



CHCAGE009

Provide services for
older people

LEARNER GUIDE



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This Learner Guide

CHCAGE009 - Provide services for older people (Release 1)

This unit describes the performance outcomes, skills and knowledge to provide services to an older person and to support their family, carer or others identified by the person. It involves following and contributing to an established individualised plan.

This unit applies to workers in a residential or community context, or those in personal care or support services that work with older people. Work performed requires some discretion and judgement and is carried out under regular direct, indirect or remote supervision.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian standards and industry codes of practice.

No occupational licensing, certification or specific legislative requirements apply to this unit at the time of publication.

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/Training/Details/CHCAGE009>

About This Unit of Study Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Provide services to older people

- I. Deliver individualised services
- II. Liaise and negotiate with others
- III. Support family, carer or relevant others
- IV. Coordinate feedback

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support, you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- How and when to make contact
- What you need to do to complete this unit of study
- What support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments
- Provide you with online webinar times and availability
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable
- Keep in touch with you during your studies

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- Keep your study materials
- Be reasonably quiet and free from interruptions
- Be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have a quiet place, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- A chair
- A desk or table
- A computer with internet access
- A reading lamp or good light
- A folder or file to keep your notes and study materials together
- Materials to record information (pen and paper or notebooks, or a computer and printer)
- Reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning ‘styles’. Some people learn best by listening or repeating things out loud. Some learn best by ‘doing’, some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people’s books.) This also helps you to remember important points.
3. **Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using This Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, 'Have I seen this happening anywhere?' 'Could this apply to me?' 'What if...' This will help you to 'make sense' of new material and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want to be answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction

Older people refer to Australians aged 65 and above. This term also includes Aboriginal and Torres Strait Islanders from 50 to 64 years old. The number of older people has increased in the last few decades. As of 2020, around 16% of Australia's population is more senior. The number and percentage of this age group may increase even faster in the coming years. The quick increase in the aged population is due to the following:

- People are living longer because of a better quality of life.
- Fewer people have children.

Based on Australian Bureau of Statistics data. Twenty years of population change, used under CC BY 4.0. © Commonwealth of Australia

You may support an older person in developing and implementing an individualised plan. However, working with older people comes with a lot of considerations. There are legal and ethical requirements that you must comply with. You must also coordinate with other support services to address the specific needs of the older person. Lastly, you must know how to gather feedback from the older person and other people.

This learner guide focuses on providing services to an older person. It deals with providing support to the older person's family, carer and relevant others. It involves following and contributing to an established individualised plan.



You may work in a community, facility or at home. Your tasks are always under regular direct or indirect supervision. While working, you may have to use your decision-making and judgement.

This learner guide will address how to perform the following:

Deliver individualised services

Liaise and negotiate with others

Support family, carer or relevant others

Coordinate feedback

I. Deliver Individualised Services

Individualised Plan

An individualised plan addresses a person's needs, goals, and preferences. An individualised plan in action is an *individualised service*. A service provider is an organisation that specialises in a specific set of needs. Service delivery workers are the people who carry out the individualised plan. Those who help them are the support workers.

An individualised plan places the person at the centre of the service provided. From planning to delivery, the person will always have the final decision. An individualised plan or service is also called person-centred, patient-centred, or person-centred.

Services Available for Older People

Services available for older people vary depending on the person's needs. A person may also have many plans and services. Shown below are some of the services geared towards older people:

- **Aged care**

This is one of the more common services offered and availed by older people. Aged care involves supporting older individuals in their day-to-day lives. The level and duration of support can vary depending on the person's needs. Some persons need help with challenging tasks at home, such as laundry or cooking. Others enter aged care homes that offer all-day support and assistance.



- **Disability care**

Disability care is a more specialised service that some organisations can offer. This service prioritises the disability that limits living a typical life. These disabilities can be physical, like deafness, blindness, and mobility issues. It can also be mental and psychological, like memory loss and dementia.



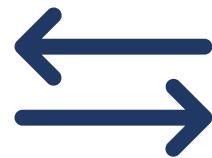
- **Palliative care**

Palliative care is yet another specialised service that considers the person's health condition. Palliative care assists individuals suffering from severe, complex, and often terminal illnesses. These conditions can include heart problems, Alzheimer's disease, and all forms of cancer.



- **Respite service**

Respite service provides temporary relief to a person's primary carer. A respite service provider collaborates with both the person and the carer. Collaboration ensures that the service provider addresses the person's needs.



- **Aboriginal and Torres Strait Islander primary health care service**

This service aims to provide primary health care to indigenous peoples. At the same time, there is an emphasis on respecting cultural and social differences.



- **Professional interpreting and translating services**

These services help culturally and linguistically diverse (CALD) persons. They help them to communicate with other service providers. Providers must be familiar with the person's background and connect with them.



Your Role as a Service Delivery Worker

You may assess, track and reassess the older person's needs. Your role involves coordinating resources that address the person's needs. You may also have to liaise with other people to do so.

You may support the person in developing and implementing an individualised plan. During service delivery, you will perform assigned tasks within your responsibilities. If applicable, you will also track the delivery and the person's progress. You may work with other service providers, support workers and health professionals.

You must always recognise and respect the person's decisions and preferences. You must also provide accurate and relevant information at all times.



This chapter will introduce the important skills of a support worker. The focus of the support services will be older people. These skills are applicable in the numerous services for older people. Each subchapter will cover one skill.

Below are the different skills that you will learn:

- Identify the person's needs, goals and preferences in the individualised plan
- Provide services and support activities
- Assist the person in using assistive technologies
- Identify and discuss the plan and the roles and responsibilities of service providers
- Recognise and report signs of abuse and neglect



1.1 Identify the Person's Needs, Goals and Preferences in the Individualised Plan

In this subchapter, you will learn how to read a simple individualised plan for older people. You will focus on needs, goals, and preferences for health problems. This is because older people tend to need services due to these health problems.

1.1.1 Needs, Goals, and Preferences

An individualised plan addresses a person's needs. The plan will have goals that correspond to these needs. During service planning and delivery, the person's preferences always matter before others.

Needs

A person may have the following types of needs:

- *Diverse needs* are those associated with diversity between individuals. Diversity is the difference in age, gender, disability, language, culture, religion, etc.
- *Multi-faceted needs* are overlapping needs that a person may have. These needs may also be a result of a condition. The term is often synonymous with complex and multiple needs.

You must recognise and respect the person's needs. Your service is a way for them to overcome their struggles.

Below are some scenarios involving people with needs:

People With Diverse Needs	People With Multi-Faceted Needs
<ul style="list-style-type: none"> ▪ Someone with disability needs disability support at their own home. ▪ People from rural areas need access to aged care services. ▪ An immigrant needs translation and interpreting support to understand information about services. 	<ul style="list-style-type: none"> ▪ An older person is developing depression resulting from stroke and unemployment. ▪ Someone is living with Korsakoff syndrome because of alcohol abuse. ▪ An older person is living with dementia. He also tends to display harmful behaviours of concern to others.

Goals

Goals address the needs of the person. A good goal follows the S-M-A-R-T principle:

- *Specific* – distinct from other goals
- *Measurable* – progress and milestones are exact
- *Attainable* – results are exact and achievable
- *Relevant* – addresses the needs
- *Time-bound* – has a start and an end

Goals may also have objectives. Objectives are more specific indicators that make the goals measurable. Examples of goals and objectives that address a need are shown in the table below:



Need	
Recover from a serious knee injury.	
Goals	Objectives
Improve knee strength through interventions.	<input checked="" type="checkbox"/> Complete rehabilitation program. <input checked="" type="checkbox"/> Complete monthly check-ups.
Reduce body weight to help the knee.	<input checked="" type="checkbox"/> Complete low-impact workout program. <input checked="" type="checkbox"/> Complete a lean diet program.
Reduce physical activities to help the knee.	<input checked="" type="checkbox"/> Transfer bedroom to the ground floor. <input checked="" type="checkbox"/> Place all objects within arm's reach.

Preferences

Preferences are biases or restrictions that a person follows. Preferences affect a person's decision-making. Influenced decisions can include service availed, mode of delivery and worker's identity.

The preference of an older person is aligned with their dignity of risk. This refers to their right to choose what they want to do. In your work, you may encounter challenges involving the person's preferences. You must respect the person's dignity of risk and provide alternatives. Consider the sample scenarios below.

Scenario	Actions That Respect Dignity of Risk
<p>A person wants to continue using a cane instead of a wheelchair. However, there is a greater risk of falling and injury when using a cane.</p>	<ul style="list-style-type: none"> ▪ Make sure they use a cane that is sturdy, stable and comfortable. ▪ Make sure that their surroundings are free from any obstructions. ▪ Ask the person if they are willing to undergo physical therapy. This is to strengthen their hips and knees.
<p>A person wants to continue living alone despite severe hip and knee issues. If they continue to do so, they are more likely to hurt themselves in their everyday activities.</p>	<ul style="list-style-type: none"> ▪ Do more regular check-ins and home visits. ▪ You can ask their neighbours to check in on them at least once a day. ▪ Ask the person to always keep a cell phone with them. They can use it to call for help in case of emergencies.
<p>An older person does not wish to receive a flu vaccine. They are more vulnerable to flu infections, which are dangerous for their age group.</p>	<ul style="list-style-type: none"> ▪ Make sure to check their health more. ▪ If they are in an aged care facility, make sure to clean all items they use. ▪ You can ask the person if they are willing to wear a face mask, especially in crowded places and during flu season.

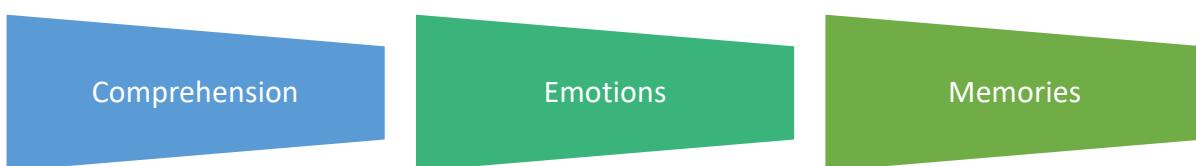
1.1.2 Common Health Problems Among Older People

As a person grows older, they experience a decline in their physical and mental skills. For older people, this decline may be the reason for their service needs. It is then important for you to be familiar with this decline.

Common physical skills affected are as follows:



Common mental skills affected are as follows:



Signs and Symptoms

An older person may experience many health problems. These problems will cause their physical or mental decline. These problems will have different signs and symptoms. *Signs* are measurable and observable changes that happen to a person. *Symptoms* are subjective effects of a condition that a person experiences. Below are examples of common signs and symptoms for different conditions:

Signs	Symptoms
<ul style="list-style-type: none"> • Body weight change • High blood pressure • Dark urine colour • High blood sugar 	<ul style="list-style-type: none"> • Pain • Itching • Nausea and vertigo • Tiredness and sleepiness

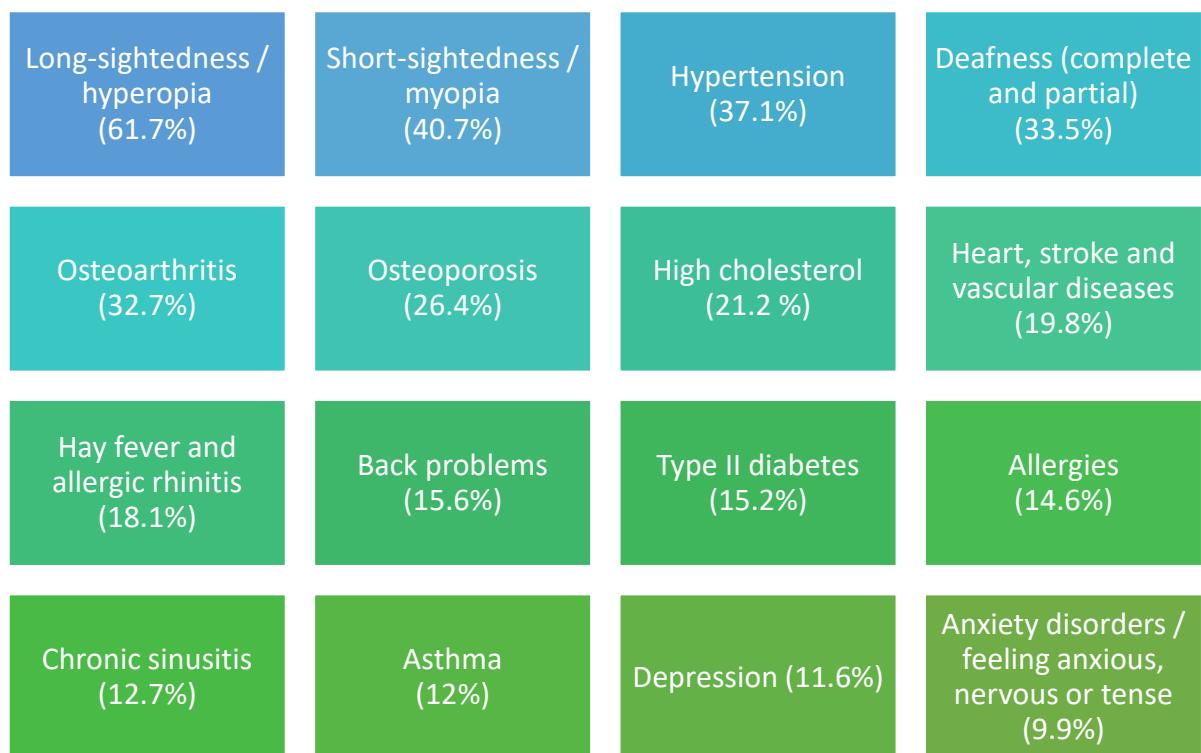
Presentation and Manifestation

A health problem can have many signs and symptoms. The collection of these signs and symptoms is a *presentation* of the health problem. Presentations of many conditions can share some signs and symptoms.

