.



Special considerations for people with memory loss and/or confusion

A person with dementia may have some specific support needs to enable them to continue to participate. There are things you can do to keep the person engaged, focusing on their participation in particular activities. Remember to keep the person's skills and abilities in mind. Stick with activities the person has always enjoyed and adjust, as needed, to match their current abilities. Pay particular attention to what the person has always enjoyed.

When encouraging someone with dementia to participate in an activity, remember:

- the activity should have a sense of purpose and capture the person's interest;
- always invite the person to participate;
- offer choice whenever possible;
- talk less, demonstrate more;
- physical skills; focus on what the person can do;
- match your speed with the person you are caring for. Slow down!
- use visual hints, cues or templates;
- give the person something to hold;
- go from simple tasks to more complex ones;
- break a task down into steps; make it easier to follow;
- to end, ask: 'Did you enjoy doing this?' and 'Would you like to do this again?'
- there is no right or wrong. Think engagement and enjoyment rather than achievement.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- If you are concerned that the person you are caring for has physical health conditions that are affecting their ability to participate;
- If the person you are caring for appears to lack the motivation or confidence to participate and you are concerned that this might be due to a mental health condition;
- To discuss any issues or concerns about incontinence that might be affecting the person's ability to participate;
- To get support and guidance with challenges related to dementia;
- Remember to maintain confidentiality in any discussions.

You should also seek help if you are having problems feeling motivated or able to participate to do the things you enjoy.

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Preventing and addressing neglect and abuse

While relationships are a key source of support, it can also happen that people are abused by those closest to them and others they trust. Some people have experienced violence, abuse and neglect across their lives while others may experience it for the first time in later life. Violence abuse and neglect have serious impacts on health and wellbeing.

Violence, abuse and neglect can have serious impacts for older people, including causing physical injury and psychological distress, and increasing the risk of physical and mental ill health. Your role as a caregiver will require you to be vigilant in identifying abuse and dealing with this appropriately. You also have a responsibility to manage your own behaviour, ensuring you have the coping and support mechanisms in place to deal with difficult situations, avoiding causing any harm or abuse to the person you support.

What is abuse and neglect?

Violence, abuse and neglect of older people is a serious problem around the world. Around 1 in 6 people aged 60 and over report experiencing some form of abuse in the previous year. In institutions, such as nursing homes or residential care homes, the rates appear to be higher, with two out of three staff members saying they have committed abuse in the previous year. It is likely that these figures are underestimates, with the number of older people experiencing violence, abuse and neglect, likely to be higher.

Abuse is defined as any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Neglect occurs when those responsible fail to provide food, shelter, health care, protection or emotional support. Abuse of older people can take a number of different forms, and several can happen to an individual at the same time:



Types of abuse	Types of behaviours
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions.
Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing, or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Financial or material abuse	Theft, fraud or exploitation, pressure regarding wills, property, or inheritance, misuse of property, possessions or benefits.
Domestic violence and abuse	Psychological, physical, sexual, financial, emotional abuse, 'honour' based violence.
Discriminatory abuse	Including forms of harassment, slurs or similar treatment: because of race, gender and gender identity, age, disability, sexual orientation or religion.
Modern organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor practice because of the structure, policies and processes within an organisation.
Self-neglect	This covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings, and behaviour such as hoarding.
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation

	or unreasonable and unjustified withdrawal of services or support.
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Risks of violence, abuse and neglect

There are several factors that might increase the risk of an older person suffering violence, abuse or neglect. Be aware of the following:

- family history: abusive behaviour may have been happening for a long time within a family or household as a strategy for solving conflicts or challenges. A history of violence within a marriage or from parent to child might also point to potential abuse in older age.;
- mutual dependency: when people are dependent on each other, whether emotionally or in practical or financial terms, conflicts can occur. Living together and being dependent on each other provides opportunity for tensions to arise;
- physical and/or psychological burden placed on caregivers: supporting someone with significant care needs can be very demanding for the caregiver. Abuse may occur if the caregiver does not cope well with the person's declining physical and mental abilities, or their own lack of perspective and freedom;
- social isolation: being socially isolated can increase our risk of becoming a victim of violence, abuse or neglect. Someone who is socially isolated is likely to be more dependent on a single caregiver, increasing the stress for this person. Social isolation can also mean that any abuse is less likely to be seen and dealt with.

Understanding the person's interests and knowing what opportunities there are, are important steps. You may also need to help the person overcome obstacles to their participation:

- consider accompanying the person at first, particularly if they are feeling under confident or anxious, or if they are unsure where they need to go; or arrange for someone else to accompany them;
- help the person to schedule activities at times of day when they feel most able, and avoiding other commitments;
- encourage the person to discuss any challenges with a group leader or group members. If the person has any problems with their vision or hearing that make participation more difficult, suggest they make others in the group aware and give advice on how they can communicate with the person to make things easier;
- do some research. Find out about local transport so the person knows how to get where they are going. What are the cheapest options for the person to get

to activities? Are there any other people nearby they could share transport with? Are there toilet facilities at or near to where the activity takes place?

- if the person struggles to find time because of their family or household commitments, suggest they discuss this with other household members and help them to negotiate some changes, where possible.



Looking after your own health and wellbeing – tips for caregivers

Being a caregiver can be rewarding but it can also be demanding, difficult, and stressful. You may need to be available around the clock, and struggle to find time for yourself. Often, family caregivers have to give up paid work to make time for their caring responsibilities. You may find it difficult to keep a positive outlook when you see the person you are caring for declining, and you feel there is little hope of improvement.

Over time, the demands and stresses of caregiving can take their toll. A caregiver might not even know they are being neglectful or abusive. To look after yourself and avoid this from happening:

- make sure you have time to rest and take care of your needs;
- ask a family member or friend to help for a weekend, or even for a few hours. Having time to take care of yourself will help you remain healthy and have patience and energy for caregiving;
- find out if there are any organisations in your community that can support you by providing volunteer caregivers to help out;
- ask a trained caregiver or supervisor if they can provide respite care;
- consider joining a caregiving support group;
- remember to maintain healthy behaviours - eating well, exercising and getting enough rest;
- reach out to a family member or friend if you are feeling stressed and need to talk;
- speak to your supervisor or a health worker if you are struggling to cope.

What can I do to help prevent or manage violence, abuse and neglect?

As a caregiver you have a responsibility to look after yourself to make sure you do not become abusive or neglectful towards the person you are caring for. You must also be vigilant to any signs of abuse or neglect being experienced by the person. If you see or suspect anything, it is important you know what to do.

Recognising signs of violence, abuse or neglect

Recognising and identifying abuse are the first steps in being able to support the person you are caring for. There are several signs that might indicate abuse:

- physical abuse: bruises, pressure marks, repeated accidental injuries, anxious behaviour when someone approaches;
- psychological abuse: unexplained withdrawal from normal activities, insomnia, fear of people, a sudden change in alertness or in appetite, unusual depression;
- sexual abuse: anxious behaviour when getting undressed or being touched, genital bruising or bleeding, torn or stained underclothing;
- financial abuse: sudden changes in bank account or banking practice, including unexplained withdrawals of large sums of money, sudden inability to pay bills;
- neglect: unusual weight loss, malnutrition, unsanitary living conditions, lack of social control.

If you see any signs of abuse you should consider:

- talking to the person, carefully ask how any injuries occurred;
- make sure you talk in private, without an accompanying family member present;
- if you are concerned that talking to the person directly may cause trouble for him/her, then it is sensible to discuss the issue with your supervisor;
- if the person you are supporting tells you they have been or are being abused, ask them exactly what happened;
- you should also ask the person about when the abuse happened and what else was going on at the time. Was anything unusual happening in the person's daily life, or that of their family member or the person that they say has abused them?
- try to understand the broader family situation. Has anything changed?

Responding to reports or signs of violence, abuse and neglect

It is important that you try and respond in the best possible way if the person you are caring for tells you that they have experienced abuse:

- stay calm and try not to show shock;
- listen very carefully;
- be sympathetic;
- be aware of the possibility that medical evidence might be needed;
- reassure the person that they have done a good thing in telling you and that you will treat the information seriously;
- make clear to the person that the situation is not their fault;
- If your role as a caregiver is managed through an organisation and you have a supervisor, inform the person that you must tell your supervisor what they have told you, and that with their consent, your supervisor will contact the appropriate authorities and/or the police. Do not promise to keep the information secret;
- write down what the person tells you, be factual, date and sign your name
- if you are worried about any imminent danger to the person you are supporting, take immediate action. In situations of acute danger, the police must be called;
- in every case where there is a suspicion of violence or abuse, your supervisor or manager should be informed, and further action agreed.

Reporting instances of violence, abuse and neglect

If you suspect violence, abuse or neglect of the person you are supporting, or they or someone else reports an incident to you, report this to the most relevant person or authority. Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and shared on a need-to-know basis only. To report instances of violence, abuse or neglect:

- make sure the person is safe – call emergency services if necessary;
- confidentially communicate your concerns to your supervisor;
- follow your country's procedures to report concerns to the correct authorities;
- make sure the details of the concerns are recorded in writing with the dates, times and names. Make sure the information is factual and accurate;
- if you do not get a response back from the relevant authorities, contact them again and put your concerns in writing with dates, times and a signature;

- if you are caring for a family member and you suspect a trained caregiver has been abusive or neglectful, contact the organisation the caregiver works for, or your local authorities;
- if you are worried another of your family members or friends has mistreated your loved one, seek support. You could contact a caregiving organisation if you are supported by one, a health worker or a relevant authority. If you and the person you care for live with the family member or friend you suspect, consider your safety and the safety of the person you care for, in the action you take.

If you are a caregiver working with an organisation, you should also report if:

- you accidentally hurt the person you are supporting;
- the person seems distressed in any manner;
- the person you are supporting or anyone in their household appears to be sexually aroused by your actions;
- the person you support misunderstands or misinterprets something you have done.



Special considerations for people with memory loss and/or confusion

People with dementia may be at risk of abuse in the community or in care homes and hospitals and are likely to be at higher risk than other older people. This is because:

- People with dementia may struggle to discuss their feelings and experiences
- They may not remember what happened to them
- Common reactions to abuse, such as withdrawal from communication, can also be symptoms of dementia and may not be noticed as signs of abuse
- Dementia can cause challenging behaviour that caregivers and others find stressful and difficult to manage.

People with dementia can suffer the same forms of abuse as others - psychological, financial, emotional, sexual or physical abuse. The use of restraint and inappropriate prescription of anti-psychotic medication are seen in people with dementia. Both are forms of abuse.

If you are supporting someone with dementia and you find their behaviour or the decline caused by their condition challenging, it is particularly important that you note the advice given above and look after yourself well.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- if you suspect abuse or someone reports abuse to you;
- if someone you are caring for has physical injuries because of abuse;
- if they are showing signs of psychological or emotional distress because of abuse;
- if you think any health conditions the person has, or their ability to manage their conditions, are being affected;
- to get support and guidance with challenges related to dementia;
- if you are feeling unable to cope with your caregiving responsibilities, particularly if you are concerned your behaviour may become abusive or neglectful;
- remember to maintain confidentiality in any discussions.

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Spiritual health

How does religion, faith or spirituality impact healthy ageing?

For many older people, their faith is fundamental to their identity and important to their everyday lives. 85% of people around the world identify with a particular faith and in some cases, people are found to become more religious as they get older. Practicing a faith has several potential benefits for older people. These include:

- providing a sense of community;
- reducing social isolation;
- giving opportunities to undertake volunteer activities;
- allowing people to stay connected with others and share feelings, ideas, experiences and information;
- helping people cope with the diagnosis and management of a difficult health condition or disability such as cancer, chronic pain, or dementia.

While some aspects of faith and spirituality are practiced independently, many religious traditions include times of prayer or worship with others, festivals or going to a religious site/center (temple, mosque, church, synagogue, etc). People may face barriers to participation in religious activities important to them because of disabilities or health conditions.

There are things you can do as a caregiver to support older people to continue participating in and practicing their faith.



Looking after your own health and wellbeing – tips for caregivers

If your faith is important to you, make sure you find the time to attend places of worship and participate in religious festivals and rituals.

Continuing to practice your faith is important for you in the same ways it is for others.

If your ability to provide care will be affected by practicing your religion, discuss this with a trained caregiver or supervisor and ask for support. This might be particularly important during religious festivals if you need to pray at particular times and if you choose to fast.

- Seek advice and support from a faith leader or other members of your church or religious group in times of challenge, if you find you are struggling to cope or questioning your faith.
- Respect the beliefs of the person you are caring for, even if they differ from your own. Both you and they have the right to freedom of thought, belief and religion.

How can I support someone to participate in and practice their faith?

As a caregiver, there are things you can do to help the person you support to be able to continue to participate in and practice their faith. Think about the following:

- make sure you get to know the person you are supporting so that you are aware of their religious beliefs and the role they play in their everyday lives;
- respect the person's beliefs and choices, even if they differ from your own. This may include respecting their faith which differs from yours or respecting their decision not to participate in any religious activities;
- offer to accompany the person to a place of worship if they will struggle to get there on their own. You could also encourage a family member or friend to take them;
- help them to get any supplies they may need for the practice of their faith;

- make a list of religious festivals and occasions and remind the person about them if you think they might forget. Be sensitive to any practices the person may be observing on these days;
- be aware of and support any dietary needs in relation to the person's religion. Make sure you shop for and prepare appropriate food;
- if the person chooses to fast during religious festivals or rituals, support this decision, but also consider seeking advice from a health worker about any potential health implications for the person you are supporting;
- be aware of and support any religious practices important to the person in relation to personal care. Discuss this with them to understand and accommodate their needs. This could be about bathing, hair care or shaving, and who the person wants or needs to support them with these personal activities;
- if you are helping the person to dress, make sure you ask them what they want to wear and do as they ask. This will be particularly important on religious festivals or for prayer;
- be sensitive to the times of day the person may want to pray, either at a place of worship or at home. Avoid disturbing them with other tasks or activities at these times;
- if the person is unable to leave their home to attend religious events or activities, consider whether there are ways you can support them to practice their faith at home. Find out how to contact relevant religious leaders or groups for advice and support. If the person wants, try to arrange for a religious leader or other members of the person's faith to visit and pray with the person at home;
- many people take comfort from their faith at the end of life. Ask the person you are supporting if there are specific religious or other spiritual practices they would like to follow in the last stages of their life, and do your best to support this;
- remember that religion is not always helpful. Religious devotion may promote excessive guilt, inflexibility, and anxiety and religious preoccupations and delusions may develop in people with some mental health conditions. Be aware and seek support and advice if you need to.



Special considerations for people with memory loss and/or confusion

- If you are caring for someone with dementia make sure you are aware of their religious beliefs and the role they play in their everyday lives. Respect these beliefs and choices, even if they differ from your own.
- There is evidence to suggest that spirituality and religion can slow cognitive decline and can help someone with dementia to cope with their diagnosis and deal with their disease. Do what you can to help the person practice their faith. This will include reminding the person and prompting them about religious activities and rituals if they appear to forget.
- People with dementia usually keep older memories for longer so they may respond to things they recall from earlier in their lives. They may remember and take comfort from hymns, religious music and readings. The structure and rituals associated with some religions can also be useful to maintaining structure in the person's day.
- It is possible that the person you are caring for may not want to practice their faith. Respect this decision and do not try and force the person.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- if you are concerned that the person you are caring for has physical health conditions that are affecting their ability to participate in religious activities;
- if the person you are caring for appears to lack the motivation or confidence to participate and you are concerned that this might be due to a mental health condition;
- to seek advice in relation to the health impacts of particular religious practices or beliefs. This could include the person choosing to fast, or denying health care on religious grounds;
- to get support and guidance with challenges related to dementia;
- remember to maintain confidentiality in any discussions.

