

Ethics of care : Video 3

Transcript

- First one, John is a single father who has been living with an acquired brain injury for six years.
- Instead of being discharged from hospital to a nursing home, John went to live with his mother in rural Victoria.
- Who was also looking after his three children.
- It raises some really interesting points, I think, around resources in the country.
- There is a tendency not to put people, younger people, in nursing homes.
- Yep.
- So, there's already a number of people in nursing homes who are under 65.
- Yeah.
- And it's a very hard life for them, emotionally, and mentally, and socially. Probably at this point, not knowing anything else, the best option would be for him to go home to his mother and children and then look at what else can be worked out from there.
- You wanna hope they've done their research before they've just put him into that home, like, the people who had him in the hospital, they would have to have an obligation to make sure it's a livable environment for this man.
- Yeah, as a support you would probably go into the family home to meet everyone. And it's really important in this situation to actually really get to know the family as well, you know, how are the kids coping with everything? How's mum coping with everything?
- And I just wonder, is there any support for his mother? 'Cause his mother's looking after his three children.
- And she'd need to have her own free time, so you'd have to organize people so she could have a break and they could look after the kids and her son as well, I guess.
- Yeah, and I guess, yeah, how have the kids felt about everything as well?
- If he was getting DHHS funding, there was a package called ROC, Respite for Older Carers, she may have got funding through that. If it's through NDIS, they'd have to have really skilled workers to make sure all the support's are going to him, so it would require a fair few skills from the workers, then, to write the package,

or all the plans, so.

- [Nhu] Yeah.

- Yeah, it's just an interesting one, that.

- Um, John has a number of physical disabilities.

- As well as memory problems associated with his ABI.

- He's going to require some complex care, by the sound of it.

- Definitely, so, on physical disabilities, it could range from, you know, needing a wheelchair, to needing a hoist, or, like, um, standing machine, in terms of mobility and movement.

- Mmm.

- So, I think it even complicates things a bit more.

- The family are gonna need a lot of support.

- Yep.

- So, that's something that will have to be looked into to see what sort of support they have.

- Yep.

- And what they need, what's available to them, being in a regional area, as well. State and federal government funding often doesn't go into regional and rural areas, so they are left under-funded, under-resourced, staff are over worked.

- I always worry about the children in this situation, I think it can be, you know, are they going to become quasi carers along with the mother?

- [Nhu] Yeah.

- How old are they? What's the impact going to be on them?

- Also, now that we know that his ABI also has a physical component to it, what you were saying before about the house being set up is really, really important because there's a lot of extra equipment you need, or even if it's not extra equipment, sometimes it's just space.

- Is it an old home? Or a modern home that's able to accommodate him in a wheelchair? Are the corridors wide enough? Are the doors wide enough? Because we've had people in homes in wheelchairs, and they actually can't get in to certain rooms,

- Oh no.
- Because they're really old homes.
- Yeah.
- The family is not well off and they live in John's mother's house, which is owned by an aboriginal housing co-operative
- Who are unwilling to make modifications to the house to make it more accessible.
- Okay, so the first thing that I think of then, is that this is a culturally sensitive person and family. So the first thing we need to look at is what sort of cultural appropriate supports they have in place.
- [Andy] Yep
- Where the supports are coming from, um, if the housing co-operative is working in partnership with, maybe, case management services to provide supports for the family. So, we really need to know what other supports they're getting.
- How acceptable will mainstream services be to an aboriginal family? Because we know there's quite a history of aboriginal people not accepting mainstream services. So, is there an aboriginal organization there that can provide those services?
- It's a case of building up trust with organizations,
- Yeah.
- And indigenous communities. So you've got a whole community there that you'll be dealing with, not just one person and their family, so that's something to be aware of too.
- So what will his quality of life be?
- [Nhu] Yeah.
- If the modifications can't be done? But, also, what does that mean for the extra support from the mother and the children? So if they're not able to put in rails, how will they, how will the mother support him, mobility-wise? How will the children be doing that?
- Oh, let's go to the next one, so, support staff come to the house to support John with daily care, and they find the conditions John is living in confronting.
- And they also do not fully comply with occupational health and safety guidelines for workers.
- Because of the lack of access to a bathroom, John must use a commode in his room, and also be sponge bathed, instead of being able to be showered.