Manifestations are the signs and symptoms that the person experience. Signs have also manifested if detected through medical tests. A health problem can present an array of signs and symptoms, but not all may manifest to a person.

Common Health Problems Among Older People

The Australian Bureau of Statistics conducted the latest National Health Survey in 2018. The graphic below shows the common health problems of Australians over 65 years old. The percentages refer to the portion of the age group that is affected:



Based on Australian Bureau of Statistics data. [National Health Survey: First results](#), used under CC BY 4.0.
© Commonwealth of Australia

The table below summarises the presentations of select health problems:

Health Problem	Presentation
Hypertension	<p>Hypertension's important sign is blood pressure. The World Health Organization defines hypertension as:</p> <ul style="list-style-type: none"> ▪ Having <i>systolic</i> blood pressure greater than or equal to 140 mmHg, or ▪ Having <i>diastolic</i> blood pressure greater than or equal to 90 mmHg <p>People with hypertension usually do not experience any symptoms. A few have reported headaches, nosebleeds, and shortness of breath.</p> <p>Hypertension is in the presentation of heart attacks and strokes. Hypertension is also called <i>high blood pressure</i> or <i>elevated blood pressure</i>.</p>
High cholesterol	<p>Cholesterol levels should be no more than 5.5 mmol/L. Going above 5.5 is a sign of a high-cholesterol condition. This condition is also called <i>hypercholesterolemia</i>.</p> <p>High cholesterol has no symptoms, but people with high cholesterol levels may suffer from heart attacks or stroke.</p>
Heart attack	<p>A heart attack happens when a blood vessel in the heart gets blocked. Cholesterol build-up is the most common cause.</p> <p>Common signs that may lead to a heart attack are high cholesterol and hypertension.</p> <p>Symptoms of a heart attack include:</p> <ul style="list-style-type: none"> ▪ Discomfort in the left arm, neck, and back ▪ Dizziness ▪ Nausea ▪ Shortness of breath ▪ Tightness and pain in the chest region ▪ Vomiting

Health Problem	Presentation
Stroke	<p>Stroke, or brain attack, happens for any of the two reasons:</p> <ul style="list-style-type: none"> ▪ The brain does not receive enough oxygen. ▪ Blood vessels in the brain burst. <p>The common cause of stroke is blood clots blocking the blood vessels in the brain. Common symptoms of a stroke are sudden manifestations of any of the following:</p> <ul style="list-style-type: none"> ▪ Blurry vision ▪ Confusion ▪ Loss of balance and coordination ▪ Severe headache ▪ Severe numbness
Type II diabetes	<p>Type II diabetes is a condition where a person is unable to use their body's <i>insulin</i>. People with Type II diabetes have high amounts of sugar in their blood.</p> <p>Symptoms may include the following:</p> <ul style="list-style-type: none"> ▪ Blurry vision ▪ Frequent urination ▪ Persistent fatigue ▪ Slow healing of wounds ▪ Sudden weight loss ▪ Unquenchable thirst
Asthma	<p>Asthma is a lung condition described by the narrowing of airways. The narrowing causes symptoms such as:</p> <ul style="list-style-type: none"> ▪ Chest tightening ▪ Coughing ▪ Difficulty in breathing ▪ Wheezing <p>Allergies can cause asthma attacks. However, the cause of non-allergic asthma is unknown.</p>

Health Problem	Presentation
Allergies	<p>Allergies are reactions of the immune system to some substances. These substances, or <i>allergens</i>, can be:</p> <ul style="list-style-type: none"> ▪ Animals ▪ Dust ▪ Food ▪ Pollen <p>High histamine in the blood is a sign of an allergy. Histamine causes the blood vessels to expand. Swollen blood vessels may then cause symptoms such as:</p> <ul style="list-style-type: none"> ▪ Difficulty in breathing ▪ Itchy, swollen skin ▪ Red eyes ▪ Runny nose ▪ Watery eyes
Cancer	<p>Cancer is a condition of abnormal cell growth. There are different types of cancer according to the affected cell. Professionals can test possible cancer cells in laboratories. Lumps may also form. These two are the common signs of cancer to consider.</p> <p>Symptoms of cancer may include:</p> <ul style="list-style-type: none"> ▪ Abnormal bleeding ▪ Irregular bowel movement ▪ Persistent cough ▪ Sudden weight loss
Depression	<p>Depression is a common mental disorder worldwide. Its symptoms are persistent sadness and a lack of interest in enjoyable activities.</p> <p>The cause of depression can vary from physical to situational. Sometimes, it can also signal another health condition. Depression is best diagnosed by health professionals.</p>

Health Problem	Presentation
Anxiety disorder	<p><i>Anxiety</i> is the normal feeling of uneasiness or dread. It is usually caused by stressful, dangerous, or unfamiliar situations.</p> <p><i>Anxiety disorder</i> is the persistent manifestation of anxiety. Sometimes it happens for no reason. Often, it is uncontrollable. Like other mental conditions, it is only best diagnosed by health professionals.</p>
Dementia	<p>Dementia is a condition described by loss of mental abilities such as:</p> <ul style="list-style-type: none"> ▪ Thinking ▪ Remembering ▪ Reasoning <p>Older individuals are prone to dementia and its effects. Common symptoms include the following:</p> <ul style="list-style-type: none"> ▪ Memory loss ▪ Misplacing things ▪ Disorientation ▪ Repetitiveness ▪ Behaviour changes
Osteoporosis	<p>Osteoporosis is a condition of weak and fragile bones. The condition is caused by lack of calcium due to a poor diet or deteriorating health.</p> <p>Older individuals are prone to osteoporosis and its effects. Common symptoms include the following:</p> <ul style="list-style-type: none"> ▪ Back pain ▪ Stooped posture ▪ Decrease in height ▪ Bones prone to breaking
Deafness or Hearing Impairment	<p>Deafness is the full or partial inability to hear sounds. Common symptoms include the following:</p> <ul style="list-style-type: none"> ▪ Constantly asking people to repeat what they have said ▪ Turning the television volume too loud ▪ Difficulty telling sounds apart ▪ Not responding when they are called

Your Role in Medical Needs

You must remember that some needs involve the person's health. In this context, you are not responsible for assessing the person's medical needs. You also have a limited role in planning for these needs. Medical needs are within the scope of health professionals. Your role is to deliver the individualised plan and track for possible changes.



Further Reading

Some health problems are infectious or communicable. This means that they can spread from one person to another. Most of these health problems do not cause long-term effects. However, it is still important to consider them. The link below provides a good summary of infectious diseases that are common in Australia:

[Infectious and communicable diseases](#)

1.1.3 Understanding an Individualised Plan

A good, individualised plan looks at the big picture. It considers all the person's needs and the relationship between the needs. How needs interrelate can vary depending on your sector and service. You must be familiar with the different needs in your industry. Your organisation should have all the policies and procedures related to this.

The plan then tries to address all the needs by setting achievable goals. These goals are met within a particular timeframe while incorporating the older person's preferences. As such, an effective individualised plan must be able to establish and prioritise the older person's needs, goals and preferences.

Establishing Needs, Goals and Preferences

In a typical service plan, the *goals* are explicitly listed. These goals address the *needs* of the person. In the individualised plan, the goals are written as broad action statements. Each goal contains the following:

- **Objectives** – These are specific aims that are targeted to be achieved within a given timeframe.

- **Tasks** – These are the courses of action that the older person must follow to meet the objectives.
- **Resources needed** – These are equipment, medicine or facility that the older person must have access to in order to perform the tasks.
- **Person responsible** – This refers to the person who must perform the task. In this individualised plan for older people, they must be accompanied by a family member, carer, service delivery worker or relevant others when doing any task.
- **Timeframe** – This refers to the schedule of when the task will be done. It is best to indicate not only the day but also the time allotted for the task.
- **Outcomes** – This refers to the status of the tasks. It indicates whether a task has been finished or is yet to be completed.

On the other hand, *preferences* may or may not be explicitly established in a typical service plan. You have learned from the previous discussions that preferences are biases or restrictions a person follows. An older person might have preferences for their convenience. Some have them due to their current health condition.

When establishing the needs, goals and preferences of the older person in the individualised plan, you must keep the following in mind:

- **Ensure that the needs, goals and preferences are clearly defined.**

These factors must be present in the individualised plan clearly and completely. Check if the goals correspond to the identified needs of the person. Ask about the preference of the older person or if they have a condition that must be considered when doing the tasks.

These details must be presented so that all people involved with the older person (e.g. family, carer, and relevant others) can completely understand them.

- **Make room for adjustments in the individualised plan.**

Your individualised plan must be flexible. This means that it allows room for modifications based on inputs from the older person and other people. These adjustments must not, in any way, interfere with achieving the set goals for the older person.



Prioritising Needs, Goals and Preferences

To *prioritise* is to put attention and action on something. In a service plan, the listed goals and details imply their importance. Thus, you must prioritise everything written on the actual plan. Avoid unnecessary actions, especially if they are not part of the plan.

In some instances, you may encounter changes in either needs, goals or preferences. This is natural as the person's condition either worsens or improves. The priorities may change as needs are either added or removed.

As a support worker, you need to establish and prioritise the contents of a plan. The following are some of the best practices when dealing with service plans:

- **Read the service plan from start to end.** You must remember that the plan works as a whole and not just by its parts.
- **Clarify items that you do not understand.** You can do so with your supervisor or the person's health professional.
- **Plan early for any scheduled tasks.** Make sure to book all appointments if it is your job to do so. Prepare all items that you may need.
- **Get feedback from the person on their progress.** This way, you may be able to adjust the plan earlier. Remember to consult with everyone for adjustments.



Lotus Compassionate Care

Forms, tools and procedures for an individualised plan can vary across organisations. However, all share the same idea that the person is at the centre from planning to delivery.

Lotus Compassionate Care is the simulated organisation that provides services in disability support, home and community support, and residential care referenced in our learning resources.

Access Lotus Compassionate Care's resident care plan and action plan on their site. The first one is a care plan used before creating the service plan. The second one is an action plan. You can access them through the links below:

[Resident Care Plan](#)

[Action Plan](#)

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For you to understand how an individualised plan works, consider the case study below:

Thomas Smith

Thomas, 65, is a painter and a children's book illustrator. He takes pride in his work. He has also received many awards and recognition because of his skills. Last year, his doctor diagnosed him with Parkinson's disease. The disease is a degenerative disorder affecting mobility and, later, mental state.