Sources

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Assisting with health promoting behaviours

Why is it important to maintain and adopt healthy behaviours in older age?

Ageing and older age has been viewed by some as a period of decline, worsening health, dependency, and reduced quality of life - a view that persists because of ageism, and its associated negative stereotypes. The truth is that there is much that we can do to maintain or improve our health and to adapt when faced with health challenges or disability. As with any other time in our lives, our health and wellbeing should remain a focus. Maintaining and adopting healthy behaviours can help us to prevent or delay health problems, maintain some independence, and improve our quality of life.

As a caregiver, there are things you can do to assist the person you support to adopt healthy behaviours in older age. Many aspects of health behaviors are covered in other sections of this manual (see links below).

Key health promoting behaviours relate to:

- [Motivation for healthy ageing](#)
- [Sleep](#)
- [Nutrition](#)
- [Physical exercise](#)
- [Reducing exposure to air pollution](#)
- [Reducing alcohol and tobacco use](#)
- [Skin care](#)
- [Preventing and managing falls](#)
- [Road safety](#)

Motivation for healthy ageing

What is motivation and why is it important for healthy ageing?

Motivation is a person's 'driving force' or desire to accomplish something that they value and is important to them. Supporting someone to adopt healthy behaviours to keep themselves well, involves the issue of motivation.

Finding the drive to eat well, exercise, get enough sleep and be proactive in seeking health care can be a challenge for anyone at any age. We will have all struggled with motivation and will have likely put things off that we know would be good for us. For some older people, this reluctance or hesitation may pose more of a threat as our likelihood of having health conditions, particularly chronic conditions like heart disease, diabetes, and high blood pressure, increases as we age, and our risk of serious injury from falls is raised. Thus, the importance of living in a healthy manner becomes even more important, and the risks of not doing so, more severe.

What causes lack of motivation?

Here are some key actions to prevent falls:

There are several reasons why older people may struggle with their motivation. These include:

- Ageist beliefs that older age means not having anything to contribute, to live for or to enjoy; ableist beliefs that disabilities mean that you can no longer participate.
- Having mental health conditions, including depression.
- Having certain neurological conditions that are associated with a lack of motivation, including dementia and Parkinson's disease.
- Having physical health conditions - for example, endocrine diseases like an overactive thyroid have links with lack of motivation.
- Women experiencing menopause can have challenges with motivation linked to changes in their hormones.

- Declining levels of physical ability can make staying motivated difficult as tasks seem to require increasingly more effort.
- Feeling lonely or isolated.



Looking after your own health and wellbeing – tips for caregivers

Staying motivated in your caregiving role

Caregiving can be extremely rewarding, but it can also be exhausting and emotionally draining. You may have times when you struggle with your motivation to keep going. You might want to consider the following:

- Try to remember why you are providing care. Your reasons might be different depending on whether you are caring for a family member or acting as an informal caregiver in your community
- Talk to your family and friends or other people you find give you energy
- Look for and join a caregiving support group
- Stay physically active. Making time for exercise will be beneficial for your physical and mental health
- Try to make sure you rest and get a good night's sleep
- If you are facing a particular challenge or finding it hard to address a specific issue with the person you are caring for, try brainstorming different approaches
- Take breaks to ensure you have time for yourself.

Set your own goals alongside supporting the person you care for to set theirs.

How do I support someone to stay motivated?

As a caregiver, there are things you can do to help the person you are caring for to stay motivated in multiple areas of their lives, whether related to diet, exercise or social engagement and participation. Two areas you could focus on in providing support are goal setting and achievement and promoting emotional wellbeing.

Setting and achieving goals

Setting ourselves goals, and the positive impact we feel when we achieve something we have been striving for, are useful ways to try and stay motivated. You can support motivation in the person you are caring for through helping them to set and achieve their goals:

- Goals can be useful in many different aspects of our lives. If there is one area, or several areas where the person would like to change but is struggling to stay motivated, suggest they set some goals in this/these areas
- Goals need to be personal to the individual, their interests and level of ability. For example, while one person might set the goal of walking a mile, an achievable goal for someone else might be walking to the end of the garden. Remind the person that their goal is for them and should not be compared with what other people are able to do
- **Purpose:** encourage the person to think about the purpose of their goal. Ask themselves why is the goal important? Why does it excite me? How is it going to improve my life?
- **Expectations:** it is important that goals are achievable. Encourage the person to start with something small that feels manageable
- **Small steps:** if the person you are supporting has a goal in mind, but you are concerned about whether they will be able to achieve it, help them to think about whether it could be broken down into smaller steps
- **Staying on track:** talk to the person about what they think would help them to stay motivated. This could include involving family or friends or keeping a diary or note of what they are doing each week. If you think the person may be losing momentum, try reminding them of their purpose for setting their goal
- **Resources:** while the person is planning their goal, help them to think about whether they will need anything to be successful. For example, if the person wants to change their diet, do they know whether they will be able to get the food they want at their usual market?
- **Timeframe:** some people find a deadline is helpful in staying motivated. Talk to the person about when they would like to achieve their goal and set some realistic targets
- **Routine:** staying motivated to practice healthy behaviours is often easier if these behaviours are built into your routine. Talk with the person about a

typical day - what they usually do and when. Is there a way to plan the activities related to their goal into their day? Can you look at your schedule too, and work out how and when you could support the person?

Supporting emotional wellbeing

We often find our levels of motivation are linked to our mood or emotional wellbeing. There are several things you can do to support the person you are caring for with their emotional wellbeing:

- Encourage the person to stay in touch with their family, friends, and community. This can be through their engagement in social and community events, family gatherings and religious festivals (See [Social connection and relationships](#))
- Talk to the person about what they enjoy in life and what gives them pleasure. Help them to plan their days so they are doing something enjoyable each day. This might be keeping up with hobbies and interests
- Encourage them to laugh! What do they find funny?
- Find out if there are any peer support groups or community activities nearby that the person might like to join
- Encourage autonomy and independence. Engage the person you are supporting in any care you are providing. Get them to do as much as they can for themselves
- Encourage the person to stay active. Physical exercise can help improve our mood (See [Physical exercise](#))
- Encourage the person to talk about any fears or concerns they may have
- If you are concerned that the person you are supporting is struggling with their mental health, sensitively suggest they speak to a health worker.



Special considerations for people with memory loss and/or confusion

People with dementia may struggle with motivation. There are many possible reasons for this. Certain activities may have no value to them if they cannot be carried out as before. Difficulty carrying out a task may also be a painful reminder of the progression of disease. For some people, there is an issue of personal pride – not wanting to show others that they cannot do something well.

As a caregiver there are things you can do to support motivation in someone with dementia:

- Encourage them to remain active but don't insist
- Compliment them from time to time on what they have achieved
- Find things they enjoy doing and can easily manage
- Try to find tasks that are meaningful to them
- Start something yourself and invite them to join in
- Avoid suggesting activities if they are stressed, tired, or frustrated
- Encourage them to help around the house
- Try to maintain a stimulating environment but make sure that it is not too stimulating.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver, or supervisor if:

- You are concerned that any challenges with motivation the person you are caring for is experiencing, may be linked with physical or mental health issues
- The person you are supporting sets goals for themself that raise concerns about a potential impact on their physical or mental health. Remember to maintain confidentiality in any discussions

OR if you are concerned about your own levels of motivation and energy. Try to be aware of:

- Feeling overwhelmed or exhausted
- Not wanting to be around your loved ones
- A decrease in your levels of patience or tolerance
- Feeling angry, cynical, or hopeless
- Feeling more anxious than usual
- Struggling to make decisions
- Difficulty sleeping
- Physical symptoms, such as headaches or gastrointestinal issues

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Sleep

Why is getting enough sleep important?

Getting enough sleep is crucial for everyone irrespective of age. It helps us stay healthy and alert and has a big impact on our health and quality of life. Older people need the same amount of sleep as others, with health professionals recommending between seven and nine hours a night, but many people struggle with sleep in older age. The most common challenge for older people is insomnia. People with this condition find it difficult to get to sleep and to stay asleep. Having trouble sleeping can mean you:

- take a long time to fall asleep
- wake up many times in the night
- wake up early and are unable to get back to sleep
- wake up tired
- feel very sleepy during the day.

Problems with sleep can also lead to older people feeling irritable, having memory problems, and forgetting things, feeling depressed and having falls and accidents. Trouble sleeping can become a habit. We can make things worse by worrying about going to bed, and whether we will be able to get to sleep. As a caregiver there are things you can do to support people to improve their sleep and create better habits.



What are the reasons for poor sleep?

Several factors can contribute to problems with sleep in older age:

- Our body clocks change as we get older, with the hormones that help us sleep being released earlier in the day. This means some older people go to sleep earlier and wake up earlier
- Some physical health conditions common in older age affect sleep. These include arthritis, osteoporosis, Parkinson's disease and heart and lung diseases. Snoring and sleep apnea, which is when you stop breathing while sleeping, also affect sleep. Medications used to treat or manage these conditions can also affect our sleep
- Pain or discomfort, often associated with physical health conditions, can interfere with sleep. People can also experience a vicious cycle whereby pain affects sleep, and not getting enough sleep makes our pain worse
- Mental health conditions, including depression and anxiety can negatively affect sleep
- We tend to need to urinate more frequently as we get older, including through the night. This need to use the toilet can result in disturbed sleep
- Restless leg syndrome, experienced by many older people, affects sleep. The syndrome includes an urge to move the legs while resting or sleeping
- The hormonal changes women experience because of menopause can affect the quality of sleep. This is often linked to hot flushes or night sweats
- Dementia can have a significant impact on sleep. (See box on this below)



Looking after your own health and wellbeing – tips for caregivers

Your sleep is as important as that of those you are caring for.

Being well rested and having a good night's sleep will mean you are better able to provide support to others, also being well rested will help to protect your physical and mental health.

Consider the tips listed below for how you can support others to improve their sleep and apply them to yourself.

- Is it important that you pay attention to your own sleep patterns, as changes, including trouble sleeping, could be a sign of stress or burnout?
- Talk to someone if you are worried about your sleep - a friend or family member, or a health worker.
- Remember, there are people who can support you.

How can I support someone to improve their sleep?

As a caregiver there are things you can do to try and help someone improve their sleep. These include:

- Encouraging the person to exercise during the day. Older people who are physically active report falling asleep quicker, staying asleep longer and having better quality sleep
- Discussing the person's sleeping arrangement and encouraging a relaxing environment. You should consider whether their bedroom or sleeping area is quiet, a comfortable temperature, has the right level of light (not too light or dark) and ventilation. The comfort of the bed or mattress they sleep on and the bed clothes they use is also important. If the person shares their bed or sleeping space, encourage them to discuss their sleep with other people and agree on helpful and unhelpful routines or habits
- Try and discourage distractions in the bedroom or sleeping area, whether from other people, televisions, phones, or books

- Reminding the person to be careful about what they eat and drink before bed. Tea and coffee should be avoided for at least six hours before bedtime, as caffeine can affect sleep. Alcohol can also cause sleep problems. Some people find warm milk, herbal teas or malt drinks can help them get to sleep. If the person finds they need to urinate multiple times through the night, they may want to avoid drinking large volumes of liquid before bed.
- Suggesting the person keeps to a regular sleep schedule. It is helpful to go to bed and wake up at roughly the same time each night. An alarm clock can be helpful. Remind the person it is a good idea to get up at the usual time, even if they have had a poor night's sleep and feel tired
- Night-time routine is also helpful. You could work with the person to develop one, for example, discussing with them things they find relaxing to do before bed
- Try to discourage the person from napping for too long during the day. You might want to gently wake them if they have been asleep for more than 15-20 minutes, particularly if it is later in the day
- Sunshine helps to regulate our body clock. Ask the person to go for a walk or out into the garden with you for some sunshine in the morning and late afternoon
- If you think the person has any fears or anxieties that might be affecting their sleep, try to discuss these with them
- Encourage the person to talk to a health worker if you think any physical or mental health conditions are having an impact on their sleep. This is important in trying to prevent or manage pain
- If you think a woman you are supporting might be experiencing problems sleeping because of the menopause, try discussing this with her and suggest she talk to a health worker. There might be medications that could help.



Special considerations for people with memory loss and/or confusion

A person with dementia experiences physical changes in their brain. These changes can affect the part of the brain responsible for the body clock and impact how much, and how well they sleep. Someone with dementia may have problems sleeping at night and may sleep more during the day. They may find it difficult to get to sleep or wake up in the night. People with dementia often get confused between day and night and may get up during the night, thinking it is morning. Persistent problems with sleep can make the symptoms of dementia worse, so it is important to try and support better sleep wherever possible.

Things you can do to try and support better sleep in someone with dementia:

- Stick to a daily routine, including waking up and going to bed, mealtimes and when you do activities.
- Try to avoid stimulating activities before bed, e.g., watching television, loud music, doing housework. These can add to the person's confusion about what time it is. Try to find soothing activities instead.
- Make a larger meal at lunchtime and encourage them to eat less in the evening.
- Encourage physical exercise during the day, including going for walks with the person. This can help reduce restlessness.
- Do not restrain the person. This will likely make agitation worse
- Try to limit daytime naps.
- Talk to a health worker about the best time of day for them to take medication.

If the person wakes in the night and is upset, try the following:

- Approach the person in a calm manner and reassure them that everything is OK.
- Gently remind them that it is night time.
- Ask them if there is anything they need, e.g., whether they are thirsty or need the toilet.
- Do not try to restrain the person. Let them walk or pace around if they want to, making sure there are no trip hazards.
- Give them a comforting object, e.g., a blanket, or look at a photo together.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver, or supervisor:

- If you are concerned that any problems with sleep the person you are caring for is experiencing, may be linked with physical or mental health issues
- To discuss how medications may be affecting sleep
- To get support and guidance with challenges related to dementia
- Remember to maintain confidentiality in any discussions

You should also seek help if you are having problems sleeping or are feeling overwhelmed or exhausted.

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Nutrition

Why is good nutrition important for older people?

The food we eat makes a difference to our health and well-being. Some people think that older people need to eat less than when they were younger. However, many older people, especially those over 70 years of age, are less able to absorb and use the nutrients they eat, so they need to have a higher intake of a variety of good quality foods.

Some health problems that can result from a poor diet are:

- Anaemia (thin blood)
- Obesity
- Diabetes
- High blood pressure
- Heart disease
- Stroke
- Arthritis
- Weak bones
- Some forms of cancers
- Eye problems
- Weak immunity
- Constipation

Sometimes older people do not drink enough liquids to stay well hydrated. Dehydration is when the body loses more liquid than it takes in. Dehydration can result in seizures, heat cramps, low blood volume, and even kidney failure and coma.

Who is most at risk of poor nutrition?

- People often find that when they become older their appetite becomes smaller. Depression, bereavement, or chronic pain can cause loss of appetite. Changes in smell and taste can make food less attractive.
- On the other hand, some older people may eat too much food and be less active than when they were younger, so they become overweight. Usually, their waist circumference increases.
- Sometimes people eat enough food, but eat unhealthy foods, or too much of one type of food. Older people with a disability that prevents them being active may need to eat fewer energy foods.
- Some older people are too poor to afford good quality foods, which are often more expensive. In poor households older people may give their share of the food to their grandchildren, or to other members of their family. In some families an older person might be neglected and not be given enough food.
- Mobility problems may make it difficult to go shopping, to lift heavy jars or bags, or to open food containers. Problems with teeth, gums, or throat can make chewing and swallowing difficult. Some older people may be unable to cook and feed themselves because of cognitive decline or paralysis after a stroke.