- You go into a place to work, you need that safety, so, as a carer, you need to be in a safe environment to be able to render any services to your client your helping out. And if you feel safety has been jeopardized, or it's not safe, safety is not being met, then there is a whole lot of things you can put in place. And one I would suggest is, you know, filing, like, a risk assessment.

- Mmm.

- So there's always this risk assessment to assess the actual risk, and I'm sure in this scenario, it's definitely going to be a high risk.

- As an organization, it would be good for them to develop a partnership with the aboriginal housing co-op.

- [Andy] Yeah.

- And look at how they can work together to actually, perhaps, source more funding if they haven't got the funds to put the modifications into the house that's needed for him. Also to bear in mind that the person's dignity is at risk there as well, not just the worker's safety.

- Yep.

- I always find it interesting when workers say, 'oh, it doesn't comply with occupational health and safety guidelines' when they're confronted by a person's house, because it's important workers don't take their own values into a person's home.

- Mmm.

- Because we support people in a range of situations, with a range of socio-economic backgrounds.

- Mmm.

- And it's how do we manage that? But at the same time, how does the organization manage the OHS issues for the worker. I often find that a more senior person in the, you know, maybe the coordinator, might go out with the workers and say, 'alright, let's have a look at this.' It's really good if workers can do a health, safety, wellbeing check on the houses before they start doing, providing support. That should've been done before, during the planning process, to actually send someone home.

- Yeah.

- And then the conversations could've started, in saying, 'is this the best move?' I would be going to an advocate to try and get some funding for him.

- I would too, yeah.

- The workers have mentioned John's living conditions to the support agency.

- But there is no other suitable accommodation available.
- Other than sending John to a nursing home in another town, where he would be isolated from his children and mother.
- This is a systemic problem, isn't it?
- Yes.
- Where there's just not enough, there's not enough funding, there's not enough resources, and you're working within a really difficult situation, so how do you do that? I'd be back at the hospital, again, saying, what funding is there to support the person?
- I find it hard to believe there's not like an option C or something.
- Yeah.
- Yeah, maybe I'm being too optimistic, I feel like there must be a way you can problem solve.
- There has to be a way where you could move the family to cater for John.
- The hospital probably shouldn't have discharged John to a home that's not fitted out for him. There are some hospitals out there who have transitional accommodation, essentially, so, a lot of times, it is for people who need to, either they're waiting for a spot in a nursing home or group home, or they're waiting for their home to be fitted, and they can actually stay at those quarters, and there's normally an area for their family to stay in as well. And, you know, they could live there and be taken care of there temporarily.
- We have sent people to their local members too, to fight for better resources.
- Oh, okay.
- Yeah, so we've certainly done that, where we don't think there's enough resources for a person in a rural area. There are some really terrible situations that we face in the sector. And I think that's the role of management, then, to support everyone through it, and to fight, I mean, management can go down this pathway to advocate and fight, and go to local governments, and DHHS, and whoever the funding body is.
- [Nhu] Mm-hmm.
- But at the same time, while that's going, we still need to be supporting our workers to deal with that, 'cause it is very confronting, some of the things we see. It's not a common thing but you certainly do come across situations where there is no answer sometimes, and it's how do we deal with that? How do we support workers through that? But how do you support the families through it?
- Mmm.

- And I think they need to know that we're still in there fighting for them. But I would also, if it was me, I'd be working with the aboriginal organizations too, to be fighting and saying, this is, we live here, we are, you know, we are owners of this land, we should be fighting for better rights for our people.