As the disease progressed, Thomas found it more and more challenging to draw and paint. It worsened that he could no longer work on his drawings and paintings. 'I'm nothing if I can't even do what I love the most,' he would often say to himself.

Thomas has developed symptoms of depression. He has also lost self-esteem and confidence. He longs to be able to paint and draw again.

When he got admitted to an organisation that provides aged care services, an individualised plan was developed for Thomas. This document outlines his goals that must be met. This includes assistance in coping with his disease, managing his depression and helping him paint again.

For each goal, multiple tasks are designated to help Thomas achieve them. The list of organisational resources needed for each task is provided. The frequency and person in charge of the tasks are also indicated in the individualised plan.

Below are the relevant physical and mental factors that affect Thomas. These factors are Thomas's reasons for needing service based on the case study.

Physical Factors

- The physical effects of Parkinson's disease (shaking, rigidity, and difficulty in walking)
- The impact of the disease on Thomas's activities of daily living (eating, walking, dressing, and bathing)



Mental Factors

- Thomas showing symptoms of depression
- His loss of self-esteem and confidence
- Other impacts of Parkinson's disease on Thomas's cognitive functioning (difficulties in speech and writing)



In the case study, Thomas has more than one need. These are the following:

- He needs support in managing the symptoms of his disease.
- He needs help in coping with his depression. He also needs help in increasing his self-esteem and regaining his confidence.
- He needs help to be able to paint and draw again.

The first need is a direct result of Thomas contracting Parkinson's disease. It is also evident in the case study that his second and third needs came from his Parkinson's disease. Addressing the first need contributes to addressing his second and third needs.

Thomas' second and third needs will need other services to address them. However, it is crucial to consider his medical condition for the extra services required. For instance, getting him back to painting and drawing will address his third need. In doing so, you must consider the symptoms of his Parkinson's disease. If his hands are shaking, you may have to find ways so that wet paint will not spill over him.

You will find an individualised plan for Thomas Smith and his needs on the next page. The plan considers Thomas's interrelated needs. Then, the plan proposes a service delivery that addresses all his needs. The plan may not look like your organisation's own version, but this section should give you an idea of how individualised plans work.



The table below is an individualised plan for Thomas Smith and his needs. The plan considers Thomas's interrelated needs. Then, the plan proposes a service delivery that addresses all his needs.

Individualised Service Delivery Plan						
Client	Thomas Smith			Date	3 January 2022	
Goals	Objectives	Tasks	Resources Needed	Person Responsible	Timeframe	Outcomes
Manage symptoms of Parkinson's disease	Exercise	<ul style="list-style-type: none"> ▪ Do a prescribed exercise plan. ▪ Check if the exercise done worsens the symptoms. 	<ul style="list-style-type: none"> ▪ Exercise equipment ▪ Place to exercise 	<ul style="list-style-type: none"> ▪ Thomas ▪ Service delivery worker 	Mondays and Thursdays	To be completed
	Medicate	<ul style="list-style-type: none"> ▪ Take morning medication. ▪ Take evening medication. 	<ul style="list-style-type: none"> ▪ Medication ▪ Water 	<ul style="list-style-type: none"> ▪ Thomas ▪ Service delivery worker 	Daily at 7 am and 7 pm	To be completed

Goals	Objectives	Tasks	Resources needed	Person responsible	Timeframe	Outcomes
Manage symptoms of Parkinson's disease	Take therapies	<ul style="list-style-type: none"> ▪ Consult with a specialist. ▪ Undergo prescribed therapy. 	Access to therapies	<ul style="list-style-type: none"> ▪ Thomas ▪ Movement disorder specialist 	Wednesdays and Sundays	To be completed
Increase self-esteem and self-confidence	Undergo counselling	<ul style="list-style-type: none"> ▪ Find a psychologist. ▪ Undergo prescribed counselling sessions. 	Access to a psychologist	<ul style="list-style-type: none"> ▪ Thomas ▪ psychologist ▪ Support worker to facilitate 	Wednesdays (6 January – 10 March 2022)	To be completed
	Do something related to art and drawing	<ul style="list-style-type: none"> ▪ Do simple art projects. ▪ Join interest groups. 	<ul style="list-style-type: none"> ▪ Art materials ▪ A nearby interest group 	<ul style="list-style-type: none"> ▪ Thomas ▪ Service delivery worker to facilitate 	Tuesdays, Thursdays, and Saturdays	To be completed

Checkpoint! Let's Review



1. A health problem can present a collection of signs and symptoms. However, not all problems may manifest all their signs and symptoms. Some problems may also share the same signs and symptoms.
2. Some older people experience health problems with long-term effects. The most affected are their sight, hearing, joints, bones, blood pressure, and blood cholesterol. Having health problems is a common reason for needing services for older people.
3. An individualised plan addresses the identified needs of a person. The plan usually has goals that directly match the needs. Each goal will have details that describe how to achieve that goal.



1.2 Provide Services and Support Activities



In the previous subchapter, you have learnt how an individualised plan works. The next step is to deliver the service as instructed by the individualised plan. It may also mean supporting people in different activities. These people may also need help with their declining health.

1.2.1 Consultation With the Older Person and Others

You will have to consult with the older person regularly. These consultations must happen throughout the service delivery. You do these consultations because you are working with an individualised plan.

You may also have to consult with other people involved in the service. These can include the person's family, carer and relevant others. Your colleagues may also be able to contribute. You may also have to work with the community and other support services. You may also deal with health professionals and services. This is true if the person has a medical condition. You will learn more about them later in this chapter.

A consultation is a way for everyone to ensure that the service goes as planned. The following are the benefits of consultations:

- The older person can tell you if the service is benefitting them.
- The older person can inform you if they want a change in the service.
- The older person can let you know if they need new services.
- The other people involved can express the same concerns mentioned above.
- You can give the person updates about their progress.

A consultation may happen using the following methods:



Here are some things to remember when consulting with people:

- Be respectful, empathetic, and professional.
- Always maintain the person's privacy and confidentiality.
- Process all concerns according to your organisation's policies and procedures.
- Document all proceedings according to your organisation's policies and procedures.
- If you are not sure, never give a guess for an answer. Consult with your supervisor or other authorised personnel.

The insights from the older person's family, carer and relevant others can affect how the services will be delivered. Their roles and responsibilities regarding the execution of these services will be discussed in Section 1.4.1 of this learner guide.

1.2.2 Providing Services to Older People

When providing services as instructed by the individualised plan, you must be diligent. You must follow the plan and consult with authorised personnel if needed.

In general, you must always do the following:

Treat people with respect.

Help people live their best lives.

Value people's culture and diversity.

Support people to make decisions for themselves.

In the different services that you may offer, there will be standards. Your organisation will also have the relevant policies and procedures. You must be familiar with these. You can also consider some best practices below:

Care Services

- Check people's conditions and respond to changes as instructed.
- Provide people with the best care to meet their needs.
- Refer people to appropriate services as needed.
- Control health risks related to infection.



Support Services

- Ensure provided equipment is safe and updated.
- Encourage people to take part in their community.
- Provide services such as food, home help and recreation.
- Ensure meals provided are healthy and enough for each person.



Working With Culturally and Linguistically Diverse People

- Provide the accurate service that the people need.
- Be familiar with and respect people's backgrounds.
- Encourage people to communicate all their needs.
- Refer people to appropriate services as needed.





Further Reading

You can read more about the standards that your service may expect from you. Listed below are for the aged care, disability services, and indigenous peoples' care:

[Aged Care Quality Standards fact sheet](#)

[National Standards for Disability Services](#)

[User Guide for Aboriginal and Torres Strait Islander Health](#)

Organisational Policies and Procedures for Providing Services to Older People

Organisations in the aged care industry have policies and procedures in place to make sure that all staff provide fair and quality services to older people. These policies and procedures are aligned with requirements set by the *Aged Care Quality Standards*. The *Aged Care Quality and Safety Commission* created these standards to protect the rights, safety and well-being of older Australians.

The table below provides a summary of the standards.

Standard	What It Is About
Dignity and choice	<ul style="list-style-type: none"> ▪ Treat people with respect. ▪ Value people's culture and diversity. ▪ Support people to make decisions for themselves. ▪ Help people live their best lives.
Ongoing assessment and planning	<ul style="list-style-type: none"> ▪ Consider risks to people's well-being when providing care. ▪ Assess people's conditions when planning for care. ▪ Evaluate the organisation's services for effectiveness. ▪ Inform people about their care and services.
Personal and clinical care	<ul style="list-style-type: none"> ▪ Provide people with the best care to meet their needs. ▪ Monitor people's condition and respond to changes. ▪ Control health risks related to infection. ▪ Refer people to appropriate services when needed.

Standard	What It Is About
Services and support for daily living	<ul style="list-style-type: none"> ▪ Provide services such as food, home assistance and recreation. ▪ Support people to participate in their community. ▪ Ensure meals provided are healthy and enough for each person. ▪ Ensure provided equipment is safe and updated.
Organisation's service environment	<ul style="list-style-type: none"> ▪ Ensure the environment is safe, welcoming and comfortable. ▪ Provide accessible furniture and equipment. ▪ Provide people with opportunities to move freely.
Feedback and complaints	<ul style="list-style-type: none"> ▪ Encourage people and their carers to give feedback and express complaints. ▪ Give people ways to express their opinions. ▪ Resolve any complaints from people. ▪ Improve services based on people's feedback.
Human resources	<ul style="list-style-type: none"> ▪ Hire enough workers to provide care for every person. ▪ Ensure workers are respectful and caring towards people. ▪ Train workers to have the required qualifications to work in aged care. ▪ Evaluate workers regularly to ensure good performance.
Organisational governance	<ul style="list-style-type: none"> ▪ Create a safe and inclusive organisational culture. ▪ Manage the organisation well. ▪ Establish good risk management plans.

Further Reading



You can read more about the eight aged care quality standards in the fact sheet through the link below:

[Aged Care Quality Standards fact sheet](#)

Organisational policies and procedures relevant to the Aged Care Quality Standards cover the following topics:

Legal considerations in aged care services

Ethical considerations in aged care services

Documenting information

Storing information

Providing referrals

Legal Considerations in Aged Care Services

Organisational policies and procedures in the provision of services to older people are aligned with the laws of aged care. These are national and local legislations that cover the obligations of aged care workers as well as the consequences of non-compliance to the laws.

Legal considerations will be further discussed in Section 1.2.4 of this learning guide.

Ethical Considerations in Aged Care Services

Aside from legal requirements, policies and procedures must also be ethical. They must guide the organisation in providing services that respect the rights of older people. This ensures that all aged care workers will conduct their tasks without putting an older person at a disadvantage or harm.

Ethical considerations will be discussed in detail in Section 1.2.5.

Documenting Information

You may prepare reports and other documents relevant to your work. Different organisations and services will use varying templates and forms. You should be familiar with your organisation's tools for reporting and documentation. Take time to understand how to write these important documents. You may encounter reports and documentation such as the following:



You must ensure that all documents are *accurate, objective and appropriately detailed*.

- An *accurate* document entry answers the question or instruction correctly. Having accurate records is important to ensure that the information is correct, without any mistakes. It also guarantees that you follow the relevant accreditation and quality standards. All legal requirements, like incident reporting, also value accurate documentation.
- An *objective* document is free from biases and confusion. This makes all items clear and concise. Having objective records is important to get an explanation of what happened that shows facts and is free from bias. It also helps inform people of their roles and responsibilities.
- An *appropriately detailed* document includes all relevant information. Planning, implementing and reviewing services are more efficient. Transfer of information is also easier in case the need arises. Having appropriately detailed records is important to make sure that information is relevant to what actually happened.

The following are some of the best practices for preparing good documentation:

Use simple and clear words.

Use short sentences and short paragraphs.

Be concise by providing only the information needed.

Use active voice instead of passive voice as much as possible.

Avoid technical, scientific, or legal jargon.

Use spelling and grammar checkers.

Keep the whole document short.