Sometimes older people do not drink enough liquids to stay well hydrated:

- An older person who lacks mobility and cannot fetch water may become dehydrated because of neglect
- Depression can prevent an older person from drinking enough liquids
- In older people the body's normal thirst response to dehydration may not function well
- Drinking alcohol can result in dehydration
- Some medicines increase the risk of dehydration
- Sometimes older people avoid drinking liquids to avoid the need to get up at night to pass urine, or because they worry about leaking urine.

Dehydration can also occur when an older person has frequent, watery stools (diarrhoea).

What can I do to help to prevent nutritional problems?

Encourage the person you are caring for to eat a variety of locally available, nutritious foods, chosen from all of the five food groups below:

1. Carbohydrates – important for energy

- Rice
- Maize
- Wheat
- Oats
- Millet
- Barley
- Potatoes

2. Protein – important for maintaining muscles and repair

- Pulses such as beans, lentils, chickpeas
- Fish
- Meat and chicken
- Eggs
- Cheese
- Nuts, including peanuts (ground nuts)

3. Fats – important for energy and some vitamins

- Oil, such as canola oil, olive oil and coconut oil
- Butter
- Suet (animal fats)
- Margarine

4. Micronutrients (vitamins and minerals) essential for immunity, preventing anaemia, and bone strength

- Fruits
- Vegetables
- Dairy foods
- Eggs

5. Fibre – important for gut health

- Fruits
- Vegetables
- Whole grains
- Wholemeal bread
- Dried peas, beans, and lentils

HEALTHY DIET FOR ADULTS

The exact make-up of a diversified, balanced and healthy diet will vary depending on individual needs, cultural context, locally available foods and dietary customs. But basic principles of what constitute a healthy diet remain the same.

FRUITS AND VEGETABLES



- Eat at least 400g or 5 servings per day
- Potatoes, sweet potatoes, cassava and other starchy roots are not classified as fruits or vegetables

LEGUMES AND WHOLE GRAINS



- Eat legumes such as lentils and beans and whole grains such as unprocessed maize, millet, oats, wheat and brown rice

FATS



- Eat less than 30% of total energy intake from fats
- Unsaturated fats (fish, avocado, nut) are preferable
- Reduce consumption of saturated fats (butter, palm and coconut oil, cheese) and transfats (processed food, fast food, margarines)

SUGARS



- Limit free sugars intake to less than 10% of total energy intake, equivalent to 50g or around 12 teaspoons per day

SALT

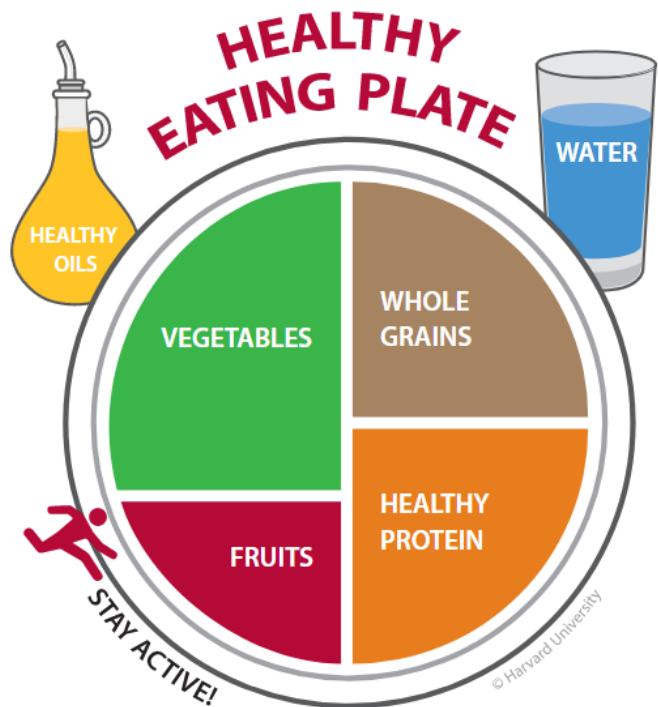


- Limit salt consumption to less than 5g of salt or 1 teaspoon per day
- Use iodized salt

Icons: Twitter

Nutrition | Page 4/7

In general, older people need to eat some protein with every meal. Regularly eating fish can reduce the risk of heart disease, stroke, dementia, and vision loss. Plenty of vegetables and fruit will provide fibre and micronutrients.



If the older person is underweight and has a small appetite it is helpful for them to eat more energy-dense food. Encourage them by making the meal a pleasant occasion.

If the older person is having difficulty chewing, assist them to visit the dentist.

Encourage physical activity, which improves appetite and strengthens muscles.

Promote bone health

Osteoporosis means that the bones have become less dense and weaker than normal. This increases the risk that bones will break. The risk of breaking a hip, leg or wrist is especially common among older people. Women after menopause are at greater risk.

To prevent osteoporosis, it is important to have enough calcium, fluoride, and Vitamin D in the diet, to take exercise, and to spend some time in the sunlight each day. Fish, chickpeas, soya beans, yoghurt (or curd), cheese, eggs, liver, dark green leafy vegetables, and oranges are all good sources of calcium. Daily physical activity also helps to strengthen bones.

Prevent anaemia

Mild anaemia is common among older people. Anaemia increases the risk of illnesses. Anaemia can result in decreased quality of life, tiredness, depression, falls and dementia. The most common causes are lack of iron in the diet, chronic disease, and bleeding from the gut. Other causes are a lack of Vitamin B₁₂ or folate. Foods that are rich in iron include dark green leafy vegetables, such as spinach, beans and peas, red meat, seafood, and dried fruit, such as raisins and dates.

Consider the need for supplements

If you are worried about whether the older person is getting sufficient iron, calcium, zinc, and vitamins in their diet, encourage them to ask their health care provider about taking a supplement.

Promote gut health

The microorganisms that live in our guts (the gut microbiome) are essential for our nutrition. They have an important role in helping to digest the food we eat, and they affect our appetite. They also contribute to the body's defences. Antibiotics change the bacteria in our guts. To keep a healthy gut microbiome, we need to eat plenty of fibre. Lack of fibre in the diet can result in constipation so eating pulses, beans, seeds, vegetables and fruits is helpful. Drinking sufficient water is also needed.

Fermented foods and drinks are useful to provide healthy gut microorganisms. Drinking enough water during the day is also important to prevent constipation.

Promote a reduced intake of saturated fats and trans fats

Some fats and oils are less healthy than others. Try to avoid animal fats, and other sources of 'saturated' and 'trans' fats, found in:

- Biscuits, cakes, pastries, and pies from a shop
- Crisps and other savoury snacks
- Processed meats and 'take-away' foods such as burgers, pizza, and potato chips
- Cooking margarine and palm oil

Promote reduced intake of salt

Everyone requires a small amount of salt, but too much can increase the risk of high blood pressure and heart disease. Limit salty foods, such as dried fish and soy sauce, and drinks or soups containing added salt, and reduce the amount of salt added to

foods in cooking or at the table. Use herbs and spices. Processed foods from shops also often contain high levels of salt and should be avoided.

Promote reduced intake of sugar

Try to reduce the amount of sugar in the diet. It is easier to stop taking sugar in tea and coffee if you reduce gradually. But many older people take great pleasure from cups of tea and coffee and if they prefer to have it sweetened, suggest that they gradually cut down to half a teaspoon. Soda drinks, such as Coca-Cola, Pepsi, and Fanta have high levels of sugar. It is better to avoid them.

Promote reduced alcohol consumption

Alcohol causes many health and social problems. There is evidence that any amount of alcohol can cause cancer. Too much alcohol damages the liver, and increases the risk of high blood pressure, heart disease and dementia. Getting drunk can lead to many problems. Ideally older people will not drink alcohol, but many will want to continue to do so. Let them know that health advice is to drink no more than two standard drinks a day. (A standard drink is about 300 mls or one glass of beer; about 100 mls of wine; and about 30 mls of spirits such as gin or whisky.)

We should remember that salty or sweet foods, and drinks with alcohol, can give great pleasure and there is little harm in enjoying them from time to time.

Prevent dehydration

Older people may feel less thirsty than when they were younger, even when their body needs extra fluids. To avoid dehydration, remind them to drink 6 to 8 glasses of water each day. They might drink some of this in tea, coffee, or milk. If the weather is warm or the older person is exercising, suggest that they have more to drink. Severe dehydration is an emergency. Arrange to take the patient to the clinic or hospital.

Reducing exposure to air pollution

Why is reducing exposure to air pollution important?

Air pollution is a leading cause of illness and death, killing more than 7 million people every year, the majority of whom are older people in low- and middle- income countries. Air pollution includes indoor air pollution and exposure to air pollution present in the air around us. Some deaths are caused by acute medical crises such as heart attacks and breathing problems when exposed to high levels. When exposed to air pollution over a longer period, it can cause lung cancer, stroke, heart disease and lung disease. Air pollution has been linked to depression and dementia.

Older people in low- and middle- income countries are the most affected age group. This is because older people have had more lifetime exposure to air pollution and are more at risk to death on high pollution days. Older people often spend more time at home than other members of the family, and older women in particular, are often in the kitchen, close to the stove.

Many people around the world use wood, charcoal or cow dung for cooking, and many do not have a chimney. Older women and men may be exposed to the smoke when they are cooking, or when they are sitting close to the stove. Small particles in the smoke go into the lungs. In the cool weather, people stay near the stove to keep warm, and keep doors and windows closed which reduces ventilation.

Tobacco smoke is another form of indoor air pollution. An older person may be exposed to second hand tobacco smoke if someone they live with smokes cigarettes.

Other sources of smoke in the home may be mosquito coils, incense sticks or cones, and petroleum or paraffin candles.

How can we reduce the risk of exposure to indoor air pollution?

People may not realise that smoke and other sources of indoor air pollution is harmful to health. Start by discussing the risks from exposure to smoke and then assess the home for indoor air pollution exposure, discuss the ideas below and make a plan to reduce exposure. Here are some ideas for reducing exposure to indoor air pollution:

- **Get distance:** encourage the older person to sit further away from the stove – if possible, in another room.
- **If possible, stop burning wood or dung.** It is safer to cook with cleaner fuels than wood, such as liquid petroleum gas (LPG) or electricity. Some people cannot afford this. Some say they prefer the taste of food cooked on a wood stove.
- **If burning wood, change to a smokeless stove.** There are many examples of affordable improved wood stoves designed to reduce exposure to harmful smoke. [Pictures 1, 2 and 3]. In an open wood fire, the wood, or other fuel, does not burn completely, which increases the air pollution. In a closed stove with a flue the wood burns more completely. Because these smokeless stoves burn more efficiently, they use less wood. This saves time for the person who collects the firewood. They are also safer and less likely to cause a fire. A stove that can use any size of firewood and that can be used with any size of pot is best. Share this knowledge with the older person and any family members.
- **Improve ventilation.** Lack of ventilation in the kitchen or cooking space also increases the amount of indoor smoke. If cooking over a fire, do so outside when possible. Doors and windows can be opened to provide ventilation when cooking. In addition to using a smokeless stove, this can limit exposure inside the house to smoke. It is still important for those cooking to limit the amount of smoke they inhale. If a stove or fire is used for heat, using a smokeless stove with a chimney can make a great difference.
- **Encourage and support the person you care for to ask people not to smoke inside.** Smoking inside the home harms everyone who lives there including small children and older people. It is important for everyone's health not to smoke inside. If the older person is exposed to someone else's cigarette smoke, encourage and support them to ask people not to smoke inside.



- **If you live where outdoor air pollution is high, you may need to take different actions to reduce exposure.**
 - To find out if your area has air pollution, try searching it up on the internet at www.aqicn.org or www.iqair.com.
 - If there is air pollution in your area, you are not safe inside unless you have a HEPA filter running in a closed room. Outside, only wearing well-fitted N95 air masks are effective against polluted air. Unfortunately, these options may not be affordable for many people.
 - You can take other actions to somewhat reduce your risk:
 - Avoid exercise
 - Keep your house clean of dust and avoid additional smoke in the home



Looking after your own health and wellbeing – tips for caregivers

Remember that cooking, changes to the kitchen, and passive smoking are all sensitive subjects to talk about with the older person and their family. You might feel uncomfortable. Yet smoke is a serious risk factor for illness and death, so it is worthwhile to try to reduce it.

- Perhaps you could introduce the subject by talking about a smokeless stove that you've seen.
- Try not to tell the older person what to do but discuss possible solutions. It is very helpful if the changes to reduce exposure to indoor air pollution are made at community level.
- It is also important to protect your own health from indoor air pollution. If you are caring for a person in a house with indoor air pollution, ask permission to open windows or doors to improve the air circulation. Wear a surgical mask or cloth mask to protect against the smoke particles. Although this provides only partial protection, is better than nothing at all.

Reducing alcohol and tobacco use

The dangers of alcohol and tobacco use

Using alcohol and tobacco are bad for our health, at any age. Alcohol contributes to over 3 million deaths around the world each year, and smoking tobacco kills over 8 million. Millions more suffer from disability and poor mental and physical health associated with their use of alcohol and tobacco. In many parts of the world, smoking and drinking excessive amounts of alcohol are common among older people, especially older men. By older age, many people have been smoking or drinking for many years and fear they will find it more difficult to stop. The types of alcohol and tobacco used by older people is also sometimes a problem, with some older people smoking brands of cigarettes that have higher nicotine levels and using locally brewed alcohol which can be especially harmful.

There are many reasons to try and reduce your use of alcohol and tobacco in older age:

- older people who use alcohol and tobacco are more likely to die. Mortality rates among older people who smoke are three times higher than older non-smokers;
- alcohol and tobacco are linked with increased risk for many chronic health conditions that are most common in older age. Nicotine contained in tobacco is highly addictive and tobacco use is a major risk factor for heart and lung conditions and over 20 different types of cancer;
- regular excessive drinking can increase your risk of developing dementia and also can cause or worsen depression and anxiety;
- smoking and excessive drinking increase your chance of developing osteoporosis. This is particularly problematic for older women who are already at greater risk than men, due to bones losing strength after the menopause;
- smoking increases the risk of eye diseases including cataracts and age-related macular degeneration (damage to the retina of the eye which causes loss of vision);
- smokers are more likely to develop type 2 diabetes and smoking makes it more difficult to control the condition;

- smoking suppresses hunger and excessive alcohol consumption affects the intake of nutrients;
- smoking can also seriously damage the health of other people who live in the same house (secondhand smoking) especially young children.

It is never too late to stop smoking and reduce alcohol consumption

Older people sometimes think that stopping smoking and reducing alcohol use in their older age is futile, as the damage has already been done. This is not true. Actually, quitting smoking and reducing alcohol can bring physical, mental and emotional health benefits no matter how old you are. As a caregiver there are things you can do to support someone you are caring for to break their habits.

Possible reasons for alcohol and tobacco use in older age

Smoking is very addictive and many people who smoke in later life have been doing so for many years without another reason. Some people may be alcohol dependent but most overuse alcohol for other reasons. For many people, the use of alcohol and/or tobacco is a coping mechanism to deal with other problems or worries. In older age these might include:

- concerns about physical and mental health conditions;
- worry about the future, particularly if people are noticing a decline in their abilities;
- loss of sense of purpose and self-worth, for example, after retirement;
- changes in daily activities and routine;
- grief and bereavement and other feelings of loss;
- problems sleeping;
- concerns about changing financial circumstances;
- stresses associated with taking on a caring role, e.g., for a spouse
- coping with pain and discomfort;
- increased loneliness and isolation.