Storing of Information

All information must be safe from damage and loss. The information must also be secure from unauthorised access. Your organisation should have policies and procedures for storing information. Listed below are some best practices:

- For physical records, place them in containers and locations that prevent material damage. Examples of causes of material damage include water, humidity, heat, and insects
- For digital files, keep them in the assigned physical media, online storage or folders
- Use locks for physical containers and passwords for digital storage
- Make sure to remember where you put your files

Providing Referrals

You may encounter tasks that you are not qualified to do. For such situations, you refer to someone more capable or authorised. You may have to approach your supervisor first for guidance. They will then decide who can handle each specific case.

You may also have to refer situations to other service providers. Referrals, in this sense, mean directing the person to appropriate providers. You must be familiar with these other people.

The following are types of referrals that your organisation may follow:

Active referrals

Passive referrals

Facilitated referrals

- **Active referrals** will have your organisation provide the person's information to other providers. The person must provide their consent before doing so.
- **Passive referrals** involve your organisation providing the person with some information only. The information is about other service providers with whom the person can work.
- **Facilitated referrals** happen when the person allows your organisation to represent them. Here, your organisation will look for the needed service providers.

You will learn more about working with others in Chapters 2 and 4 of this learner guide. In all, you must follow your organisation's policies and procedures.



Lotus Compassionate Care

Earlier, you learnt the importance of your organisation's policies and procedures. It is your first reference to identify the correct actions for any situation.

Access and review Lotus Compassionate Care's policies and procedures through the link below:

[Policies and Procedures](#)

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1.2.3 Supporting Activities of Older People

Delivering services to older people will have you supporting their activities. These activities can range from simple everyday tasks to community events. In a way, the activities you support are the more specific tasks for the service.

With older people, the activities they do may matter a lot. They are at the stage of their lives where they want to enjoy the things they do. Supporting them in these activities means you are professional. You can follow some of the best practices below:

Identify and incorporate the strengths and other positive attitudes of the person.

Encourage the person to take part and lead discussions relevant to the service.

Inform the person of organisational resources that they may use.

Motivate the person towards a positive view of life.

- **Identify and incorporate the strengths and other positive attributes of the person.**

Older people have been through various life experiences that helped shape their character. Do not think their old age is a barrier to developing meaningful connections. You must recognise the strengths in their character, such as their resilience, wisdom and maturity. These attributes can be your way to connect and encourage them.

- **Encourage the person to take part and lead discussions relevant to the service.**

Knowing they still have control over their lives helps boost confidence among older people. Remember to seek their consent before you proceed with any intervention. You can also ask their opinion regarding the support activities that they prefer. It is important that the older person feels that they are heard, especially in cases that directly affect them.

- **Inform the person of organisational resources that they may use.**

Organisational resources refer to the options an older person can access to aid in their various needs. These can include financial support, health services or physical therapy. You must inform the older person about the current resources that your organisation offers and how to avail of them. You can check your organisation's policies and procedures or ask your supervisor for complete details about these resources.

- **Motivate the person towards a positive view of life.**

Old age can impact the older person's self-esteem and confidence. Having a negative perception of the self can also affect their well-being. As such, you must support uplifting their state of mind and self-image. Provide words of encouragement whenever they express negative thoughts. Listen to their worries or concerns. Being a source of strength for older people can also make them less lonely or pessimistic.

- **Make them decide how their service should go.**

You can ask the older person about their preference on how the supporting activities must be done. For example, they might prefer to spend more time doing activities with other older people. They may also want to do a particular activity more frequently. Remember to respect their requests and try to incorporate them into the execution of these activities.

Multimedia



You may encounter cultural diversity as a support worker for ageing persons. The following video provides the best practices when working with older indigenous Australians:

[Caring for Indigenous Australians in Aged Care Facilities](#)

Organisational Policies and Procedures for Supporting Services of Older People

Support services aim to provide activities that can promote the well-being of the older person. This includes reaching out to services outside of the organisation which can address their specific needs.

Organisational policies and procedures that guide support services focus on the following:



Decision-Making and Informed Consent of the Older Person

It is important that you respect the right of the older person to make informed decisions about their lives. They must also provide informed consent before you start with any supporting activity.

Informed consent is a process where you educate the older person about the risks, benefits, and alternatives of your planned services or activities. In this process, you must be able to respond to all their inquiries. When an older person gives informed consent, it means they have completely understood and agreed to your explanation.

Below are sample policies from Lotus Compassionate Care that guide decision-making and informed consent of older people:

- Older people have the right to re-evaluate and change their decisions about the services they will receive.
- Older people are presumed to have the ability to make decisions unless they are proven to have impaired capacity. *Impaired capacity* refers to the inability of a person to make sound decisions and give consent.
- If a client is unable to make a decision, their family or guardian may provide informal support when a decision is made.

Coordinating With Other Health Professionals and Community Service Providers



Supporting the activities of older people include working with other relevant organisations or agencies that offer a wide range of services. These institutions address the varied and specific needs of older people to uphold their well-being.

Generally, you must ensure that you are partnering with duly registered and accredited professionals and service providers. Similar to the previous section, the sample policies from Lotus Care Services that are relevant to reaching out to external services include the following:

- Sourcing services outside of the organisation if the supporting activity has tasks that are outside the scope of your role, knowledge and expertise
- Confirming that a health professional is a registered and/or accredited member of their profession before availing their service

You can do this by checking the Australian Health Practitioner Regulation Agency register of practitioners.

- Checking that an outsourced service or activity came from a registered business with a reputable business record
- Asking your supervisor for references to other health professionals and service providers

Once you have decided on the support services you will coordinate with, you will have to exchange information about the client with them. You must be familiar with the policies and procedures on information sharing to ensure that you conduct work within privacy and confidentiality laws.

1.2.4 Legal Considerations in Aged Care Services

You must be familiar with the national and local legislation on aged care services to ensure you conduct your work tasks within legal boundaries.

There are a few laws created to protect the welfare of older people. These laws also regulate the providers of aged care. Regulation is vital in managing the quality of aged care services. It ensures that care providers meet the standards and do not abuse older people.

This section will discuss the following national legislation for older people:

Aged Care Act 1997

Quality of Care Principles
2014

Aged Care Quality and
Safety Commission Act
2018

Aged Care Act 1997

The Aged Care Act 1997 is the framework for government funding for aged care services. It also states what care providers must meet to get government assistance. Below is a summary of what the chapters within this Act contain:

Chapter	Details
Chapter Two	<ul style="list-style-type: none"> ▪ Conditions for becoming an approved provider ▪ Obligations of an approved provider ▪ Allocation of places for aged care
Chapter Three	<ul style="list-style-type: none"> ▪ Details about government financial aid ▪ Process of receiving government financial aid ▪ Conditions for receiving financial aid
Chapter Four	<ul style="list-style-type: none"> ▪ Responsibilities of an approved provider
Chapter Five	<ul style="list-style-type: none"> ▪ Conditions for receiving grants for improving services

Based on content from the Federal Register of Legislation at 13 October 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Aged Care Act 1997, used under CC BY 4.0

Quality of Care Principles 2014

The Quality of Care Principles 2014 regulates the quality of aged care providers. This is where you can find the Aged Care Quality Standards discussed in Section 2.1.1. These standards are listed in Part 5 of the Quality of Care Principles. Other details of this document include the following:

Part	Details
Part 2 – Laws for residential care services	<ul style="list-style-type: none"> ▪ Comply with the Aged Care Quality Standards. ▪ Charge for services within the maximum amount allowed by the Aged Care Act.
Part 3 – Laws for home care services	<ul style="list-style-type: none"> ▪ Comply with the Aged Care Quality Standards. ▪ Charge for services within the maximum amount allowed by the Aged Care Act.
Part 4 – Laws for flexible care services	<ul style="list-style-type: none"> ▪ Care may be provided in a residential or home setting. ▪ Comply with Aged Care Quality Standards.

Based on content from the Federal Register of Legislation at 13 October 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Quality of Care Principles 2014, used under CC BY 4.0

Aged Care Quality and Safety Commission Act 2018

This Act established the commission that monitors aged care providers. The Commission ensures that providers meet the standards for aged care services. Parts 3 to 5 of the Act state the process of forming the Commission. The rest of the parts state the processes of investigating care providers. These include:

- Making yearly reports
- Maintaining privacy and confidentiality
- Approving providers
- Deciding consequences for providers who do not meet the standards
- Entering and searching home or residential care facilities

Based on content from the Federal Register of Legislation at October 13, 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Aged Care Quality and Safety Commission Act 2018, used under CC BY 4.0

Aside from the national laws mentioned above, legislations relevant to aged care are also grounded on human rights. *Human rights* are rights that every person should enjoy. They recognise the inherent value of each person, regardless of background, where they live, and what they look like, think or believe.

Human rights are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are all about being treated fairly, treating others fairly and having the ability to make genuine choices in their daily lives.

Australian laws relevant to human rights are anchored on international human rights treaties. These treaties are used as a legal basis for upholding and protecting human rights. They include the following:

- [Universal Declaration of Human Rights](#)
- [International Covenant on Civil and Political Rights](#)
- [International Covenant on Economic, Social and Cultural Rights](#)
- [International Convention on the Elimination of All Forms of Racial Discrimination](#)
- [Convention on the Elimination of All Forms of Discrimination Against Women](#)
- [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#)
- [Convention on the Rights of the Child](#)
- [Convention on the Rights of Persons with Disabilities \(CRPD\)](#)

The laws related to aged care aim to protect the rights of older people. These rights include the following:

Right to healthcare

Freedom from discrimination

Right to information

Right to autonomy

Right to participate

Right to Healthcare

Older people have the right to receive quality healthcare. Governments must have laws that address the following aspects to meet this right:

Aspect	Details
Availability	There should be enough medical goods and services in all areas.
Accessibility	<ul style="list-style-type: none"> ▪ Medical goods and services should be non-discriminating and affordable. ▪ Medical goods and services should be physically accessible. ▪ It should be easy to find information about medical goods and services.
Acceptability	Medical goods and services must meet the needs of a diverse population.
Quality	Medical goods and services must be safe, effective and efficient.

Freedom From Discrimination

Older people have the right to protection from discrimination. An example of discrimination that older people face is ‘ageism’. Chapter 1 introduction discusses this concept. Culturally diverse older people may also face discrimination based on their culture. Governments must have laws that protect older people against discrimination. For example, Australia has anti-discrimination laws, including the Age Discrimination Act 2004.



Right to Information

Older people have a right to access information about their care. This includes information about their service options and medical records. The government has set up an aged care information website called ‘My Aged Care’ to address this. Chapter 2 introduction provides a link to this website and a brief description of it.

Right to Autonomy

Autonomy means having control over one's decisions. Older people have a right to make decisions in matters directly affecting them, such as decisions over their care, health and home. The government ensures this by having laws that protect their freedom over their care. This is addressed in the first standard of the Aged Care Quality Standards. Section 2.2.2 also discussed specific legislation about advanced care decisions.

Right to Participate

Older people have the right to take part in activities within their community. This means they also have the right to have their needs accommodated. The community must make sure that activities welcome older people to join. They must also take measures to ensure that they can safely and fully participate in these activities.



Older people also have the right to participate in decision-making in their community. They deserve to voice out their opinions and suggestions. This empowers them to take a more active role in society.



Further Reading

For more information on the role of human rights in aged care, you can read the report from the Australian Human Rights Commission below:

[A human rights approach for ageing and health - Respect and choice: home based and residential care for older people](#)

Legal considerations relevant to human rights must always be applied when working with older people. For example, older people should not experience discrimination at work due to age. They must be given the same opportunity and undergo the same process when they apply for jobs.

On the other hand, states and territories have their own laws on aged care-related services. In this section, you will read about state or territory laws related to the following:

- Making authorised medical decisions
- Duty of care
- Work health and safety
- Dignity of risk
- Privacy and confidentiality

Laws About Medical Decisions

There are specific laws in some states and territories about making medical decisions. These decisions usually relate to end-of-life care. The laws enable older people to make decisions for their own medical care in advance. These include consent to medical procedures, such as surgery. These decisions also include consent to ventilation and resuscitation. For end-of-life care, older people may also decide on organ donation.

Here are the laws about medical decisions for each state or territory:

State or Territory	Links
Australian Capital Territory	Medical Treatment (Health Directions) Act 2006
Queensland	Powers of Attorney Act 1998
Victoria	Medical Treatment Planning and Decisions Act 2016
New South Wales and Tasmania	Common Law Advance Care Directives
Northern Territory	Advance Personal Planning Act 2013
Western Australia	Advance Health Directives
South Australia	Advance Care Directives Act 2013

Duty of Care

Duty of care is a legal obligation that requires workers to always act in the client's best interests. When you have a duty of care to an older person, you must always prevent them from experiencing any form of harm. Harm can be but is not limited to physical, emotional, and mental damage. Duty of care then calls for precautions to be taken against foreseeable and significant risks. These risks are those that might occur when providing services to older people.

A *breach of duty of care* happens when the client experiences harm during your work with them. Consequences may come up, depending on your organisation's policies and procedures.



Further Reading

Your duty of care describes standards of reasonable and appropriate care. Your duty of care relates to the Charter of Aged Care Rights. You can read more about it below:

[Charter of Aged Care Rights](#)

Work Health and Safety

Work health and safety practices protect everyone from illnesses and harm. Diseases and hazards considered are those that may be present in the workplace. Organisations must put in place policies and procedures that promote health and safety. The Work Health and Safety (WHS) Act 2011 ensures the health and safety of workers and their workplaces.



Under the WHS Act 2011, your and your organisation's legal obligations include the following:

- Take reasonable care of their own health and safety
- Take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons
- Comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act

- Co-operate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers

Based on the Federal Register of Legislation at 12 November 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Work Health and Safety Act 2011, used under CC BY 4.0

Duty of care goes together with *work health and safety*. Each state or territory may have different laws about duty of care. The same is true with work health and safety. In some instances, both considerations are in one legal document. The following table summarises the relevant laws that cover the two:

State or Territory	Duty of Care	Work Health and Safety
Australian Capital Territory	Work Health and Safety Act 2011	
New South Wales	Civil Liability Act 2002 No 22	Work Health and Safety Act 2011 No 10
Northern Territory	Work Health and Safety (National Uniform Legislation) Act 2011	
Queensland	Civil Liability Act 2003	Work Health and Safety Act 2011
South Australia	Civil Liability Act 1936	Work Health and Safety Act 2012
Tasmania	Civil Liability Act 2002	Work Health and Safety Act 2012
Victoria	Wrongs Act 1958	Occupational Health and Safety Act 2004
Western Australia	Civil Liability Act 2002	Work Health and Safety Act 2020



Further Reading

The Work Health and Safety Act 2011 secures the health and safety of workers and workplaces. It is a national law that works together with the existing state laws. Read more about it below:

[Work Health and Safety Act 2011](#)

Privacy, Confidentiality and Disclosure

Privacy ensures every person can keep their information to themselves. It gives every person the choice of who can interact with them and what others can know about them. Privacy ensures that every person can set boundaries that match their preferences. It is a right that you must recognise and respect. Listed below are examples of private information:

- Personal data
- Financial and insurance information
- Medical and vaccination records
- Records of services received
- Reports of instances of abuse
- Criminal and court records

Confidentiality is the responsibility of keeping a person's information private. This responsibility ensures that any information shared will be safe from unauthorised access. Meanwhile, *disclosure* is the act of sharing or revealing information.

The *Privacy Act 1988* is a national law protecting people's private information. It applies to Australians of all ages. The Act includes special cases where disclosure of private information is acceptable. These special cases cover *health services*.

According to Division 2, part 16B of the Act, exceptions include situations where:

Information is necessary to provide medical care

Information may affect public health and safety

Information is necessary to keep the person safe

A representative has given consent, if the person is unable

Based on content from the Federal Register of Legislation at 11 November 2021. For the latest information on Australian Government law please go to <https://www.legislation.gov.au/>. Privacy Act 1988, used under CC BY 4.0

The following state laws cover privacy, confidentiality and disclosure:

State or Territory	Legislation
Australian Capital Territory	Privacy Act 1988
New South Wales	Privacy and Personal Information Protection Act 1998 No 133
Northern Territory	Information Act 2002
Queensland	Information Privacy Act 2009
South Australia	No specific legislation is available. The most applicable document is linked below: Information Privacy Principles Instruction, Premier and Cabinet Circular PC012
Tasmania	Personal Information Protection Act 2004
Victoria	Privacy and Data Protection Act 2014
Western Australia	Freedom of Information Act 1992

The Privacy Act 1988 outlines the 13 Australian Privacy Principles (APPs). It provides guidelines for handling personal and sensitive information. Consider the legal considerations of some of these principles, together with how they affect your work:

APP Number and Title	Legal Consideration	How the APP Affects Your Work
APP 3 – Collection of solicited personal information	This APP covers privacy. According to this APP, you must not collect personal information (other than sensitive information) unless the information is reasonably necessary for one or more of the entity's functions or activities.	Information collected from the older person must only be relevant to providing appropriate care and service.
APP 11 – Security of personal information	This APP covers confidentiality. According to this APP, personal information must be protected from misuse, interference, loss, and unauthorised access, modification or disclosure.	An older person's personal information must be properly managed and kept in a secure location.
APP 6 – Use or disclosure of personal information	This APP covers disclosure. According to this APP, if personal information about an individual was collected for a particular purpose (the primary purpose), the entity must not use or disclose the information for another purpose (the secondary purpose).	The older person's personal information must only be used to help provide care and service to the older person.

Based on [Australian Privacy Principles quick reference](#), used under CC BY 3.0 AU. Office of the Australian Information Commissioner website – www.oaic.gov.au

Dignity of Risk

The concept of *dignity of risk* was first mentioned in Section 1.1.1. This says that a person has the legal right to choose what they want to do. The person also recognises that their choices come with possible dangers. You have the responsibility to respect a client's dignity of risk, but you must help minimise the risk involved with the client's choices.



Dignity of risk, in the context of aged care, is the concept that an older person has the right to choose what they do and how they want to live their lives while being fully aware that these choices may come with risk.

Dignity of risk is considered a legal requirement since it is tied to the Aged Care Quality Standards and duty of care. Under any circumstances, you must remember to avoid committing the following actions:

Failure to completely explain the risks that come with what an older person wants to do

Failure to work with the older person in managing the risks associated with the things they want to do

Failure to respect the decision of the older person



Further Reading

Standard 1 of the Aged Care Quality Standards says that the older person should be treated with dignity and respect. Only then can they maintain their identity. They can also make informed choices about care and services. You can read more about the Standard using the link available below:

[Standard 1. Consumer dignity and choice](#)

1.2.5 Ethical Considerations in Aged Care Services

Ethical considerations in aged care services refer to conducting your work tasks as a support worker while ensuring that the older person's human rights are respected and protected.

Aside from respecting the human rights of older people, ethical considerations are also incorporated into legal obligations. This refers to the ethical aspects of the following:

- Duty of care
- Work health and safety
- Dignity of risk
- Privacy, confidentiality and disclosure

While the topics above can be legally binding, they must also be done within ethical boundaries. This can be observed through best practices that aged care workers can incorporate into their work tasks.

Duty of Care

Some of the best practices that you can follow to promote duty of care include the following:

Maintaining people's privacy

Preventing abuse and neglect

Informing people about your service

Providing safe and high-quality service

Helping people maintain independence

Treating people with dignity and respect

Giving people control over their decisions

Listening to people's opinions and feedback

You can also consider the following scenarios and how responses that align with your duty of care can play a role as an ethical consideration:

Scenario	Responses That Align with Your Duty of Care	Role as an Ethical Consideration
Instances of abuse	Reporting to the proper authorities	Reporting instances of abuse will help prevent further suffering and will help them get the support and care they need.
Temporary or permanent disability	Helping the person gain access to appropriate assistive technologies	Helping the person gain access to appropriate assistive technologies will help them do their daily activities much easier.
An exhausted family member or carer	Supporting the exhausted family member or carer	Supporting an exhausted family member or carer ensures that the person will still receive the proper care from them.
Dissatisfied client or family member	Obtaining and responding to feedback	Obtaining and responding to feedback can help improve the service and ensure that their needs are addressed.

Work Health and Safety

WHS laws ensure the safety of everyone in the workplace. From an ethical standpoint, WHS can be practised through the following:

- Maintain professional boundaries with the older person. Do not share personal details, contact information, food, drinks, and personal items.
- Do not support the older person with tasks that are beyond your responsibility. Ask for help from your supervisor, colleagues, or other service providers.
- Report instances that may affect the health and safety of the self and other people in the workplace. This refers to any hazards that must be relayed to your immediate supervisor and organisation. Follow up on your report to ensure that someone addressed the hazard.

Dignity of Risk

You can uphold the ethical considerations relevant to dignity of risk through the following actions:

- **Explain the risks associated with the activities that the client wants to join.**

Older people should be given the freedom to choose, but the risks involved in it should be explained so that they understand the possible consequences of their choice. Help the client make an informed decision. This is your first way of ensuring that both are on good moral grounds.

- **Do your part in mitigating the risks that may affect the client.**

Create strategies or get materials that will keep the clients safe from harm. If necessary, contact the client's doctor or therapist to identify what you need to do to keep the person safe. This gives you a chance to help the person make a morally correct decision.

- **Listen to the client.**

Listening lets you ensure that the client knows what they will be doing exactly. You can also avoid confusion and miscommunication. This can help you and the person align your thoughts and come up with better decisions.

- **Plan on how you will document the client's participation in the activity.**

Documented evidence is proof that the client participated by their own choice.

Privacy, Confidentiality and Disclosure

Consider the best practices on privacy that are also consistent from an ethical standpoint:

- You must get permission before collecting any information from the person or taking photographs.
- Make sure to explain the purpose of collecting information from the person.



Consider the best practices on confidentiality that are also consistent from an ethical standpoint:

- Be careful of where you leave persons' records. Do not leave them unattended.
- Ensure that all security measures and procedures are in place. Report any violations, breaches and problems you may encounter.

Consider the best practices on disclosure that are also consistent from an ethical standpoint:

- You must inform the older person how you will use their personal information.
- Respect all confidential information shared with you. Do not share personal information with anyone not specified by the person.

1.2.6 Complying With Legal and Ethical Considerations

The first step to complying with legal requirements is understanding what they are. Legal language can be hard to understand. However, some websites summarise key points of relevant legislation. Once you know the laws, it will be easier to comply with them. Here are some things you can do to ensure legal compliance:



- **Understand the legal requirements of your job role.**
 - Learn about the laws relevant to aged care.
 - Learn about the standards in aged care.
- **Research the provider you will work for.**
 - Find out if they are part of any reputable organisations.
 - Read reviews about the provider.
 - Ask if they are an accredited provider.
- **Act in accordance with the law.**
 - Perform your job role to the best of your abilities.
 - Follow organisational policies and procedures.
 - Treat people with care and respect.

Complying with ethical considerations means respecting the human rights of older people. Here are some ways you can do that:

What You Can Do	How You Can Do Them
Know their rights	Learn and understand what rights older people have.
Treat them with respect	<ul style="list-style-type: none"> ▪ Respect their autonomy and dignity. ▪ Respect their privacy.
Provide their basic needs	<ul style="list-style-type: none"> ▪ Provide them with companionship. ▪ Ensure their safety. ▪ Provide them with food and shelter.

1.2.7 Appropriate Actions to Common Health Problems for Older People

You have learnt about the common health problems of older people in the previous section. These problems may be the reason for people needing your service. You must then familiarise yourself with dealing with these problems.