Looking after your own health and wellbeing – tips for caregivers

Smoking and excessive use of alcohol pose the same risks for you as for those you are caring for. If you smoke or drink, more than you feel is healthy, it is important to try and stop, not only for your own health and wellbeing, but so that you can continue to provide good care for the people you support.

Consider the tips listed below for how you can support others to reduce their use of alcohol and tobacco and apply them to yourself:

- it is important not to rely on alcohol or tobacco as a coping mechanism if you are struggling in your caregiving role or in other aspects of your life;
- try to manage difficult situations in other way, by eating well, taking breaks, staying physically active and talking to friends, family and other sources of support when you need to, for example;
- Remember, there are people who can support you.

How can I support someone to reduce their use of alcohol and tobacco?

How to reduce smoking

It does not matter how old we are or how long we have been smoking, stopping will always have a positive impact. Doing so will increase our life expectancy and improve our wellbeing. When you are supporting someone to stop smoking, try and focus on the positives of giving up rather than the negatives of smoking.

The benefits of stopping smoking for any person include:

- within 20 minutes, your heart rate and blood pressure drop;
- within 12 hours, the carbon monoxide level in your blood drops to normal;
- within 2-12 weeks, your circulation improves, and your lung function increases;

- within 1-9 months, coughing and shortness of breath decrease;
- within 1 year, your risk of coronary heart disease is about half that of a smoker's;
- within 5-15 years, your stroke risk is reduced to that of a non-smoker;
- within 10 years, your risk of lung cancer falls to about half that of a smoker;
- within 15 years, the risk of coronary heart disease is that of a non-smokers.

Older people might struggle to see the benefit of some of these longer-term changes. Focus on the more immediate benefits if helpful. You can tell the person that someone who stops smoking at 60 adds an average 3 years to their life expectancy and the risk of dying early decreases by 50% if someone gives up smoking between 60 and 75.

Alongside discussing these health-related benefits with the person you are supporting, there are other things you can say and do to help:

- one of the most important factors in someone successfully stopping smoking is their firm commitment to doing so. Talk with the person about this and suggest they set a date for when they intend to stop;
- encourage the person to make a plan. This might involve thinking about how to handle challenging situations in which they would usually smoke, thinking about taking up other enjoyable activities they can do, focusing on the amount of money that will save and what they will be able to do with it;
- suggest the person talks with a health worker to get some advice and support;
- find out if there are any peer support groups nearby and share this information with the person;
- remind the person of the benefits for their family and friends. Second-hand smoke is dangerous;
- make sure the person understands that tobacco is dangerous in all forms. They should not replace smoking cigarettes with chewing tobacco, hookahs or pipes
- remember that smoking is an addiction, and it is not easy to stop, even if someone wants to. Be patient and supportive;
- due to the addictive nature of nicotine in tobacco, some people continue to have cravings for cigarettes while they are trying to stop smoking. This can make the person feel irritable, hungry, tired or depressed. Some people might have headaches or problems concentrating. Reassure them that these symptoms fade over time;
- do not make the person feel guilty if they slip up. This is common. Encourage them to stop again, immediately if possible, and refocus on their goal.

How to reduce alcohol consumption

As with tobacco use, reducing our use of alcohol is important whatever our age. If you think the person, you are caring for is drinking an excessive or dangerous amount, there are things you can do to support them:

- an important factor in stopping or reducing alcohol use is the person's own desire to do this. They often first need to acknowledge there is a problem. This can be challenging as people sometimes feel shame in relation to their drinking;
- find a sensitive way to raise the subject with the person. Focus on their health and wellbeing rather than on their alcohol use specifically. Do not raise the subject when the person is under the influence of alcohol;
- avoid aggressive or confrontational language. If the person denies there is a problem or becomes frustrated, end the discussion and try again another time;
- if the person wants to stop drinking, suggest they speak to a health worker first. This is particularly important if the person has been drinking alcohol to excess for a long time. If the person has become alcohol dependent, stopping suddenly can lead to alcohol withdrawal which is a serious medical condition;
- encourage the person to make a plan. This might involve thinking about how to handle challenging situations in which they would usually drink alcohol, thinking about taking up other enjoyable activities they can do, focusing on the amount of money they will save and what they will be able to do with it;
- find out if there are any peer support groups nearby and share this information with the person.



Special considerations for people with memory loss and/or confusion

Smoking and regular excessive drinking can increase your risk of developing the most common forms of dementia, such as Alzheimer's Disease and vascular dementia.

If you are caring for someone with dementia who smokes or drinks alcohol, consider the following:

- do not try to force the person to stop smoking if they do not want to. Suddenly stopping could make the person more tense or irritable
- the person may forget about smoking if cigarettes, ashtrays etc. are not visible;
- if the person is unable to make the choice to stop smoking for themselves, there are ethical considerations for you trying to take that decision for them;
- be aware of risks. A person with dementia could cause a fire if they forget about a lit cigarette;
- a person with dementia might become more confused after drinking alcohol, increasing their risk of having an accident;
- they might drink too much because they forget how many drinks they have had
- alcohol does not mix well with a number of medications used to treat the symptoms of dementia. This should be discussed with a health worker;
- if excessive drinking is causing problems, consider moving alcohol out of sight, or replacing it with low or no alcohol drinks.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- If you are concerned about the person, you are caring for because of their use of alcohol or tobacco
- If you think the person might have other problems, for example in relation to their mental health, and they are using alcohol or tobacco to cope
- To discuss how any medications may be affected by excessive use of alcohol or tobacco
- For advice on alcohol withdrawal if the person you are supporting drinks to excess and has done so for a long time
- Remember to maintain confidentiality in any discussions

You should also seek help if you are worried about your own use of alcohol or tobacco and would like to stop or reduce your drinking or smoking.

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HelpAge International - Adding health to years

Preventing and managing falls

Why is it important to prevent falls?

Falls are common. Annually, approximately 30% of people aged sixty-five years and older fall every year. A fall can result in a broken bone and can be the start of more serious problems such as: prolonged hospitalization, chronic pain or even disability. Preventing falls, knowing how to respond when a fall occurs, and supporting healing and rehabilitation after a fall are important parts of caregiving.

The fear of falling becomes more common as people age, even among those who have not fallen. It may lead older people to avoid healthy activities such as walking or taking part in social activities. If an older person reduces their mobility this increases the risk of future falls by reducing muscle strength, decreasing balance, and reducing flexibility.

What are the common causes of falls?

Falls most often result from a combination of factors. Older people are at a higher risk of falls if they have:

- Hazards in their local environment such as poor lighting, slippery paths or floors, poorly fitting shoes, or things on the ground like floor mats or rugs, cords or objects like toys.
- Poor vision and/ or hearing problems.
- Dementia, which causes reduced awareness of surroundings and slows reflexes.
- Heart disease and high and low blood pressure, which affect blood flow to the brain and cause dizziness and loss of balance.
- Diabetes, can causes a decreased sensation in the feet; and increases the risk of foot infections. Treatment of diabetes can also cause low blood sugar dizziness and falls.
- Taking medicines which cause drowsiness.



- Reduced muscle strength, coordination, reflexes, and poor balance due to lack of mobility.

What can I do to help prevent falls?

Here are some key actions to prevent falls:

Encourage and support daily physical activities.

Include a variety of exercises which strengthen the body: increase the heart rate (cardiovascular fitness), strengthen arms, legs, and core (abdominal muscles), and improve balance and flexibility. (See [Physical exercise](#))

It is important to start physical activity according to the person's present ability, and slowly increase the amount and length of activity as the person becomes stronger, and can achieve 30 minutes of physical activity per day. If the person is interested, arrange for her/ him to join an exercise group, play some music – have fun. Involve young people too.

If it is difficult to stand, the person can do physical exercises while sitting down. There are several videos that show how to exercise sitting down. (See video: *M04_V01 Physical exercise*)

Make the home safer and more accessible.

Together with family members check the home and surroundings for what might cause falls. Look for obstacles on the floor, such as electric cords, toys, or loose rugs. Remove any hazards. Check that there is enough light to see well.

- Keep the floor dry and clean.
- Put in brighter light bulbs, consider lighting at night between bedroom and toilet.
- Put up some handrails.
- Make sure the path to the toilet is clear, well lit, and arrange handrails if needed.
- Highlight steps or stairs by painting in contrasting colours.
- Repair any uneven surfaces.

Arrange for a vision and hearing screening and seek treatment for vision and hearing impairment.

Many people think that it is normal to lose their vision or hearing as they get older. Vision and hearing loss are common, however, many vision and hearing impairments

can be managed or treated. It is worth arranging to have a vision and hearing screening. Many people will find vision can be improved with spectacles or cataract surgery. When available, hearing devices can often improve hearing.

Take care with medicines.

Some medicines cause side effects such as drowsiness, confusion, or dizziness. Ask the health care provider to check if any medicines taken by the older person might increase the risk of falls. Be especially careful with medicines that have a sedative effect. The person should avoid or limit drinking alcohol, if taking such medicines.

Prevent osteoporosis (brittle bones)

Advise the person to eat locally available foods rich in calcium, to strengthen bones. Examples of high calcium foods are fish, cheese, curd, broccoli, soya beans and oranges. It is also recommended to spend some time in the sunlight each day, this enables the skin to make vitamin D, which helps to keep bones strong. Remember, daily physical activity also helps to strengthen bones.

Prevent dizziness when moving from sitting to standing.

Some older people will need to take time when getting up. As we get older our blood pressure responds more slowly to changes in position, especially in the morning. This results in a drop in blood pressure and dizziness when we stand. To avoid this, encourage the person you care for, to contract the muscles in their lower legs several times before standing. This problem is more common in older people with untreated high blood pressure. Provide an assistive device such as a cane or a walker if the person feels the need for support when walking.

Sometimes falls will occur and it can be useful to plan ahead. If the person you care for lives alone, or spends time at home alone, they need to know how to summon help if they have a fall and can't get up. This might include keeping their mobile phone (or a bell) in a pocket so that they can summon a family member or neighbour if they fall. Attach a list of three numbers they can ring to their phone. In some settings it is possible to wear an emergency call button around the neck. If the risk of falling is high, try to arrange for someone close by to check on the elder at intervals.

What should I do if the person I care for falls?

- Try to stay calm. First check that the person is conscious and breathing. If not call an ambulance or the health clinic for help.

- If you think they may have hurt their head or back (spine), do not move them. If the person is conscious speak to them calmly and encourage them to lay still while you assess them. Gently check for injuries and whether they can move their arms and legs.
- If there is bleeding, put pressure on the wound to stop or slow down the flow of blood. Press on the bleeding point until the bleeding stops.
- Ask them about pain, where it is, and how severe it is.
- Keep them warm and comfortable until help arrives. Have at least 2 people assist with lifting or moving them.

See video: M22_V01 Helping someone up from a fall



Looking after your own health and wellbeing – tips for caregivers

Staying safe and well

- Do not lift by yourself. When a person has fallen, it is dangerous to lift them by yourself. You can injure your back and be unable to look after yourself or the person. It is also dangerous for the person because you might drop them or move them in the wrong way. Instead, make them comfortable on the floor and try to get someone to help to lift them up. Place a chair nearby to move them to.
- Do not blame yourself if a person you are caring for falls. It is very stressful to look after someone at risk of falling. Discuss the prevention actions with the person and the family members.
- Share your concerns about falls with other caregivers. Talk about how you are feeling with other caregivers. It is easy to blame yourself if a person in your care falls. Do not feel guilty, it is not your fault.
- Make a note of the incident. Record the fall and any injuries in the person's care notebook, to allow for follow up and provide information for health staff.

Do not forget to protect the rights of older people to be involved in decision making about their care.

Assisting with personal care

Why is personal care important?

As we get older, or our physical and mental abilities start to decline, we may need support with some personal aspects of our daily lives, including:

- [Bathing and grooming](#);
- [Dressing and undressing](#);
- [Going to the toilet and managing incontinence](#);
- [Oral and dental care](#);
- [Foot and nail care](#);
- and [eating and drinking](#).

Because these are essential aspects of life, if someone needs assistance with them, it is an important part of a caregiver's role. Support with these types of tasks should be provided with sensitivity and compassion. A caregiver should respect the person's choice and preferences, privacy and dignity. The type of personal care provided should be based on the needs and abilities of the person being cared for. It is important that a caregiver does not do too much. We should all continue to manage our own personal care for as long as possible and keep doing whatever tasks we can to maintain our independence to the greatest extent possible.



Looking after your own health and wellbeing – tips for caregivers

Assisting with personal care can be challenging because of the intimate and sensitive nature of the task. It is important to talk with the person you are supporting to make sure both they and you feel as comfortable as possible. To look after yourself, remember the following:

- make sure you ask for the person's consent each time, before assisting with personal care;
- if assisting with bathing, do not take the person's entire weight. always lift with your legs, not your back;
- avoid twisting and stooping;
- always wear gloves when assisting with washing the person's private parts, and if you are helping them to shave.

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Toileting assistance and incontinence management

Why might someone need assistance with toileting?

Older people may need help with getting to the toilet for several reasons. For example, they may not be able to move around easily or memory loss or sight impairment may be an issue. Osteoarthritis is usually worse in the early hours of the morning when an older person may wake needing to pee. So it can be difficult for them to get up and walk to the toilet. Painful joints, weak muscles or poor balance may make it impossible to squat. Some older people have difficulty in undoing buttons or a zip in order to pee.

Some types and locations of toilets may be more difficult for people to use. If the latrine is outside, the pathway may be difficult to navigate, especially in the evening. Some older people have to go to the field or the forest to pass urine and stools. Some have an indoor cistern flush toilet with a seat or an indoor pour-flush pit latrine.

Some issues to consider are:

- Incontinence: Older people may have problems controlling their bladder or bowel functions. An incontinent or doubly incontinent person must have regular thorough cleansing. Their soiled clothes must be changed and washed. People with incontinence left in wet incontinence pad or wet underclothes are at risk of developing infections or skin problems such as skin lesions.
- Dementia: People suffering from dementia may have more toilet mishaps. Dementia affects memory and thinking capabilities so people might forget to take care of themselves and causing personal hygiene issues. The person might not be able to find or recognise the toilet, have difficulty communicating their need to go to the toilet or may not be able to get to the toilet or undo their clothing in time. The person might be incontinent as a direct symptom of their dementia. People may need assistance with wiping/washing and prompting to wash their hands after using the toilet. This means more frequent bathing and washing.
- Arthritis: Arthritis can restrict movement. For instance, arthritis of the knee and hip can cause stiffness or pain in squatting. Personal hygiene can be difficult for

people with arthritis e.g. wipe and wash which can lead to difficulties in manoeuvring around and might lead to a fall from the toilet.