You have also learnt of the signs and symptoms of some health problems. Below are the appropriate actions for some common health problems among older people:

Health Problem	Appropriate Actions
Hypertension	<ul style="list-style-type: none"> ▪ Know if the person has the condition or has a high risk of developing it. ▪ Encourage the person to limit potential triggers. These triggers can be stress, smoking, an unhealthy diet, and lack of exercise. ▪ Make sure that you have access to a sphygmomanometer. You must also know how to use it. ▪ Refer the person to other professionals if they experience any of the following: <ul style="list-style-type: none"> ○ Unresponsiveness ○ Severe pain ○ Seizures

Health Problem	Appropriate Actions
Heart attack and stroke	<ul style="list-style-type: none"> ▪ If the person is at risk, be more observant of their well-being. ▪ Be aware of the symptoms. It can be a quick and sudden event. ▪ Make sure that you are approachable to the person. They must tell you if they are experiencing any potential symptoms. ▪ Refer the person to other professionals if they experience any signs or symptoms.
High cholesterol and Type II diabetes	<ul style="list-style-type: none"> ▪ Motivate the person to do more physical activities. Check with their health professionals first before starting any exercise plan. ▪ Encourage the person to eat a healthy diet. Again, consult with their health professionals first. ▪ If the person undergoes regular testing, make sure that they attend to it. ▪ Refer the person to other professionals if they experience any of the following: <ul style="list-style-type: none"> ○ If the cholesterol or sugar level remains high throughout the day, even with treatment or medication ○ The person is experiencing complications related to Type II diabetes, such as kidney problems, problems with vision and open sores on the feet ○ If the prescribed treatment does not seem to be working

Health Problem	Appropriate Actions
Allergies	<ul style="list-style-type: none"> ▪ Identify the older person's specific allergies and put them in the individual plan. ▪ Remove all relevant allergens away from the person. For food, always check for the ingredients used. For dust and pollen, make sure that the surroundings are clean. ▪ Have all the prescribed medications in case of an allergic reaction. Dispense them as instructed. ▪ Refer the person to other professionals if they experience any of the following: <ul style="list-style-type: none"> ○ The person has difficulty breathing ○ The person collapsed from the allergic reaction ○ The person is experiencing abdominal pain or vomiting ○ The person keeps coughing or wheezing
Asthma	<ul style="list-style-type: none"> ▪ Encourage the person to limit potential triggers. These triggers can be stress, smoking, an unhealthy diet, and lack of exercise. ▪ Have all the prescribed medications in case of an asthma attack. Dispense them as instructed. ▪ Refer the person to other professionals if they experience any of the following: <ul style="list-style-type: none"> ○ The person has persistent difficulty in breathing ○ The person is experiencing abdominal pain or vomiting ○ The person keeps coughing or wheezing ○ The person collapses from the asthma attack

Health Problem	Appropriate Actions
Cancer	<ul style="list-style-type: none"> ▪ Know if the person has the condition or is at risk. If they have it, then follow the prescribed plan. For prevention, their family history can identify the type of cancer they may be at risk of. ▪ For early detection, make sure to take note of any symptoms that may manifest.
Depression and anxiety disorder	<ul style="list-style-type: none"> ▪ Motivate the person to reduce stress and worry. Encourage them to join worthwhile activities and provide a positive outlook towards life. ▪ Work with a psychiatrist or a psychologist to better address mental health issues. These experts have the knowledge to address complex conditions.



Further Reading

In case of an emergency, you can call 000 for help. Other important information is in the reading below:

[Service continuity and emergency events in aged care](#)

Best Practices

- Be familiar with the person's individualised plan. The plan must consider their health problem. If the plan no longer addresses their needs, tell the person to consider asking for adjustments with their health professional.
- If a health problem manifests, approach the authorised personnel as soon as possible. Never attempt to diagnose a condition if you are not authorised to do so.
- For problems that may be quick, sudden and severe, be familiar with emergency services. Examples of these problems include heart attack, stroke, and allergy. Know how to contact first respondents and other relevant personnel.
- All things considered, you must constantly be aware of your organisation's relevant policies and procedures. You must exert extra care and diligence where lives may be at stake.

Checkpoint! Let's Review



1. Consulting with the person and other people is important during service delivery. Consultations allow for collaboration. Collaboration ensures that the plan is accurate and efficient.
2. You must provide services in a manner that puts the person at the centre.
3. In supporting the person's other activities, you must exert every effort to make sure that they can join these activities safely and securely.
4. You must be familiar with preventing, controlling, and responding to common health problems. The person's individualised plan should provide you with details.



1.3 Assist the Person in Using Assistive Technologies

Some people use forms of assistive technology to address their needs. These technologies can range from a walking cane to computer programs. Assistive technologies help the following people:

Older people

People with disability

People with declining body functions

People with noncommunicable diseases

1.3.1 Role of Assistive Technologies

Assistive technologies play these two main roles:

- **Maintain and promote the person's independence**

Recall that every human has the *right to autonomy*. This means that a person has the right to make decisions in matters affecting them. Their right to autonomy also allows them to do things they want to do. When you talk about a person's *independence*, you refer to their right to autonomy.

A person may have a condition that limits their independence, but their *right to healthcare* allows them to overcome these limits. Healthcare and related services must exert every effort to help people in need. These services include the issuance of assistive technologies. Here, you will see that assistive technologies maintain and promote a person's independence. Any person must then have access to technologies that will help them.

- **Enable inclusion and participation**

Recall that every person has the *freedom from discrimination*. The concept of inclusion is the opposite of discrimination. An inclusive situation is free from bias. The limitations of older people may cause discrimination towards them. Assistive technologies reduce these limitations. As a result, discrimination is avoided.

All humans also have the *right to participation*. This right allows them to join any activities that they want. Communities must ensure that people joining these activities are safe and secure. For older people, assistive technologies help do this.

1.3.2 Scope and Breadth of Assistive Technologies

Life domains are the aspects and experiences that all humans have. Examples of domains can include vision, speech, mobility, and eating. As a human grows older, these domains may start to diminish. This is where assistive technologies can help. As such, you must understand the scope and breadth of assistive technologies across life domains. This helps to identify the devices or equipment an older person needs.

Scope refers to the life domains where a person can use a specific technology. A particular technology may be applicable across many life domains. In this case, you can say that the technology has a wide scope.

Breadth refers to the extent technology can help a person. A life domain may have many applicable technologies. Each of these technologies may help a person in different ways. In this case, the breadth of each technology differs.

Life domains can be grouped into two categories, namely:

- Communication
- Daily living activities

Communication

Communication is an important ability for an independent person. As a person ages, their ability to communicate may decrease. This decrease can be from a decline in vision, hearing, speech, cognition, or memory.

The following tables list some assistive technologies used for communication. The table groups the technologies according to the life domains that they assist.

Life Domains	The Breadth of Some Assistive Technologies
Vision	<ul style="list-style-type: none"> ▪ <i>Alternative print materials</i> are versions of print materials for people with visual impairment. These versions may have larger font sizes, better contrast, or braille. ▪ <i>Pocket magnifiers</i> are portable lenses to make texts and objects appear larger. ▪ <i>Text-to-speech (TTS)</i> is a feature in modern phones and computers that can read text on the screen aloud. ▪ <i>Various screen features</i> include magnification, change of colours, and change of contrast. These features are available on modern phones and computers.

Life Domains	The Breadth of Some Assistive Technologies
Hearing	<ul style="list-style-type: none"> ▪ <i>Hearing aids</i> are devices worn by people with hearing impediments. These help them regain some level of hearing. Hearing aids these days can also have advanced features. Some can even connect to public address systems. ▪ <i>Closed-captioning (CC)</i> is a feature of modern phones and computers. It can convert speech and sounds into text for people with hearing impairment to follow along with the program.
Communication	<ul style="list-style-type: none"> ▪ <i>Notepads</i> allows the older person to communicate with others through writing. ▪ <i>Text-to-speech (TTS)</i> allows the older person to type out what they want to say, and the device can read it aloud for others to hear. ▪ <i>Eye-driven communication devices</i> track a person's eye gaze. The person can look at specific directions, and the device will help communicate.
Cognition	<ul style="list-style-type: none"> ▪ <i>Sensory regulators</i> are simple items that help with sensory impairments. Sensory impairment is a condition of lowered or heightened senses. These items help people cope with their malfunctioning senses. An example would be using massage balls for those with difficulties in their sense of touch. Wobbly chairs for those grappling with a sense of balance is another. ▪ <i>Noise-cancelling headphones</i> reduce distracting background noises to prevent overstimulation.
Memory Loss	<ul style="list-style-type: none"> ▪ <i>Cueing/memory aids</i> help a person recall information. These can be physical cards, notes, or even software. ▪ <i>Autocomplete</i> is a feature in modern phones and computers. This feature can help predict words that a person may type.

Daily Living Activities

Daily living activities are what we do to keep ourselves safe, healthy, and feeling good. Most people also prefer doing daily living activities on their own.

Examples of assistive technology that help older persons in carrying out their daily living activities include the following:

- **Ramps**

Ramps help older persons using wheelchairs to move easily through different places.

- **Self-driving cars**

These allow the older person to go from one place to another with fewer risks associated with driving the car themselves.



You can further divide daily living activities into two groups:

- **Activities of daily living (ADL)** are self-care tasks at home that can include:

- Continence (e.g. using the toilet)
- Hygiene (e.g. bathing, brushing and styling hair, shaving, dressing)
- Mobility and transference (e.g. walking, getting in and out of bed)
- Eating and drinking
- Pressure management
- Carer support (i.e. alerting carers if there is a problem)

- **Instrumental activities of daily living (IADL)** maintain an independent life in other environments like:

Recreation and leisure

Education and employment

The following tables list some technologies used for ADL and IADL:

Life Domains	The Breadth of Some Assistive Technologies
Continence	<ul style="list-style-type: none"> ▪ <i>Bedpans</i> are receptacles used for bedridden patients in a healthcare facility. It is for both urinary and faecal discharge. ▪ <i>Bedside commodes</i> provide a safer alternative for older persons who are at risk of falling or slipping in the bathroom. A bedside commode is like a chair with a bedpan. It is also for both urinary and faecal discharge. ▪ <i>Bed and chair pads</i> are absorbent pads placed hidden on a chair or bed. They can be either disposable or washable. ▪ <i>Toilet seat raisers</i> increase the height of the toilet pan. This makes it easier for a person to sit down and stand up from the toilet. ▪ <i>Urine drainage bags</i> collect urine. These bags are connected to a catheter tube inside a person's bladder.
Hygiene	<ul style="list-style-type: none"> ▪ <i>Grab bars</i> are fixtures in a shower or next to a bathtub. These support a person when going in and out of the shower or bathtub. ▪ <i>Shower chairs or benches</i> are for people with balancing issues. They can use a shower chair or bench to avoid having to stand up the entire time. ▪ <i>Anti-slip mats</i> are rubber mats placed inside and outside the shower or bathtub. These are to prevent falls as the surface is slippery when wet.
Self-care	<ul style="list-style-type: none"> ▪ <i>Toothbrush grips</i> help prevent the older person from dropping the toothbrush. ▪ <i>Button hooks</i> help older people with dexterity problems or decreased fine motor skills button or unbutton their clothes.

Life Domains	The Breadth of Some Assistive Technologies
Mobility	<ul style="list-style-type: none"> ▪ <i>Wheelchairs</i> provide wheeled movement and seating support. ▪ <i>Walking sticks and crutches</i> support a person's balance while standing or walking. These devices take away some pressure off one or both legs. Walkers and canes also do the same job. ▪ <i>Prosthetic arms/legs</i> can replace missing body parts and allow independent movement to the older person. Another term used for these devices is 'prosthesis'.
Transference	<ul style="list-style-type: none"> ▪ <i>Slide sheets</i> are low-friction bed sheets. A person can use it for easy repositioning in bed. ▪ <i>Transfer belts</i> are belts around people's waists for easy transferring and assisted walking. ▪ <i>Transfer boards</i> are full-body-length boards used to transfer a person from one surface to another. ▪ <i>Slings</i> are fabric supports used to carry a person. ▪ <i>Hoists</i> come in three types: mobile, standing, and ceiling. Mobile and ceiling hoists are for lifting a person inside a sling or stretcher. Standing hoists are for assisting a person in sitting or standing. ▪ <i>Stretchers</i> are rigid frames used to carry a person in a lying position. Stretchers are usually for transferring people to different locations.
Shops	<ul style="list-style-type: none"> ▪ <i>Walking sticks</i> help older persons navigate their way in the shop. ▪ <i>Reachers</i> help the older person reach items without bending over or raising their arms.

Life Domains	The Breadth of Some Assistive Technologies
Eating	<ul style="list-style-type: none"> ▪ <i>Adaptive dinnerware</i> includes plates and bowls where food will not slide around and fall out. People can also use grip bottoms to prevent dinnerware from sliding around. ▪ <i>Assistive utensils</i> are forks, knives, and spoons with modifications. For example, weighted utensils are for a person who has hand tremors. ▪ <i>Utensil holders</i> are for people who find holding utensils challenging. Utensil holders include straps, clips, and foam handles. Foam handles assist a person who can hold utensils but has a grip problem. ▪ <i>Feeding devices</i> allow a person who cannot self-feed to eat independently. There are manual and powered feeders that a person may use. ▪ <i>Non-skid plates</i> prevent the plate of food from moving around while eating. ▪ <i>Weighted utensils</i> minimise tremors while eating.
Drinking	<p><i>Assistive drinking utensils</i> are for drinking liquids with minimal spillage. This includes the following:</p> <ul style="list-style-type: none"> ▪ <i>Straws</i> help prevent spillage when drinking. ▪ <i>No-spill lids</i> help prevent spillage when a glass gets knocked over.
Home environment	<ul style="list-style-type: none"> ▪ <i>Jar openers</i> help the older person open jars without exerting too much effort. ▪ <i>Night lights</i> help prevent falls by illuminating dim areas at night.

Life Domains	The Breadth of Some Assistive Technologies
Pressure area management	<ul style="list-style-type: none"> ▪ <i>Protectors</i> are devices that help reduce injuries caused by friction. The most common locations for protectors are the elbows and heels of a person. ▪ <i>Cushions</i> help lessen the risk of developing pressure ulcers for those who spend long periods in bed or sitting down. Examples include heel, elbow, and ring cushions. ▪ <i>Offloading footwear</i> redistributes pressure on the foot to make walking easier. ▪ <i>Sleep positioners</i> are pillows, rolls, and soft rails adjusted to redistribute pressure. They keep a person from falling out of bed. ▪ <i>Electronic bedframes</i> help change the pressure distribution for people who are bedridden. ▪ <i>Electronic bed frames</i> are bed frames with powered features. They can help change the power distribution for people who are bedridden.
Employment	<ul style="list-style-type: none"> ▪ <i>Ergonomic furniture</i> is furniture designed to support function and comfort. These can include adjustable desks and chairs. ▪ <i>Elevators</i> help older people move up floors in places of employment, especially multi-storey facilities, without getting tired quickly. ▪ <i>Physical modifications to the environment</i> are modifications that enable access to buildings. Examples are <i>ramps</i> and <i>wider doorways</i>.
Education	<ul style="list-style-type: none"> ▪ <i>Alternative print materials</i> help the older person read necessary educational materials more easily. ▪ <i>Speech-to-text</i> allows the older person to answer materials even if they have difficulty writing or typing.

Life Domains	The Breadth of Some Assistive Technologies
Carer support	<ul style="list-style-type: none"> ▪ <i>Fall detectors</i> are sensors that alert a carer if the older person has taken a fall. The alert can come moments after the fall. ▪ <i>Passive infrared detectors</i> can track activity at the home of the person. They can tell a carer whether the person is active, where they are, and if someone has entered the house. ▪ <i>Panic buttons</i> are alarm buttons for break-ins. They are also used when someone threateningly approaches the person's home. ▪ <i>Personal alarms</i> are devices an older person can press when they need help or when they need to contact the carer. ▪ <i>Smart plugs</i> are devices used to track the use of household appliances and send an alert to a carer.
Recreation	<ul style="list-style-type: none"> ▪ <i>Adapted sports equipment</i> allows the older person to play sports that they might not be able to participate in if they use regular equipment. ▪ <i>Switch-adapted equipment</i> are tools and devices with modified switches and buttons for ease of use. These include toys, games, and digital cameras. ▪ <i>All-terrain wheelchairs</i> provide mobility on different surfaces for recreational activities.
Leisure	<ul style="list-style-type: none"> ▪ <i>Magnetic board game pieces</i> prevent the pieces from getting moved around and lost while playing. ▪ <i>Adaptive gardening tools</i> help the older person continue gardening activities without exerting too much wrist action.

Below are some of the identified assistive technologies and their corresponding role as discussed in the previous section:

Roles of Assistive Technology	Assistive Technologies	How the Technologies Play Their Corresponding Role
Maintaining independence	Prosthetic arms/legs	Prosthetic arms/legs help the older person move on their own as they normally would.
	Grab bars	These allow the older person to take a bath by themselves with reduced risk of slipping in the bathroom.
Promoting independence	Weighted utensils	Weighted utensils allow older persons to feed themselves without relying on other people.
	Cane	This supports an older person's balance while walking or standing, so they rely on little assistance from others.
Enabling inclusion	Closed captioning	Closed captioning allows the older person to follow the flow of a show or program despite difficulties in hearing.
	Ramp	A ramp allows the older person using a wheelchair to move through elevated facilities more easily.
Enabling participation	Adapted sports equipment	Adapted sports equipment allows the older person to play sports with other people.
	Alternative print materials	These allow the older person who may have vision impairment to gain knowledge and information.

1.3.3 Supporting the Person's Use of Assistive Technologies

Assistive technologies increase the independence of the older person. However, it is still your responsibility to ensure the person and the technology are compatible. Supporting the person's use of assistive technologies can include the following practices:

- **Make sure that assistive devices and equipment are available.**

Consult with assistive technology technicians to ensure the availability of devices and equipment. Technicians can help the person in selecting the specific technology that meets their needs. They test the person's impairments and strengths. This is to determine which devices and equipment are available for the person to use.

- **Make sure that assistive technologies address the needs of the person.**

For example, a person with hand tremors needs help holding a book and turning pages. You can consider gadgets that read the text aloud. You can also refer them to audiobooks for the person to listen to.

- **Make sure that assistive technologies are affordable for the person.**

This can help filter out devices and equipment outside the person's price range. You may also help them access free devices or government financial aid.



Further Reading



The Carer Gateway provides details on how to choose assistive equipment. It also includes information on the schemes of financial help for assistive technology. You may access it using the link below:

[Other government supports](#)

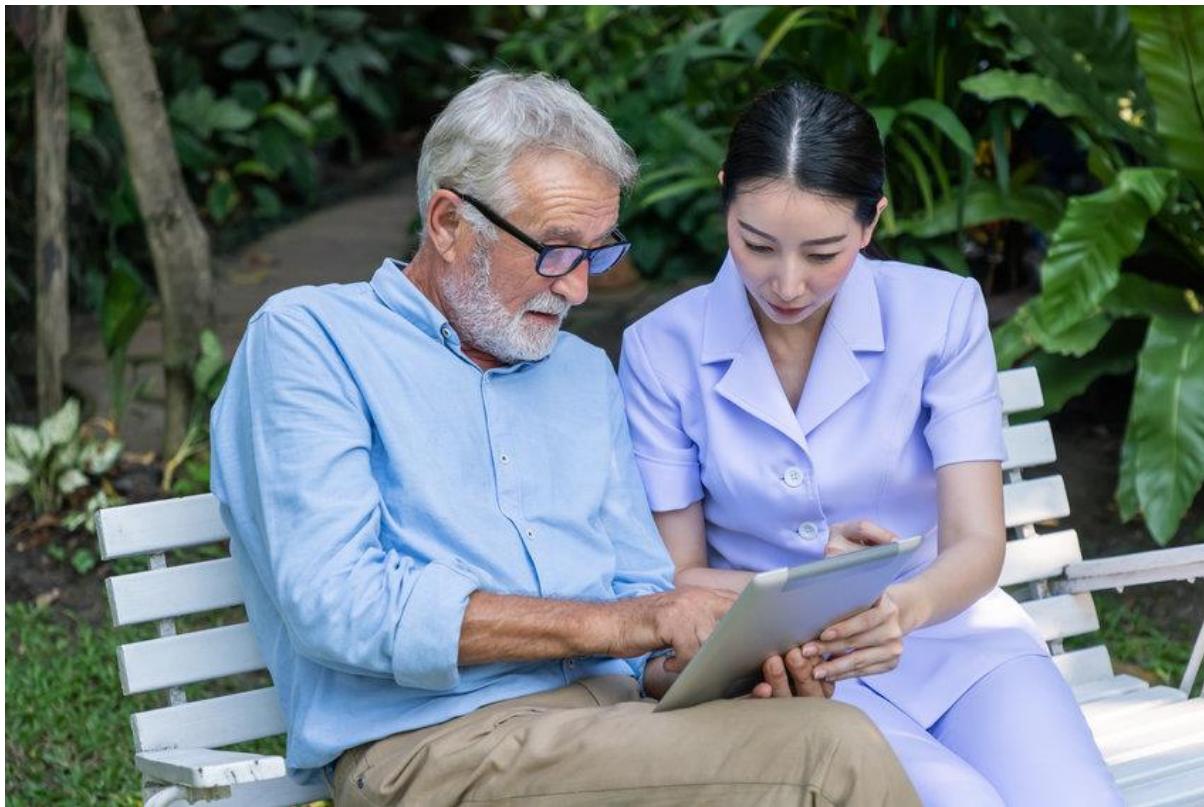
Checkpoint! Let's Review



1. Assistive technologies maintain and promote the person's independence.
2. Assistive technologies enable the inclusion and participation of the person.
3. A specific technology may be applicable across multiple life domains.
4. It is your responsibility to ensure the person and the technology are compatible.



1.4 Identify and Discuss the Plan and the Roles and Responsibilities of Service Providers



With an individualised plan, the person is at the centre of the decision-making. You and the person are not alone in the service. You will also collaborate with other important people. In this section, you will outline and clarify the following:

- The providers' roles and responsibilities (functions)
- The providers' understanding of the individualised plan

To *outline* is to summarise something. To *clarify* is to provide a simpler explanation.

In your role, you will encounter the service providers listed below. Service providers are people, professionals and services involved in the plan. Examples of these are the following:

Families and carers

Your colleagues

Health professionals and services

Community and other support services

1.4.1 Families, Carers and Others Identified by the Person

Family members are people with legal or blood relations with the person. Family members may include a spouse, de facto partner, children, and siblings to an older person. A *carer* may be a family member, a friend or a hired worker who oversees taking care of the older person. Carers are also called caregivers. Other people identified by the person, on the other hand, refer to their friends or anyone outside of their family with whom they have a close bond.

Roles and Responsibilities of Families, Carers, and Others Identified by the Person

The role of the family, carer and relevant others is to become the main source of information about the older person. As the main people the older person interacts with, their function is to provide detailed information when creating a care plan that is suitable for the older person.

It is the family members' role to represent and support the older person by convention. Family members must still respect all the person's rights. An older person can also choose someone they trust to give consent on their behalf when they can no longer do it. The chosen person then has *a power of attorney*. Family members usually have this power. Sometimes, it can also be a close friend or advocate.



The responsibilities of the family can vary depending on the older person's needs. The family is likely to provide financial support to the person. They can also provide information during planning and delivery of service. They may also provide food and shelter to the older family member. They can also offer physical help if the person needs it.

Carers play a similar supporting role as family members. Their responsibilities include providing extended self-care to an older person. Self-care involves activities of daily living (ADLs) such as washing, toileting, and dressing. Extended service usually means a more direct and sensitive approach.

Relevant others can provide encouragement and support. They can lend financial assistance or give material resources that can help the older person. Since they have a deep connection with the older person, they must also disclose any concern that can put the safety of the older person at risk.

Families', Carers' and Relevant Others' Understanding of the Individualised Plan

Families, carers and relevant others should know their roles and responsibilities in the individualised plan. Consider the list below:

- All of them can contribute feedback for adjustments to the services delivered.
- All of them may have to provide more sensitive services to the older person. This is especially true with the carer.
- The family must realise that the person still has independence. Only in extreme cases can family members take over the decision-making powers.
- The carers must realise that they have well-defined and assigned tasks to do. They must consult with authorised personnel for tasks beyond their role.
- Relevant others can be a source of strength and motivation for the older person to achieve the target outcomes of their individualised plan. They can also help the older person when it comes to purchasing medicine and additional resources.

You may have to remind these people of their roles from time to time. Their responsibilities are usually stated in the individualised plan. Other documents may also have more complete details. Your organisation should provide you with all the tools and actions for this.