- Sight loss: Blind or partially sighted (Due to cataracts. Glaucoma, trachoma) may have difficulty in using a toilet, collecting water.
- Limited mobility/obesity or problems with balance: Frailer people need greater help to use the toilet. It is harder to make it to the toilet in time, to recognize when there is a need to go, and to manage the strength needed to sit/squat and stand up from the toilet. Sometimes limited mobility can contribute to an elderly person having "accidents", and they may be embarrassed about.
- Travelling to water points is long and strenuous, especially for older persons especially if they do not have tools like donkeys or carts to support the transportation of collected water. As a result, they may resort to using any water source available nearby which is not safe for personal hygiene or drinking. Poor water access also limited capacity for self-care occupations such as bathing, cooking and cleaning are limited by the amount of water that can be carried
- Infections and skin complaints: Older skin is more prone to tearing and bruising. Poor hygiene/lack of bathing can result in skin conditions or infections. On the other hand, soaps may dry skin leading to cracking, thus a soap that keeps the skin supple/moisturised is needed. (See [Skin care and caring for wounds](#))
- Dehydration: Sometimes people reduce their fluid intake for fear of not making it to the bathroom or needing help to use the toilet or need for urination at night. Age-related changes include a reduced sensation of thirst, esp. those with Alzheimer's disease or in those that have suffered a stroke. Dehydration can lead to other problems, including urinary tract infections. Swallowing difficulties, dementia and poorly controlled diabetes are more common in older people and are all associated with poor hydration.
- Mental health: Life events, such as a loss of partner or bereavement, depression, anxiety, sleeping and behavioural problems can also affect personal hygiene
- Energy levels: As people get older, they have less energy to get things done each day. Sometimes personal hygiene, specifically bathing, is one of those things that gets neglected
- Unsafe or limited water and sanitation access can be a barrier to self-care and standards of personal presentation and hygiene

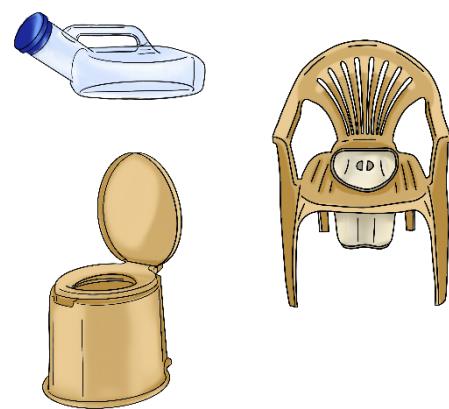
Helping older people to reach and use the toilet

Ask the person you care for about any difficulties they have in getting to or using the toilet. It is easier to ask this question when you are asking about any difficulties they have with mobility. Going to the toilet is a private matter. Many people feel vulnerable when they are passing urine or stools. When you need to talk about toileting with an older person, or help them to use the toilet, reassure them and treat them with respect.

Have a look at the toilet that they use. See if there are changes that would make it easier for them to reach or to use the toilet. With their permission, discuss with family members or neighbours if they are able to help with the changes.

These might include:

- Make the pathway to the toilet safer. For example, re-concrete a path that is uneven or cracked, improve the lighting, add a handrail, especially for steps or steep paths.
- For pit latrines, make a commode to go over the drop hole from cane or wood to enable the person to sit.
- For those with low vision, white stones along the sides of the pathway can help them to find their way.
- A string in hanging into the latrine can make it easier for those with low vision to locate the drop-hole.
- Put hand grab rails on the walls of the toilet to make it easier to squat or, for men, to pee standing up.
- Make a covered foam cushion to raise the height of the toilet to make it easier to get on and off.
- If the older person has difficulty walking, make or buy a commode with a lidded bucket to keep close to their bed or chair. Make a screen around it for privacy



If the person you care for is confined to bed, they will need to use a bedpan; men will need a urinal.

Offer the bedpan or urinal at regular intervals. Take care when lifting the person. (See [Moving in and out of bed](#)) Reassure them that they have privacy and plenty of time. Wait outside the room until they call that they have finished. Provide a bowl of water, soap and a towel so that they can wash their hands, and their private parts if needed. A barrier cream is useful to protect their skin.

When you have emptied the bedpan or urinal remember to wash and rinse them out. Finally, remember to wash your own hands after helping the person you care for.

Constipation

Constipation is when bowel movements become less frequent and stools become difficult to pass. The stools are often dry and hard. There may also be abdominal pain and swelling.

Causes of constipation include:

- lack of fibre in the diet such as fruit, vegetables, whole rice and high fibre grains;
- not drinking sufficient water;
- lack of exercise;
- side effect of some medicines, including some painkillers and iron tablets;
- grief, depression, and anxiety;
- using laxatives too often

Tips for preventing constipation

1. Add fibre to the diet, for example, change to whole meal (brown) rice or whole meal maize, with plenty of fruit and vegetables, and beans or lentils. Fruit and vegetable juices have little fibre so it is better to eat whole fruit and vegetables.
2. Drink plenty of water or other fluids. Everyone needs at least six glasses of fluid each day. Sometimes older people restrict their fluids because they fear leaking urine. Explain that this can make the problem worse.
3. Encourage daily physical activity

Seek help from a health care provider:

- if the constipation continues for more than three weeks
- if pain is severe
- if there is blood in the stools

Piles (haemorrhoids)

Piles are swollen veins around the anus. They often feel itchy or burn, and can bleed. Piles tend to worsen as we get older and are more common among people who are overweight. Straining to pass stools when constipated can make piles worse.

Tips for coping with piles

- Sitting in a large bowl of cool water can relieve the pain. Pat dry gently afterwards.
- Prevent constipation

If piles are painful encourage the person you care for to see a health care provider.

Management of incontinence

Many older men and women leak urine. This is called urinary incontinence. Some are unable to control when they pass stools, which is called faecal incontinence. Some have a combination of urinary and faecal incontinence.

Incontinence impacts on the quality of life. It causes practical problems, including washing and drying clothes and bed sheets. Older people with incontinence often feel embarrassed and may fear a loss of respect and status. This may result in them hiding the problem and trying to cope on their own. Some sleep on the floor to avoid wetting the mattress.

Incontinence may restrict older people's physical activities and their social lives. It can affect family relationships, sexual life and self-esteem.

Treating a person with incontinence with respect and dignity will reduce their embarrassment. It also helps if they can talk with others who have this problem. If the person you care for is incontinent help them to arrange to see a health care provider to assess and manage the cause of the incontinence.

Causes of urinary incontinence

Among those who leak urine it is most common when coughing, sneezing, bending or straining. This is called stress incontinence. It is more common among women. For some, leaking of urine happens only if they cannot get to a toilet quickly. This is called urge incontinence. Some older people have a combination of stress and urge incontinence. A few older people are completely unable to control passing of urine.

- Weakness of the pelvic floor muscles causes stress incontinence. There are several reasons why the pelvic floor muscles become weak:

- pregnancy and childbirth, especially multiple pregnancies and difficult deliveries
- frequent straining to pass stools (constipation)
- frequent heavy lifting
- a chronic cough (such as smoker's cough or chronic bronchitis)
- being overweight
- changes in hormone levels at menopause
- lack of general fitness
- A weak pelvic floor after pregnancies can also result in the uterus dropping into the vagina, which is called a uterine prolapse. Another outcome of difficult deliveries can be a hole between the bladder and the vagina, which also results in incontinence.
- An overactive or sensitive muscle in the bladder can cause frequent urination and urge incontinence.
- In older men the prostate gland usually becomes larger. It can press on the bladder neck and urethra. A large prostate gland cause:
 - frequent urination
 - getting up at night to pee
 - dribbling of urine after urination, and
 - urinary incontinence
- Leaking urine can be a sign of an infection in the urinary tract
- Some medicines can cause leaking of urine
- Diabetes and stroke can also result in urinary incontinence
- Older people with cognitive difficulties may not recognize the need to visit the toilet to pee.

The kidneys filter the blood to remove waste products and produce urine. The urine is stored in the bladder. When the bladder is full a message goes to the brain. Normally urination is under voluntary control. A valve opens to allow the urine to flow out of the body through a tube called the urethra.

Causes of faecal incontinence:

- severe constipation can result in hard stools blocking the lower intestines. Then watery stools can flow around the hard stools and leak out without warning. This can be mistaken for diarrhoea;
- weakness of the pelvic floor muscles;
- some antibiotics, and medicines for arthritis and diabetes;

- nerve conditions, such as multiple sclerosis and Parkinson's disease.

What can I do to help a person with incontinence?

If the person you care for has a problem with incontinence, discuss with them the benefit of seeing a health care provider to check for the cause of the problem. The health care provider can check for and treat a urinary tract infection. They can refer to a specialist if the patient has a condition that needs surgery.

Tips for helping to manage leakage of urine or stools:

- protect the skin from being exposed to urine (See [Skin care and caring for wounds](#));
- change pads every three to four hours. Use a thicker, more absorbent pad during night-time;
- change the pad as soon as possible if stools leak;
- clean the skin gently with soap and water. Rinse all soap off. Dry well. Apply a barrier cream. Check for skin damage/ redness in the genital area;
- soak used incontinence pads for a few hours or overnight in cold water with a little vinegar or sodium bicarbonate (baking soda). Wash them with your usual detergent. Rinse carefully and hang to dry. Remember that many older people do not want their pads to be seen by others. If possible, put them out to dry where neighbours cannot see, or cover the pads on the washing line with some lightweight clothing;
- protect the mattress with a plastic sheet or a washable incontinence bed pad. You can make a large pad with six layers of cotton and a layer of waterproof cloth, such as waxed cotton.
- remove wet sheets and clothing as soon as possible and soak in cold water. If they are stained with stools add a small amount of bleach or detergent to the water;
- wipe furniture, or other household items that might be soiled, with a mixture of water and vinegar.

Incontinence pads

You can make cloth pads using layers of cotton fabric and towelling, with a layer of a waterproof cloth, such as waxed cotton. Use polyester thread to sew the pads rather than cotton thread. You can use Velcro or snaps for fastening. There are many simple sewing patterns such as this one found online

<https://www.seamwork.com/magazine/2020/06/how-to-sew-cloth-pads>

In some settings disposable pads and pants are available in pharmacies and shops. However, they are expensive, and harmful to the environment. It can be very useful to have a small supply of them for special situations, such as when the elder must go on a long journey, or attend the clinic or hospital, or make an overnight visit.

Tips to prevent and manage urinary incontinence:

- if the person you care for has accidents only sometimes, suggest to them that they go to the toilet more often, and help them to do this;
- if they try to reduce leaking of urine by drinking less water this may cause dehydration. Encourage them to drink frequently;
- a urinary tract infection can cause a fever. If they have a fever for more than one day encourage and assist them to see a health care provider. If they have a urinary tract infection, it can be treated with antibiotics;
- encourage pelvic floor exercises.

Training in pelvic floor exercises

Exercises can make the pelvic floor muscles stronger – just like the muscles in our arms and legs. Pelvic floor exercises can help to prevent as well as treat urinary incontinence. If you teach all older people in same sex groups (for example, at an Older People's Association or Elders' Club) then those who have the problem of leaking will not feel embarrassed. First show the diagrams so that the elders can understand the position of the pelvic floor muscles.

Explain the following steps:

- tighten and draw in the muscles around the anus, the vagina and the urethra all at once, lifting them up inside. These are the muscles you would use if you want to stop half-way through passing urine;
- hold this contraction strongly for 5 seconds, then release and relax for 10 seconds;
- repeat the squeeze and lift, and relax;
- repeat 8-10 times;
- next do 5-10 short, fast, but strong contractions;
- do this routine 4-5 times every day.

Bathing and grooming

Bathing and grooming

Managing our personal hygiene and cleanliness is important for both our health and emotional wellbeing. If we start to struggle to be able to wash ourselves and find other tasks such as brushing our hair and shaving challenging, it is important we have someone to help us to do these tasks. Bathing and grooming are very intimate and personal acts and having to ask for support can be challenging. As a caregiver, it is important that you undertake these tasks in a way that ensures the privacy, modesty and dignity of the person you are supporting is upheld and promoted.

Reasons bathing and grooming might become difficult

There could be several reasons why the person you are supporting is no longer taking care of their own bathing and grooming. These include:

- experiencing or worrying about having pain while standing, bending or sitting;
- fearing slipping or falling over uneven bathroom floor or a wet floor in a communal washing area;
- being concerned about discomfort or pain from water that is too hot or cold;
- finding it difficult to get into and out of a bathtub or shower particularly if there is a step/s;
- finding it too difficult to walk to a communal washing area outside the home or compound;
- being fearful of being harmed by other people using a communal washing area;
- forgetting about the need to bathe, or how to bathe and groom themselves. This can be a particular challenge with people with dementia;
- having a fear of water and/or its sound. This can be a particular issue with people who have dementia;
- lacking the motivation to bathe and groom themselves. This can be a particular issue with people with mental health conditions, such as depression and anxiety, and could also be linked with loneliness and social isolation, as people

may not see a point in bathing and grooming if they are not seeing anyone else;

- finding bathing and grooming exhausting;
- being physically unable to do the tasks needed, for example because of paralysis, weakness, pain or injury.

How can I help with bathing and grooming?

Given the intimate and personal nature of bathing and grooming, it is crucial that you take your time to make sure the person you are supporting is comfortable and feels safe and secure before you start to provide this type of care. It is important that you understand what the person can do for themselves and what they need support with. You should also discuss how the person usually does things so you can make sure you are supporting them with bathing and grooming in the way they want. Encourage the person to do as much as possible for themselves

Choice, consent and dignity are important:

- remember to ask them every time, if it is okay for you to help, before you support them with bathing and grooming. If the person says no, respect their wishes;
- if your role as a caregiver is managed through an organisation, report any refusal of care to your supervisor.
- if you are caring for a family member or friend and they continue to refuse your help with bathing and grooming, consider discussing this with a health worker or trained caregiver to seek their support.
- talk positively and sensitively to the person about how you feel about bathing them. Reassure them that even though it is a very personal activity, you are happy to help.

It is also crucial that you consider the person's religious, cultural or spiritual beliefs in relation to personal hygiene:

- religious, cultural and spiritual beliefs and practices should always be respected;
- if you are not sure how to do something, ask. You should also check whether the person has a preference for who provides their personal care;
- they may feel more comfortable receiving this type of care from someone of a certain gender or age;
- if this is a problem in relation to you supporting the person, ask a supervisor or trained caregiver if they can find a solution with you.

- if the person would prefer a member of their family to provide their personal care, and a family member is willing to do this, support them in learning safe ways to help their loved one with bathing and grooming.

Bathing

Some people may need support undressing and dressing before a bath. (See [Dressing and undressing](#))

How to help a person to take a standing or seated wash:

- check whether the person needs to use the toilet first;
- prepare a sink or bowl of water. Check the temperature and then ask the person if it is the right temperature for them;
- check whether the person wants to stand or sit. If they would like to sit down some of the time, find a stable chair or stool for them to use;
- encourage the person to do as much as they can for themselves and ask if they would like your help before starting to do anything;
- to help maintain the person's privacy, ask them if they would prefer not to fully undress, but instead, help them to undress and dress each area of their body separately before washing. If the person is more comfortable being undressed, use a towel to keep them covered and warm as you help them to wash different parts of their body;
- help them to wash and dry their face and neck first, before washing their body. Encourage them to wash their bottom and genitals last;
- make sure they are thoroughly dried, including in skin folds. This will prevent the skin from becoming sore;
- if the person is happy for you to do so, take the opportunity to apply moisturisers to their skin. As we get older our skin becomes drier;
- provide help to the person to get dressed as needed, and if the person is happy for you to help with this.

How to help a person with a bed bath

If the person you are supporting is bed bound or has significant mobility challenges, you might need to give them a bed bath. Discuss this with them first and get their consent:

- check whether the person needs to use the toilet, commode or bedpan;
- have all the equipment you will need to hand so that you do not have to leave the person once you have started;

- wash your hands and put on an apron if you have one;
- if the person is unable to assist you while you are washing them, try to have another caregiver or family member support you;
- cover the person with a towel or blanket;
- prepare a bowl or bucket of water. Check the temperature and then ask the person if it is the right temperature for them;
- ask the person if they would like to wash their own face and neck. If not, wash, rinse and dry for them;
- explain what you will do, step by step. Remove the person's upper garments then wash their arms and underarms. Start with the arm furthest away from you. Place a towel underneath the arm to avoid wetting the sheets. Cover the arm that is not being washed. Dry the first arm and then repeat with the second.
- apply any toiletries the person has asked for and replace their upper clothing;
- change the water if it is cold or dirty;
- repeat the above procedure for the lower legs and feet;
- roll the person on to their side, following directions provided in the assisting with mobility section. While they are on their side wash their back and bottom. You should wear gloves for this and explain to the person that you will be doing so. Use a different cloth to wash the person's bottom. Offer the person the opportunity to do this for themselves if they can;
- while washing their back and bottom, check their skin for any signs of pressure sores;
- be sure they are completely dry, being careful to pat rather than rub skin with a towel and to dry skin folds and genitals as well,
- Support them with dressing if needed;
- roll the person back on to their back, and ensure they are comfortable and warm.

See video: M24_V01 Bed bath

How to help a person to take a deep water bath

If a bath is available and the person is physically able and wants to have a bathe in a bathtub you can support them to do this:

- check whether they need to use the toilet before having a bath;
- if they are anxious, reassure them by making sure the bath water is shallow, or by setting up a bath seat for them to use. Make sure you check the water temperature, and then ask the person if it is the right temperature for them;

- stay with the person while they are in the bath if they are anxious, and they are happy for you to do so;
- if the person can wash themselves, encourage them to do so;
- if they are struggling to wash parts of their body ask them if they would like your help;
- ask how they feel and how they would prefer you to do things. Try to find ways to help them remain independent in as many ways as possible and offer support as unobtrusively as you can;
- try to be flexible. You may find that different approaches work at different times, depending on the person's mood, level of energy or ability on the day;
- after helping the person to get out of the bath, make sure they are thoroughly dried, including in skin folds. This will prevent the skin from becoming sore;
- if the person is happy for you to do so, take the opportunity to apply moisturisers to their skin. As we get older our skin becomes drier;
- provide supporting for dressing as needed and if the person is happy for you to help with this.

How to help a person with hair washing

Depending on the ability of the person you are supporting you can help them with hair washing in the bath, seated on a chair or in bed:

- prepare a bowl or bucket of water. Check the temperature and then ask the person if the temperature is right for them;
- help the person to sit up if possible.
- If in a chair outside the bath, place a towel around their neck, covered by a waterproof mat or plastic sheeting or bags;
- if the person is bed bound, position their head and shoulders at the top edge of the bed. Place towels and a waterproof mat or plastic sheeting or bags under their head and shoulders to stop the bed getting wet;
- place a bucket on the floor at the head of the bed, or behind the person's chair for the water to drain into. Put plastic sheeting or bags under the bucket;
- check that the person is comfortable and ready for you to start;
- gently brush or comb the person's hair;
- give them a cloth to cover their face to prevent water or shampoo from getting into their eyes;
- using a cup slowly pour water over the hair until it is wet;

- use a shampoo of the person's choice and apply a small amount to the person's hair. Start from the hairline and move slowly towards the back of the neck to wash the back of the head;
- give the person a gentle massage at the scalp to encourage blood circulation. Remember to use your fingertips not your nails and to ask whether the person is comfortable;
- rinse the hair thoroughly with clean water in the same way that you wet the hair. Make sure all the shampoo is washed away;
- gently pat the hair dry and wrap the person's head in a dry towel. Make sure the person's face, neck and shoulders are dry;
- remove towels and plastic from around their neck or the bed;
- dispose of the water and make sure the floor is dry.

Grooming

How to help a person with shaving

If the person you are supporting wants your help with shaving make sure you know what they want you to do, and how they want you to do it.

Remember to take care:

- check when they would prefer to be shaved, for example, before, after or during a bath;
- wear gloves throughout;
- gently hold their skin taut with your fingers;
- use their own razor or a disposable razor;
- use warm water and check the temperature with them;
- use soap or shaving foam;
- if shaving the face, shave in the direction of the grain of the hair. If shaving legs, shave in the opposite direction;
- use slow deliberate strokes
- apply a moisturiser or aftershave
- if the person is cut during shaving, apply light pressure to the cut using cotton wool or a clean cloth. Keep your gloves on while doing this.

How to help a person with hair care

Talk with the person about how they like to style their hair and any products they like to use. For many people, their hair is an important part of their identity so try to support the person to keep their hair clean and well styled:

- encourage the person to brush their hair two to three times a day with a soft bristled brush or a wide toothed comb. Help them if they are unable to do this for themselves;
- wash the brush or comb regularly;
- encourage the person to have their hair cut when needed, but do not do this for them unless you are experienced. If the person is unable to leave their home, try to arrange for a hairdresser or barber to cut their hair at home;
- try to avoid using hot styling equipment, such as hair dryers or curlers, because of the risk of burns;
- oil the scalp, if the person's hair type requires it, once a week, preferably an hour before hair wash;
- make sure you understand and adhere to any religious or cultural practices and respect them. Hair plays an important part in some religions. Muslim women cover their hair, as do married Orthodox Jewish women; Jewish men wear a skull cap and Sikh men wear a turban, with a fresh one usually tied each day. You should not remove a hair covering without the person's consent; Hindu women often leave their hair uncut.

How to help a person with ear and eye care:

- check the ear canal for a build-up of wax;
- do not put earbuds into the ear canal;
- support the person with putting in hearing aids and replacing hearing aid batteries;
- support with eye care may be needed to relieve pain and discomfort, treat infection, and prevent injury or damage to the eye;
- if the person has any sign of an eye infection, wash the towel after use;
- help the person to wash their face every day;
- try to keep flies away from the person's eyes and face as they can spread infection
- try to reduce dust and air pollution in the house and garden (See [Reducing exposure to air pollution](#))
- help the person to keep their glasses clean.



Special considerations for people with memory loss and/or confusion

A person with dementia might find it increasingly difficult to take care of their own bathing and grooming. This might be due to problems with their mobility or because of issues with their memory, meaning they may forget when and how to do things. To help you could:

- focus on what the person is still able to do for themselves and encourage them to do it;
- do not provide more support than necessary;
- label personal care items, such as a hairbrush or shampoo. You could put these in order of use in the bathroom or wherever the person will use them;
- stick with a routine. If the person has always washed and brushed their hair before having breakfast, encourage them to continue to do this each day;
- be aware that people with dementia can have a fear of water;
- consider doing tasks alongside the person to remind them what to do. You could comb your hair, or brush your teeth together, for example;
- help the person to moisturise their skin. Dry or irritated skin can lead to unsettled or agitated behaviour in someone with dementia.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- if you notice and are concerned by a particular decline in the abilities of the person you are supporting;
- to get support and guidance with challenges related to dementia;
- to understand the precautions needed when helping someone with shaving. It is useful to know whether the person you support takes any blood thinning medication or has any infectious diseases that can be transmitted through their blood (HIV or hepatitis, for example). You should have the person's consent to know this information.
- it is also important that you know what to do if you accidentally cut the person or cut yourself while shaving them;
- if you notice any pressure sores or other skin problems while bathing the person;
- if the person appears to be sexually aroused while you are helping them;
- remember to maintain confidentiality in any discussions.

Sources

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Oral care

Oral care

Oral health is a significant factor affecting older peoples' quality of life, overall health and wellbeing. Tooth loss, tooth decay, gum disease, dry mouth and oral cancers are commonly experienced by older people. Poor oral health affects an older person's ability to chew and eat a variety of foods, causing poor nutrition and weight loss. Discomfort from poor oral health disrupts sleep and the ability to relax. Poor oral health also affects an older person's appearance, self-esteem, and self-confidence, as well as their ability to talk and communicate effectively.

Oral care involves looking after the mouth and teeth to ensure they are clean and comfortable, and any problems are noted and dealt with. The person you are supporting may not have an awareness of the need or importance of oral care and may also be unable to say if they are in pain or have any problems.

Oral care is an important part of personal care with the aims of:

- keeping the mouth clean, soft, moist and intact to prevent infection;
- keeping the lips clean, soft, and moist;
- removing old food and plaque without damaging the gums;
- alleviating pain and discomfort;
- supporting the person to keep eating and drinking the things they enjoy and that are good for them;
- supporting the person's quality of life and maintaining their self-confidence;
- preventing bad breath and freshening the mouth;
- identifying any new changes with mouth or teeth.

Reasons oral care might become difficult

There could be several reasons why the person you are supporting is no longer looking after their own oral care. These include:

- having mobility challenges that make it difficult to get out of a chair or bed, or to walk to a bathroom or communal washing area;

- having problems with their dexterity, making it hard to hold a toothbrush;
- forgetting about the need to look after their mouth and teeth;
- forgetting or being confused about how to look after their mouth and teeth;
- experiencing pain or discomfort in their mouth which means they are anxious about brushing their teeth;
- lacking the motivation to take care of their mouth and teeth. This can be a particular issue with people with mental health conditions, such as depression and anxiety, and could also be linked with loneliness and social isolation, as people may not see a point in looking after their personal care if they are not seeing anyone else.



Looking after your own health and wellbeing – tips for caregivers

Assisting with personal care can be challenging because of the intimate and sensitive nature of the task. It is important to talk with the person you are supporting to make sure both they and you feel as comfortable as possible. To look after yourself, remember the following:

- make sure you ask for the person's consent each time, before assisting with personal care;
- try to have the person sit or stand in a position that allows you to brush their teeth without you having to stoop or bend uncomfortably;
- do what you can to avoid being bitten. If the person you are supporting is uncomfortable or anxious, they might accidentally bite you while you clean their teeth. You can use a second toothbrush to try and stop this from happening. Use the handle of one brush to gently pull back the person's cheek and allow them to rest their teeth on handle. Use the second toothbrush to brush the teeth on the other side of the mouth.



How can I support a person with their oral care?

It is important that oral care is delivered in a dignified and gentle manner, supporting the person to do as much as possible for themselves. Before starting, make sure you get the person's consent. When helping the person to brush their teeth look for the following:

- B - bleeding gums or skin inside the mouth;
- R - redness of the gums or tongue, or inflammation of the mouth or lips;
- U - ulcers;
- S - saliva - whether the amount is normal;
- H - halitosis (bad breath);
- E - external inflammation of the lips, such as cold sores or cracked lips;
- D - debris - whether there is any visible plaque or foreign particles, such as food, in the mouth.

Teeth brushing:

- help the person to brush their teeth twice a day, in the morning and before bed;
- explain what you are going to do and check they are happy for you to proceed;
- wash your hands and put on gloves if available;
- help the person to sit or stand in a position that is comfortable for them, and that you can reach without stooping or bending uncomfortably;
- place a towel or sheet across their chest;
- encourage the person to do as much for themselves as possible
- if you need to brush their teeth, be gentle and use a soft toothbrush and toothpaste or a traditional toothbrush made from a stick or twig, possibly with some clean cloth attached to one end. Natural toothpaste can be made from bicarbonate of soda (baking powder) and water
- brush all surfaces of the teeth, gums and tongue in a gentle circular motion
- help the person to rinse their mouth with clean water or mouthwash solution
- apply a water-based lip cream or moisturiser to lips
- rinse the tooth brush thoroughly and store in a clean container
- try to help the person clean between their teeth, using a dental floss or a strong, clean thread. This can be uncomfortable and may cause some gum bleeding at first
- remove your gloves and wash your hands
- check that the person feels comfortable afterwards.

[See video: M25_V01 Teeth brushing](#)

Denture care:

- if the person you are supporting does not have any teeth, or has some teeth missing, remove any dentures or partial dentures and gently brush their gums;
- brush their dentures in the same way you would brush their teeth;
- once you have cleaned the person's mouth and dentures, reinsert the dentures during the day, or if helping the person with their oral care before bed, store the dentures in clean water or denture cleaner in a clean container or glass.



Special considerations for people with memory loss and/or confusion

People living with dementia have a high rate of tooth decay and gum disease. This may be because as dementia progresses, they may find it difficult to perform their normal daily activities and require some support to keep up with their oral hygiene routine. Others may not be able to express that they have a toothache and leave problems untreated.

It's important that people living with dementia receive the help they need to keep their teeth and gums clean so that they can maintain their self-esteem and avoid pain and infections.

A change in a care routine or the prospect of treatment may make some people feel confused or uncomfortable. Try to help this by:

- giving the person short, clear instructions;
- demonstrating what to do, and gently guiding the person in stages;
- clearly and simply explaining what you are about to do, gesturing with a toothbrush and toothpaste if you are brushing the person's teeth
- observing the person for signs of discomfort. The person may hold their face, grimace, struggle with ill-fitting dentures, have loose teeth, frequent bleeding or sensitivity to hot and cold food and drink. If you notice any of these signs, consult a dentist or health worker.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- If the person has sore mouth ulcers that do not heal within several weeks, unexplained, persistent lumps in the mouth that do not go away or unexplained, persistent lumps in the lymph glands in the neck that do not go away. These signs may indicate a serious health issue.
- if you notice and are concerned by a particular decline in the abilities of the person you are supporting;
- to get support and guidance with challenges related to dementia;
- to understand any health conditions, you need to be aware of, including any blood related conditions. You should have the person's consent before knowing this information;
- if you notice any problems with the person's oral care, paying attention to the 'BRUSHED' technique;
- if you think the person, you are supporting has pain or discomfort when you are brushing their teeth, when they are eating, or at other times.

Sources

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Foot and nail care

Foot and nail care

Foot and nail care is an important part of our personal care routine. Foot care, becomes more important as we get older due to how our feet change as we age.

Common foot problems in older age include:

- bunions: a bony growth or misaligned bone, usually at the base of the big toe. The big toe may bend abnormally toward the small toes;
- calluses and corns: dead, yellowish, thickened skin on toes;
- hammertoes: toe joints that curl up or under, either rigidly or with some flexibility, often resulting in a permanently dislocated joint;
- toenail problems: ingrown (growing into the skin), thickened, or discoloured toenails;
- foot problems linked to diabetes: foot ulcers that are difficult to heal, loss of feeling, or circulation problems;
- foot problems linked with deformities: may be caused by arthritis, including rheumatoid arthritis and gout.

Foot and nail care is an important part of personal care with the aims of:

- reducing pain: painful feet can affect balance and ability;
- increasing mobility and physical activity: foot problems are a major causes of walking difficulties in older people;
- increasing self-esteem;
- increasing social contact and participation in leisure, religious and cultural activities;
- reducing risk of trips and falls: foot pain can cause people to wear loose footwear, which can contribute to falls.

Reasons foot and nail care might become difficult

There could be several reasons why the person you are supporting is no longer able to look after their own feet and nails. These include:

- no longer being able to reach their feet;
- having problems with using handle nail clippers or files due to arthritis, weak muscles or stiff joints;
- having conditions that make them feel dizzy if they bend down;
- having problems with their vision making it difficult to trim their nails accurately and safely;
- having nails that have become too thick to be able to cut;
- forgetting about the need to look after their feet and nails, or how to do this;
- experiencing pain or discomfort with their feet or nails.



Looking after your own health and wellbeing – tips for caregivers

Assisting with personal care can be challenging because of the intimate and sensitive nature of the task. It is important to talk with the person you are supporting to make sure both they and you feel as comfortable as possible. To look after yourself, remember the following:

- make sure you ask for the person's consent each time, before assisting with personal care;
- sit down when assisting with foot and nail care. Do not bend or stoop to reach the person's feet;
- try and ensure the person is sitting in a position that is comfortable for them, but also that allows you to sit comfortably while helping them;
- take care of your own hands and feet. Your role as a caregiver will take a toll on both, so it is important you look after yourself;
- you will likely be on your feet a lot while providing care so make sure you wear comfortable, well-fitting shoes. Wash your feet every day, take care of your toenails and be aware of any pain, discomfort or loss of feeling;
- you will also need to look after your hands. You will need to wash your hands regularly while providing care, but this can dry your skin, as can using cleaning products. Wear gloves when you can and remember to moisturise your hands and look after your fingernails.

How can I help with foot and nail care?

Is it important that foot and nail care is carried out frequently as part of your role in supporting personal care. Before starting, make sure you get the person's consent.

How to provide foot care:

- prepare supplies before you begin (foot bowl, warm water; sponge, towel, apron, nail file, moisturiser);
- check whether the person you are supporting needs to use the toilet before starting;

- wash your hands and put on an apron if you have one;
- help the person to sit in a stable chair. Check they are comfortable and warm;
- fill a bowl with warm water, and check the temperature. Ask the person if the temperature is right for them;
- help the person to take off their shoes, slippers and/or socks;
- gently help them to place their feet in the bowl. If the bowl is small, only wash one foot at a time;
- use a soft cloth or sponge to gently wash their feet;
- allow the person to sit and soak their feet for 5-10 minutes;
- chat with the person while you are doing this;
- when they are ready, remove one foot from the bowl and place it on a towel. Gently pat the foot dry and dry between the toes;
- repeat with the other foot;
- check for any cuts, blisters, redness, swelling, or nail problems;
- ask the person if they have any pain, discomfort or loss of feeling;
- if required and agreed with the person, gently file their nails;
- moisturise the feet to prevent dry, cracked skin. Do not moisturise between the toes. Allow the moisturiser to dry/soak in;
- help the person to put on clean socks or tights and good fitting shoes or slippers. Do not let the person stand before putting on their socks and shoes or slippers;
- empty the bowl and wash the towels. Make sure the floor is dry;
- Make sure the person is sitting comfortably or help them move to a different chair or bed if they wish.

[See video: M26_V01 Foot care](#)

How to provide nail care:

It is important that toenails and fingernails are well looked after. Nails should only be cut by a trained caregiver or health worker. This is particularly important with toenails. If you have been trained, you should trim nails using nail clippers and file any rough edges.

Fingernails:

- prepare supplies before you begin (hand bowl, warm water, nail clippers; nail file; moisturiser);
- check whether the person you are supporting wants to use the toilet;

- wash your hands and put on an apron if you have one;
- make sure the person is sitting comfortably and is warm;
- fill a bowl with warm water and check the temperature. Ask the person if the temperature is right for them;
- check the person's hands to see how long the fingernails are, whether they have chipped or ragged edges and whether the skin around the nails is broken;
- soak the person's hands in the warm water to soften the nails before filing. Wash their hands and nails with soap;
- dry their hands and nails, including between the fingers;
- file the person's nails with a nail file or emery board, use the edge of the file to gently remove any dirt from under the nail;
- apply hand cream if possible and the person would like you to;
- ask the person whether they have any pain, discomfort or loss of feeling;
- empty the bowl and dry any splashes or spills;
- help the person to sit in a comfortable position;
- wash and dry your hands.

[See video: M26_V02 Nail care](#)

Toenails:

If you have been trained to cut toenails, you should follow the foot care steps listed above.

- after drying the feet, clip the person's nails using nail clippers and file any rough edges;
- Continue the foot care routine, moisturising the feet and helping the person to put on socks and shoes.

Special considerations for diabetes and foot care

It is particularly important to be aware of any issues with foot care if the person you are supporting has diabetes. Diabetes can reduce the blood supply to the feet and cause a loss of feeling. This can mean foot injuries do not heal well, and that the person may not notice if their foot is sore or injured. Ulcers are common in people with diabetes, and these, as well as other problems, can lead to foot or leg amputations if they are not dealt with properly.

The most important thing for someone with diabetes is to manage their condition well, ensuring their blood sugar levels are under control, and to adopt healthy behaviours,

such as giving up smoking, eating a healthy and balanced diet, staying physically active and attending health checks as scheduled. You should encourage the person you are supporting to do these things.

There are steps you should take to assist the person you are supporting with their foot care if they have diabetes:

- encourage the person to check their feet every day to look out for any injuries or changes. If they struggle to lift their feet to see the soles, suggest they use a mirror;
- you should also check the person's feet regularly, and encourage the person to have a regular assessment with a health worker;
- remind the person to be aware of any loss of feeling in their feet;
- if you or the person notice any changes to the feet, the person should discuss this with a health worker as soon as possible;
- encourage the person to wash their feet every day with warm water and soap. If they are unable to do this for themselves, you should assist them, following the foot care guidance above. The feet should not be soaked for a long time, as this softens the skin and increases the risk of injury;
- toenails should only be cut by a trained caregiver or health worker. They should be cut regularly using nail clippers, but not too short. Care should be taken to ensure the skin around the nails is not cut;
- make sure the person always wears well-fitting shoes;
- remind the person that they should never walk around barefoot, especially outdoors;
- discourage the person from sitting with their legs crossed as this can further reduce blood circulation in the legs and feet.



Special considerations for people with memory loss and/or confusion

If you are supporting someone with dementia, assisting them with foot and nail care will be important in helping the person to remain mobile and active. The person's condition may lead to complications or make things challenging. The following tips should help:

- make sure the person is wearing well-fitting shoes. This is particularly important if the person spends a lot of time walking around - something that is common among people with dementia;
- make foot care a part of the person's daily routine. This could help to reduce the person's stress and agitation;
- if the person does not like to have their feet handled, try to do what you can to reassure and calm the person.
- consider having someone else with you, a family member or caregiver, to talk calmly with the person while you are assisting them;
- try to position yourself safely, possibly sitting to the side of the person, rather than directly in front in case the person kicks out;
- only provide assistance that you have been trained for. The person should receive other care from a trained caregiver or health worker.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- if you are concerned about providing foot care and need advice about what you should and should not do;
- to get specific advice about looking after the person's toenails, either to receive training or to know where to refer the person;
- to get support and advice if the person you are caring for has diabetes;
- if you notice any changes to the person's feet or any discomfort, pain or loss of feeling;
- to get support and guidance with challenges related to being able to provide foot care to someone with dementia;
- remember to maintain confidentiality in any discussions.

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Skin care and caring for wounds

Why is skin care important for good health?

Skin is an important defense for the body against infections. As we get older we lose some of the fatty tissue between the muscle and the skin, and some of the normal oil glands in the skin. This can cause the skin to be dry and itchy, especially on the lower legs and the arms. Scratching can cause a break in the skin, which can then become infected. Urine or faeces on the skin can cause scratching and redness. Spending a long time in the sun can cause skin to slowly stretch and wrinkle and can lead to skin cancers.

Older people are at risk of a chronic wound when the skin breaks down because of

- pressure
- poor blood flow
- damaged veins
- loss of sensation
- injury

Having a chronic wound can make people feel unhappy and embarrassed. They might avoid seeing other people and become lonely. Pain may make them irritable. A chronic wound can also reduce mobility, resulting in other health problems. A long admission to hospital may be necessary to heal the wound. A chronic wound can lead to amputation of the foot or lower leg. So there are many reasons to try to prevent chronic wounds.

How can I help the person I care for to look after their skin?

Encourage and support the person you care for to look after their skin:

- Rinse well after washing. Pat the skin dry instead of rubbing. Apply moisturising oil or cream to prevent dry skin.
- Avoid using a lot of soap, which can dry out the skin.

- Avoid lying or sitting in clothes or sheets that are wet from urine.
- Wear a hat and long sleeves when going out in the sun.
- Don't sit with legs directly in front of a fire or radiant heater.
- Eat plenty of locally available fruits, vegetables and protein.
- Drink plenty of water, especially when the weather is hot.
- Check skin for any changes, such as dark spots, spots that bleed, dark red areas of skin, or areas of skin that are numb and without feeling. If any of these happen see a health care provider.
- Clean and trim the nails of the feet and hands regularly.

Preventing chronic wounds

Who is at risk of chronic wounds?

Pressure sores are a common type of chronic wound. They are more likely to happen when the older person:

- is not very active, especially if they have to stay in bed, or stay in one position in a chair all day. Some people are unable to change the position of their body. This is especially common after a stroke.
- cannot feel pressure or pain
- has skin that is often damp or wet from urine or sweat
- does not eat well or drink enough fluids
- has skin that is easily pulled or rubbed when they are moved by someone else, for example moving them out of bed, or lifting them from a chair.

Older people with diabetes are at risk because they often develop poor blood flow to their legs, and may lose sensation in their feet or legs. They may not notice a small injury, and the wound may then become infected and slow to heal.

Venous ulcers are another type of chronic wound. In some older people the veins in their legs do not allow blood to flow back up to the heart in the normal way. Pressure builds up in the leg veins, causing swelling. This causes cells to die and a wound then forms. This is called a venous ulcer. Most venous ulcers occur on the leg, above the ankle. The risk is greater among the oldest people, older women, smokers, overweight or tall people, and those with varicose veins.

Frail people may fall and injure themselves causing a wound that takes time to heal. (See [Preventing and managing falls](#))

For those at risk:

- Encourage the person you care for to look after their skin
- Encourage them to be as active as they can (See [Physical exercise](#))
- Adapt the home to prevent the chance of a fall
- Encourage them to change their position in their chair or bed often. If they cannot move by themselves try to move them at least every two hours. It is important to get help with this task. (See [Assisting with mobility](#))
- If they are bed bound, put a pillow under their lower legs to prevent pressure on the heels. You can make a cushion in a shape that fits around any bony part so that it is not under pressure.



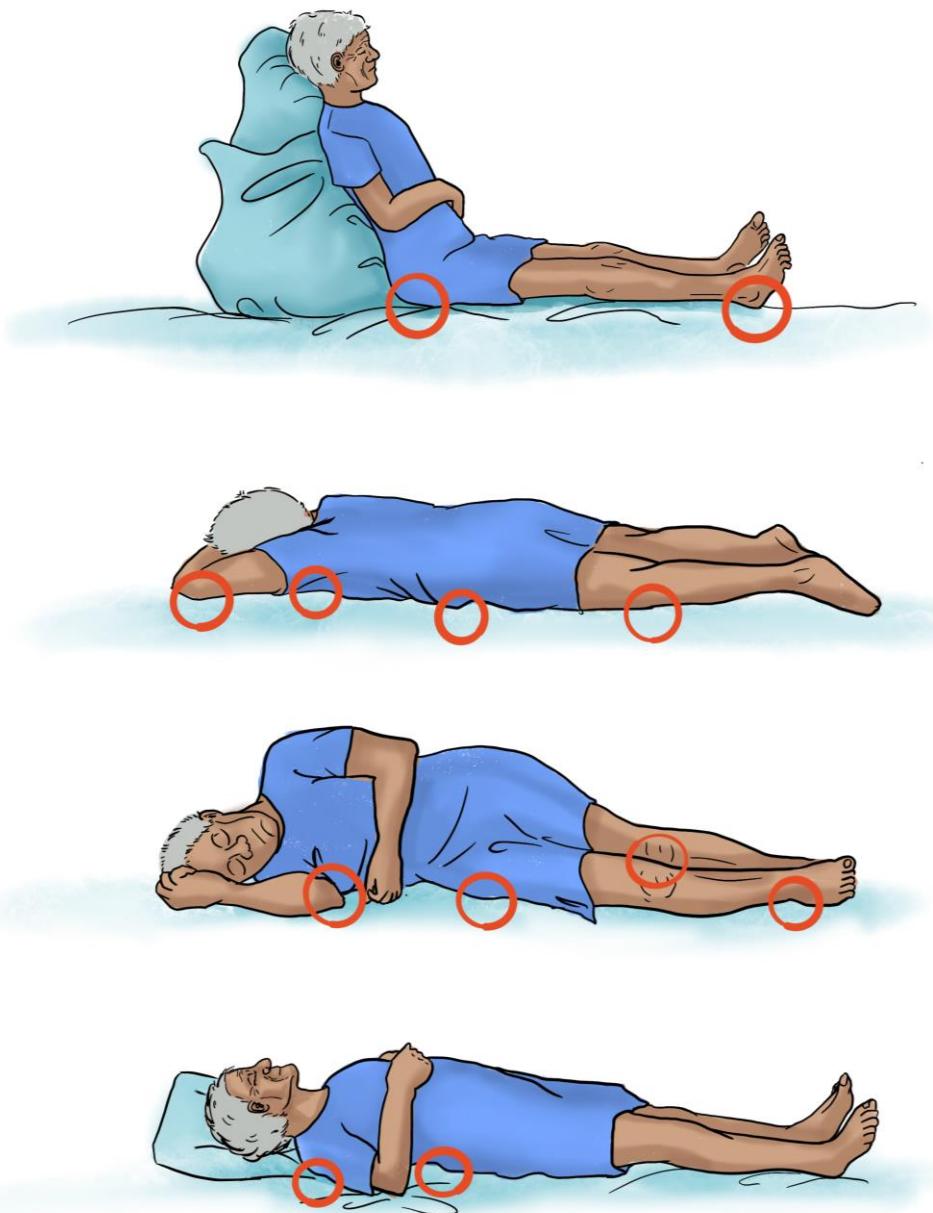
- Keep sheets smooth and free from wrinkles
- If the person is not very mobile, check the skin over pressure points every day. Check for broken skin or sore areas, and for redness or other change in colour.
- If the lower legs are swollen, try to get some elasticated (compression) stockings. Encourage a walk each day. When they rest, help them to put their feet on a pillow or rolled up blanket.
- If the person has diabetes try to help them to keep their blood sugar level under control. This will help the wound to heal.
- If they are a smoker talk with them about the risks and try to help them to stop smoking. (See [Reducing alcohol and tobacco use](#))
- If they are overweight try to help them to lose weight.
- If they are underweight or have a poor appetite encourage them to eat nutritious foods and snacks. (See [Nutrition](#))
- Encourage the person to ask their health care provider to check their blood pressure.
- If they fall frequently, consider making knee and / or ankle pads to protect the skin. (See [Preventing and managing falls](#))

Early signs of a pressure sore

The skin over an area under pressure first becomes red, in pale skins, or blue or purple in darker skins. When you press the red or purple skin it does not go back to the skin's usual colour. There may be pain where the skin and tissues are under pressure, even before there are any breaks in the skin.

Next the tissues under the broken skin break down – this includes fat, muscle and even bone. The person can develop a deep wound. A pressure sore is not always painful, but studies show that about one third of people with pressure sores do suffer pain.

This picture illustrates the parts of the body that are often affected by pressure.



Early signs of a venous ulcer

An early sign of problem veins is itchy, thin skin. The ankles and lower legs may swell and feel heavy, and there may be cramps, and a tingling feeling. The skin may become darker and feel hard before the skin breaks and an ulcer develops.

Treatment for chronic wounds

How do wounds heal?

Wounds heal in four stages. There is usually some overlap between these stages.

1. First, the blood clots, and small blood vessels on the edge of the wound contract to stop any bleeding.
2. Next there is an inflammatory response with redness and swelling. The body's defence cells move into the wound to clear away dead cells and bacteria.
3. Then new cells start to grow at the base of the wound. The wound margins contract. And then new skin cells start to cover the wound.
4. Finally there is re-modelling as the new tissue becomes stronger and more flexible.

The skin protects the body against bacteria. When the skin breaks it is easy for bacteria to get in and cause an infection. Bacterial infection delays healing of the wound.

Signs of infection include:

- the edges of the wound become red and swollen
- pus in the wound
- the wound smells bad

Keep the wound clean

It is important to keep the wound clean and moist, rather than letting it become dry. This will help the wound to heal.

Clean the wound at least daily. Use an antiseptic, such as povidone-iodine, or chlorhexidine. Follow the instructions for diluting the antiseptic carefully. You can also use normal saline or neem extract. To make normal saline, mix a level teaspoon of salt with two cups (450 mls) of boiled water. Do not use EUSOL antiseptic on wounds because it does not help healing.

If available, cadexomer iodine (Cadomer or Iodosorb) helps infected wounds to heal more quickly. This can be a paste dressing, an ointment or a gel. There are also traditional remedies that help wound healing (see additional information below).

Cover the wound

Use a piece of sterile gauze to cover the wound, before applying a clean bandage. You can write the day and time on the bandage. If the underlying problem is weak veins the health care provider may recommend using compression bandages or stockings over the top of the dressing.

If the wound is deep you can make dressing pads with foam sponge in the shape of the wound, which you can put into a deep wound to absorb the fluids. Wash and boil these after every use. Do not use kapok fibres as stuffing for dressing because kapok is non-absorbent. However, kapok is useful to fill cushions of different shapes to protect the elder's skin from pressure. You can also make cotton-covered pads stuffed with kapok to put over the bandage to protect against knocks.

Raise the wound

If the wound is on the lower leg or foot the person should:

- keep the affected leg raised wherever they are sitting or lying down
- regularly exercise their legs by moving their feet up and down and rotating them at the ankles.

Traditional home treatments for chronic wounds

1. Applying honey, sugar, or a mixture of honey and sugar, is a traditional way to help to heal chronic wounds.

Sugar or honey:

- draws infection and dead cells out of the tissues
- promotes new healthy cells to form
- reduces swelling, and
- reduces bacterial infections.

2. Green papaya contains papain and chymopapain. These enzymes:

- remove the dead tissue in a wound without harming the living cells
- help the wound to heal

- kill harmful bacteria.

Note that ripe papaya does not have these enzymes.

How to use green papaya:

- Soak a boiled cotton cloth in the white sap that comes from the trunk or green fruit of a papaya plant. After cleaning the wound with saline, pack this into the wound. Repeat two or three times a day for one week.
- you can also grate a green papaya, and crush the seeds, to make a paste to apply to the wound. Prepare fresh paste each time. Wash your hands first, and boil all bowls and cutlery before making the paste;
- first wash the wound with saline solution;
- apply the papaya paste to the wound, after cleaning with saline, and cover with a clean dressing, such as sterile gauze. If you cannot buy dressings, you can boil strips of cotton cloth and dry in the sun to use as bandages.

3. Extract or oil of neem leaves (*Azadirachta Indica*) also has antiseptic, anti-inflammatory and wound healing properties. This can be used to clean the wound and a small amount applied under a dressing daily to help in healing.

Check for pain and discomfort

Encourage the person to tell you when the wound is causing them pain. Offer paracetamol when the pain is bad.

A chronic wound can be upsetting and embarrassing. Remember to treat the person with respect when talking about their wound.

Keep a record

Chronic wounds often take a long time to heal. It can be helpful to keep a record so that you know whether the wound is healing or growing in size. If you have a camera, ask the elder if they are willing for you to take a photo once a week. Put a clean ruler, pen, or teaspoon next to the wound so that you can see if it is getting smaller.



Looking after your own health and wellbeing – tips for caregivers

- Remember that caring for an elder with a chronic wound is hard work, physically and mentally. The person with the wound might suffer pain that makes them irritable and difficult to care for. A change of dressings can cause pain. Make sure that you look after yourself as well as the person that you are caring for. Try to arrange for someone else to help you and take breaks if respite care is available.
- A chronic wound can take many weeks to heal. Sometimes the wound gets worse instead of better. It is important not to blame yourself. This can happen even in hospital. Seek help from a health care provider.
- Follow the instructions carefully when you use antiseptics and disinfectants. They can harm the skin, or the tissues underneath, if they are not diluted properly. It is also important to store all disinfectants and antiseptics carefully, out of the reach of children and young people.
- Neem oil and papaya sap can cause an allergic reaction in some people. Before using them on a wound put a small amount on the skin of the inner wrist and wait to see if there is any reaction.
- When moving someone who is bedbound or chairbound take care not to injure yourself. (See [Assisting with mobility](#))



When to see advice from a health care professional

Refer to a health care provider if:

- there are signs that the wound is infected, such as redness or swelling around the wound, increase in bleeding, smell, or fever.
- if the wound becomes larger or deeper;
- if the wound changes colour or becomes dark;
- if the elder is suffering pain from the wound;
- If you are becoming exhausted and need a rest.

Source

https://www.cochrane.org/CD011675/WOUNDS_does-cleaning-venous-leg-ulcers-help-them-heal

Dressing and undressing

Dressing and undressing?

For many of us, how we dress and what we choose to wear is an important part of our identity and contributes to our self confidence and emotional wellbeing. As we get older, we might start to struggle to dress and undress ourselves, either in relation to the physical demands of dressing, or in terms of being able to decide what to wear. Getting dressed and undressed are intimate and personal acts and having to ask for support can be challenging. As a caregiver, it is important that you provide support in a way that ensures the privacy, modesty and dignity of the person you are supporting is upheld and promoted. You will also need to be aware of the religious, cultural and spiritual beliefs of the person you are supporting, which may influence how they dress.

Reasons dressing and undressing might become difficult

There could be a number of reasons why the person you are supporting is no longer able to dress and undress themselves. These include:

- having mobility challenges that make it difficult to get out of a chair or bed, and to move their limbs to get into clothes;
- having problems with their dexterity, making it hard to manage fastenings on clothes;
- forgetting about the need to get dressed or undressed, to change their clothes or wear clean clothing;
- forgetting or being confused about how to get dressed and undressed;
- experiencing pain or discomfort, in the joints for example, when trying to get arms or legs into clothes;
- having problems with balance;
- being anxious about falling;
- lacking the motivation to get dressed. This can be a particular issue with people with mental health conditions, such as depression and anxiety, and could also

be linked with loneliness and social isolation, as people may not see a point in getting dressed or changing their clothes if they are not seeing anyone else.



Looking after your own health and wellbeing – tips for caregivers

Assisting with personal care can be challenging because of the intimate and sensitive nature of the task. It is important to talk with the person you are supporting to make sure both they and you feel as comfortable as possible. To look after yourself, remember the following.

- make sure you ask for the person's consent each time, before assisting with personal care;
- if assisting with dressing and undressing, do not take the person's entire weight. Always lift with your legs, not your back;
- avoid twisting and stooping;
- if you must handle any soiled clothing, remember to use gloves, and wash separate from other laundry.

How can I help a person with dressing and undressing?

Given the intimate and personal nature of helping someone to dress and undress, it is crucial that you take your time to make sure the person you are supporting is comfortable and feels safe and secure before you start. It is important that you understand what the person can do for themselves and what they need support with. You should also discuss how the person usually does things so you can make sure you are helping them in the way they want. Remember to encourage the person to do as much as possible for themselves. You also need to determine whether you are the right person to help. Ask the person you are supporting who they would like to assist them with dressing and undressing. This might be somebody of their gender, or a different gender, and could be a family member, friend or caregiver.

Choice and consent are important. Remember to ask the person you are supporting every time, if you can go ahead, before helping them to dress or undress. If the

person says no, respect their wishes. If your role as a caregiver is managed through an organisation, report any refusal of care to your supervisor. If you are caring for a family member or friend and they continue to refuse your help, and are unwilling to get dressed, consider discussing this with a health worker or trained caregiver to seek their advice and support.

It is also crucial that you consider the person's religious, cultural or spiritual beliefs in relation to how they choose to dress. These beliefs and practices should always be respected. If you are not sure how to do something, or what the person will need to wear, ask. Religion or culture should be considered in both everyday dress and in terms of choices or requirements for religious festivals or when visiting a place of worship. 'Religious dress' goes beyond the clothes people wear to also include hair coverings and body adornment so the person you are supporting might also need your help in these areas.

Dressing:

- help the person to get dressed in the morning. Try to create a routine so they are getting dressed at around the same time each day. Base this timing on how the person has usually done things;
- explain what you are going to do and check they are happy for you to proceed;
- if the person prefers to wash in the morning before getting dressed, support them with this before helping them with their clothes;
- whether helping the person to get dressed after washing, or if they are changing out of night clothes, remember to do what you can to maintain their privacy and dignity. Undress and redress parts of the body one after the other so that parts of the body remained clothed to ensure privacy and to stop the person from getting cold;
- encourage the person to do as much as possible for themselves and only help when necessary;
- the person should choose what they would like to wear. Do not make this decision for them, but try to ensure they are dressed appropriately, particularly to ensure they will not be too warm or cold;
- it can be helpful to lay out the items of clothing chosen in the order the person will put them on;
- Allow extra time for getting dressed. Do not rush, as this can make the process stressful and unpleasant;
- be aware of any aches and pains the person has and look out for any signs of discomfort while you are helping them dress;
- while you are helping the person to dress, look at their skin and check for any signs of pressure sores or other problems;

- try to ensure the person has appropriate and comfortable clothing available. Dressing in loose fitting clothing is often easier for both you and the person you are supporting. If the person has challenges with their dexterity, it is a good idea to avoid too many buttons, ties or fastenings;
- pay attention to whether clothes are clean and suggest when things need to be washed if the person does not seem to be aware of this
- keep in mind that it is important for the person to maintain good personal hygiene, including wearing clean undergarments. Poor hygiene may lead to urinary tract or other infections;
- remember the importance of well fitting shoes;
- the person may choose to wear jewellery, including for religious and cultural reasons. This can be an important part of someone's appearance and personal identity, so remember to pay attention to this while assisting the person to dress. Ask them what they would like to wear and how you can help them;
- makeup and other body adornments are also important, and as with jewellery, often have religious and cultural significance. Ask the person what they need help with and whether you or someone else should assist.

Undressing:

- when assisting someone to undress, you will need to remember most of the same issues as those involved in helping someone to dress;
- when supporting the person to undress at the end of the day, ask them what night clothes they would like to wear. Try to make sure the person will not be too warm or cold in bed;
- make sure all clothes and shoes are put away. Things should not be left on the floor, where the person, you or others could trip over them;
- set aside any dirty clothes to be washed;
- remember to help the person to remove jewellery before going to bed unless they choose to keep it on.



Special considerations for people with memory loss and/or confusion

A person with dementia might need additional support with dressing and undressing. Alongside any challenges with physical ability, they might also have forgotten how to dress or undress themselves, why and when to do this. Dementia can also impact someone's ability to carry out a series of tasks in order, so the person may struggle with which items of clothing to put on when. To assist the person, you are caring for you can:

- simplify choices: the person should choose their own clothes if possible, but you could provide two or three alternatives so that the choice is not overwhelming. If making a choice on a specific item of clothing is difficult, you could ask what colour they want to wear, also giving a couple of options;
- be organised: lay out clothing in the order that each item should be put on and hand the person one item at a time;
- be clear: give simple, direct instructions such as "put your arms in the sleeves;"
- be flexible: if the person wants to wear the same outfit repeatedly, try to get duplicates or have similar options available. It does not matter if the person's outfit is mismatched. It is more important that they have made their own choice and been involved in the process;
- it is OK if the person wants to wear several layers of clothing, just make sure they do not get overheated. If the person is going outdoors, make sure they are dressed for the weather.



When to see advice from a health care professional

You should seek advice and support from a health worker, trained caregiver or supervisor:

- if you notice and are concerned by a particular decline in the abilities of the person you are supporting;
- to get support and guidance with challenges related to dementia;
- if you notice any pressure sores or other skin problems while dressing or undressing the person;
- if the person has care preferences or needs (perhaps based on religious or cultural beliefs), that mean you are unable to assist. Ask for advice on how best to find alternative care for the person;
- if the person appears to be sexually aroused while you are helping them;
- remember to maintain confidentiality in any discussions.

Sources

<https://www.alz.org/help-support/caregiving/daily-care/dressing-grooming>

<http://www.commage.org/quality-manual/>

<https://www.who.int/publications-detail-redirect/9789241515863>

Eating

Helping an older person to eat

The person you care for may need your help at mealtimes for several reasons. Arthritis, a tremor, weakness from a stroke can make it difficult to cut up food and take it to the mouth. Cognitive difficulties can also mean that an older person needs help to eat.

For older people eating is often an important part of their lives and something they look forward to doing. Providing them with tasty and interesting food will help to make them happy. Ask them about which foods they enjoy, and if there are any foods or flavorings that they dislike. Helping an older person to eat, or feeding them, is a sensitive task. It is important to help them to feel that they still have some control, and to be patient.

- Ask them if they are ready to start eating. Eating meals is also a social activity. Make it a calm and friendly time. The pleasure of eating increases when a meal is shared.
- Help them to wash their hands before the meal. If they have dentures and they are not in their mouth, ask them if they would like to use them. Ask them if they would like to use the toilet before they eat. Wash your own hands before the meal.
- If the person you care for is confined to bed make sure that they are well supported with a cushion, so that they can swallow food and drink. A tray with legs to go over the bed is very useful to help the person to be able to see and reach their food
- Provide a waterproof cloth to protect their clothing from food stains to maintain their dignity.



- If you need to feed them, try to sit at the same level. Give them small spoonfuls of food. Don't rush them.



- In many cultures it is usual to eat with the fingers. If this is the case, offer the elder a bowl of warm water and a hand towel to wash their hands before and after the meal. If they cannot use their usual chopsticks or cutlery, offer 'finger foods'. Or cut up the food so that they can eat with a spoon. Make sure that the pieces are small enough to prevent choking.
- Place the plate or bowl within easy reach and check whether they need help. If the weather is cold, use a warm plate. Make sure that the food is not too hot.
- Make sure that they have a glass of water at mealtimes. If they cannot lift a glass or cup, offer them a straw, or help them to drink small sips.
- If there is a danger of choking, try mashing the food, or providing a rich and tasty soup.
- If they refuse the food, offer something different. If they continue to refuse food, or to eat very little, arrange for them to see their health care provider.
- Provide a cloth or napkin so that they can wipe their mouth. Check their appearance after the meal.
- If the older person has medications to take at mealtimes, remind them to take them after the meal.



Special considerations for people with memory loss and/or confusion

- Dementia can be associated with eating problems. The older person may eat smaller meals than when they were younger and lose weight. People with dementia often have a change to their sense of taste. They often prefer to have food with strong flavours.
- Mealtime can be a stressful time for both the older person and the caregiver. Offering smaller meals more frequently, with familiar, tasty foods that they like, can be helpful. Make sure not to serve the food too hot.
- To help to remind the older person to eat, try to involve them in preparing the meal, or putting the plates on the table. Eating with family members gives an opportunity for the older person to see them eating and copy them.
- Try to ensure that there is plenty of time for the older person to eat their meal. Avoid distractions at mealtimes. Keep the table or tray clear. A non-slip mat under the plate can be helpful.
- For some older people you might need to put the food in their hand, or on their spoon, and guide it to their mouth. You might need to remind them to open their mouth, or gently touch their lips with the spoon. You might need to remind them to chew and to swallow. If the older person says that they don't want to eat, try offering the food again later. Never force an elder to eat food that they do not want.
- It may also be helpful to provide some nutritional supplements. Ask for advice from the health care provider.



When to see advice from a health care professional

If the person you care for develops any of the following symptoms related to eating, suggest that they talk with their health care provider:

- Loss of appetite, or refusing food, that lasts more than one or two days
- Pain, irritation or bleeding in the mouth
- Difficulty in swallowing

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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