1.4.2 Your Colleagues

Your Colleagues' Roles and Responsibilities

You will have to work with other people in your organisation. Their main role is to assist in implementing the individualised plan. Colleagues ensure that the needs of the older person are met in accordance with this plan. Your colleagues may include the following:

Colleagues	Roles	Responsibilities
Service delivery workers	You may work with other service delivery workers for one person, but your role together is to support the older person. These workers may do the same responsibilities as you. Others may provide a different service.	Workers will have different responsibilities depending on their organisation's focus. Consider an organisation in aged care. It will naturally have workers with the responsibilities of a carer. An organisation in the translation services will be different. Their workers' responsibilities may include teaching, coaching and the like.

Colleagues	Roles	Responsibilities
Support workers	Support workers assist service delivery workers in the context of an individualised plan.	Support workers generally do not involve themselves in the actual service. They usually work in the pre-planning, planning and feedback parts of the service.
Supervisors	Your supervisor guides you during service delivery. Supervisors may be identified leaders in a team of service delivery workers. Doctors and other health professionals may also be your supervisors.	Your supervisor gives all the necessary instructions for the service delivery. They will receive reports from you if needed. Your supervisor is also the first person to approach for questions or concerns.
Other personnel	Some workers are not directly involved with the older person. These can include drivers, receptionists, and other office-based workers. Their role is to support the organisation and its operation.	Other workers in the organisation will have different responsibilities. A driver, for example, can transport workers from one place to another. A receptionist may welcome guests into the office. Some office roles may need workers to perform writing and reporting tasks.

Your Colleagues' Understanding of the Individualised Plan

Your colleagues should understand their responsibilities and limitations. These are usually detailed in the individualised plan. At all times, you should work together to achieve your goals. You must never confuse each other's roles. Different organisations will have different setups on how their personnel should function. You must then be familiar with your organisation's policies and procedures on this.



1.4.3 Health Professionals and Services

Health professionals and services are health service providers. As service providers, health professionals are individuals. Health services, meanwhile, are usually organisations.

Roles and Responsibilities of Health Professionals and Services

A health service provider's role is to provide *health service*. This will be true for health professionals and services. The responsibilities in a *health service* may include any combination of the following:

- Handle an individual's health
- Diagnose or treat illness or disability
- Dispense medication or prescription drugs
- Record an individual's health to assess, maintain, improve or manage it
- Assess, maintain or improve an individual's physical or psychological health

*Based on [What is a health service provider?](#), used under CC BY 3.0 AU.
Office of the Australian Information Commissioner website — www.oaic.gov.au*

Health professionals focus on the medical and health needs of a person. These professionals can include doctors, nurses, therapists, pharmacists, and care specialists with extensive educational and practical backgrounds.

A person can have several supervising professionals depending on their condition. A supervising professional is someone assigned to or hired for a person. These professionals usually know the person very well.

The table below describes the specific responsibilities of these health professionals:

Health Professional	Responsibilities
Nurses	Nurses focus on the care of individuals, families, and even communities. A nurse helps maintain or recover the health of a person. A nurse has the same responsibilities as a carer, but doctors can delegate some medical tasks to nurses.
Dental practitioners	They are also known as dentists. These professionals focus on maintaining the oral health of the person. They do regular check-ups and perform cleaning services. They can also do interventions such as tooth restoration or extraction.

Health Professional	Responsibilities
Medical practitioners	<p>Medical practitioners or doctors include individuals with a degree in medicine. The government regulates and certifies medical practitioners. Medical practitioners include the following:</p> <ul style="list-style-type: none"> ▪ General practitioners (GPs) are doctors who can diagnose and treat a wide range of conditions. These conditions are usually not serious enough for a specialist to take over. GPs are doctors with a degree in medicine but lack specialisation. ▪ Specialists are doctors with further training on specific body parts or aspects. They can diagnose and treat more complex conditions. Examples are the following: <ul style="list-style-type: none"> ○ Pulmonologists specialise in the respiratory system ○ Neurologists specialise in the nervous system ○ Endocrinologists usually deal with hormones ○ Cardiologists primarily work on the heart ○ Oncologists specialise in the treatment of cancer
Allied health practitioners	<p>Allied health practitioners are a diverse group of health service individuals. They provide non-medical, health-related services that support a person's well-being. These practitioners can include the following:</p> <ul style="list-style-type: none"> ▪ Pharmacists can dispense medication ▪ Radiologists can perform medical imaging ▪ Psychologists provide mental health support and treatment ▪ Physiotherapists focus on improving mobility ▪ Aboriginal and Torres Strait Islander Health Workers work with Indigenous Australians

As mentioned in the introduction of this section, health services can be organisations or establishments. Their role is to provide *health services* like professionals. The same responsibilities also apply. However, health services, being larger entities, can expand these responsibilities.

Examples of health services include the following:

Health Service	Responsibilities
Clinics	These are small establishments that provide medical services to outpatients. Outpatients are people who receive medical services without admission to a hospital. Clinics can house general practitioners, specialists, dentists, or more.
Hospitals	These are larger establishments that can provide complex medical services. They can accommodate life-saving surgeries and operations. Hospitals can also handle inpatients who need to stay for thorough observation.
Pharmacies	These dispense medication or prescription drugs. You will need a doctor's prescription or official recommendation to get prescription drugs. Pharmacies can also sell other health-related items.
Aged care facilities	These provide shelter and all-day support to older people. These people are usually unable to live independently due to a health condition. These establishments are also called nursing homes or residential aged care facilities.
Palliative care facilities	These are establishments that house people with serious conditions. Their role is to provide end-of-life support. This helps relieve the suffering and pain of older persons suffering with diseases who may be near end-of-life. Palliative care specialists are doctors that you will usually find here.
Emergency medical services	These are services that provide emergency care. They give medical assistance in emergency cases.



Further Reading

The Australian health system is robust and expansive. Health service providers function within the bounds of this system. Learn more about it using the link below.

[The Australian health system](#)

Health Professionals' and Services' Understanding of the Individualised Plan

Health professionals and services focus on the health of an individual. They are prime contributors when dealing with the health needs of a person. A person may have the right to choose the health service they avail of, but a health professional or service may intervene. Consider the scenarios in the table below:

Person's Preference	Professional or Service Intervention
A person wants to take a prescription drug for their condition. The person got the idea from their research.	<p>The person's doctor may refuse to issue a prescription. These can be for several reasons, such as the following:</p> <ul style="list-style-type: none"> ▪ The person is not healthy enough for the side effects of the drug. ▪ The drug does not address the person's medical needs.
A person wants to have a damaged tooth extracted.	The dentist may recommend putting a dental crown on the tooth instead. Crowning can cover the damage and keep the tooth in place.
A family wants to enrol their older member into an aged care facility. However, the older member is suffering from Stage III lung cancer.	The aged care facility may refuse the entry of the older person. The facility reasons that they cannot handle the person's condition. Instead, the aged care facility may refer the family to a palliative care facility.
A person was halfway through their 10-session rehabilitation program when they suffered a setback after an accident.	The person's attending therapist may recommend adjusting the person's individualised plan. The therapist may also tell the person to consult a doctor considering the setback.

As you work with an older person, you may encounter health professionals and services. The person's individualised plan likely revolves around their health needs. In this context, health professionals and services understand the plan well. Consider the following best practices, together with your organisation's policies and procedures:

- Connect the person and their health provider. Section 2.1 will discuss this.
- Give extra diligence to the individualised plan's health-related instructions.
- When required, give regular updates to the health service provider.
- Report any observations to the attending doctor or specialist.

1.4.4 Community and Other Support Services

The following are community and other support services that you may encounter. These services may provide general services to the public. These may be:

- Professionals and specialists such as legal advisers, police, and language interpreters
- Peak bodies or organisations in aged care, such as the National Aged Care Alliance
- Public organisations and services, such as churches and community libraries
- Government services, such as the Aged Care Quality and Safety Commission

Roles and Responsibilities of the Community and Other Support Services

Services that cater to older people will have different roles and responsibilities. In general, all strive to make life easier for older people. Consider the following services:

Services	Roles	Responsibilities
Law firms	Legal advisers	<p>Responsibilities of law firms can include the following:</p> <ul style="list-style-type: none"> ▪ Provide the person with legal advice ▪ Prepare legal documents for the person ▪ Represent the person in legal proceedings
Language interpreting services	Language interpreting services can help the person communicate effectively.	<p>Responsibilities of language interpreting services include the following:</p> <ul style="list-style-type: none"> ▪ Relay information to the older person in their home language ▪ Act as verbal translators in face-to-face meetings ▪ Translate or read documents for the person

Services	Roles	Responsibilities
My Aged Care	<p>My Aged Care is a website established by the Australian Government. It helps older people, carers, families, service providers, and support workers.</p>	<p>The website addresses two important functions:</p> <ul style="list-style-type: none"> ▪ To navigate the aged care system ▪ To provide information about available aged care services
National Aged Care Advocacy Program (NACP)	<p>This service supports older people in applying for government-subsidised aged care. The Australian Government funds this service.</p>	<p>Its responsibilities include:</p> <ul style="list-style-type: none"> ▪ Helping people understand the aged care system ▪ Assisting people in accessing the aged care system ▪ Informing people of their aged care rights ▪ Providing advocacy or public support services
Aged Care Quality and Safety Commission	<p>The Commissioner handles concerns or complaints about government-subsidised aged care and services.</p>	<p>The Commissioner has many responsibilities, including:</p> <ul style="list-style-type: none"> ▪ Deciding whether to take further action on the complaint raised ▪ Resolving the issue for the complainant quickly ▪ Undergoing a thorough resolution process

Services	Roles	Responsibilities
Aboriginal Community Elders Services Incorporated	ACES aims to provide support for Aboriginal community elders.	Their services include: <ul style="list-style-type: none"> ▪ Hosting group activities ▪ Providing accommodation ▪ Sponsoring community care programs ▪ Running nursing homes
Aged and Community Services Australia	ACSA is a national peak body representing not-for-profit and faith-based providers.	Their services include: <ul style="list-style-type: none"> ▪ Assisting providers in legislative compliance ▪ Advising providers on policies and procedures ▪ Providing training



Further Reading

Australia is home to many charities and not-for-profit organisations. These groups can provide free services to eligible individuals. Learn more about them in the link below:

[Australian Charities and Not-for-profits Commission](#)

Community and Other Support Services' Understanding of the Individualised Plan

As you work with an older person, you may encounter community and other services. It may be that the person's individualised plan involves their service even if they may not be part of the planning process. In this context, they may not understand the plan well. Consider the following best practices, together with your organisation's policies and procedures:

- Connect the person and service. Subchapter 2.2 will discuss this.
- You may have to provide information about the plan to the service provider. Check with the other people involved on what information you can give.
- When required, give regular updates to the service provider.
- Report any observations to the appropriate personnel.

Checkpoint! Let's Review



1. You will work with the person, your colleagues, and other service providers. Everyone must understand their roles and responsibilities according to the individualised plan.
2. You may be working with the person's information. Ensure that everyone respects the person's privacy.
3. Always refer to your organisation's policies and procedures or consult your supervisor.



1.5 Recognise and Report Signs of Abuse and Neglect

Recognising signs of abuse and neglect is important so that you can act immediately. You should learn how to spot abuse and neglect in older people. You should also know your organisation's policies and procedures for these things. This is important in protecting the physical and mental safety of the people in your service. Missing signs of abuse and neglect will further harm older people.

1.5.1 Signs Consistent With Abuse or Neglect on Older People

Abuse and Its Forms

Abuse happens when a person improperly treats another. The abuser is usually someone with leverage. The victim, or abused, experiences violence or cruelty.

A worker can abuse an older person during service. Family members can also harm their older relatives. Older people are especially vulnerable to abuse. They may not understand or remember what is happening to them. They may also be very dependent on others for their day-to-day needs.

Here are some examples of why older people are more vulnerable to abuse:

The person may have issues with coordination.

- Someone can excuse the person's bruises and sprains due to falling.

The person may report a family member threatening them.

- The family member may then insist that the person only recalls an event they saw on television.

The person may need help with bathing and dressing.

- A worker can use this as an excuse for inappropriate touching.

Below are the common forms of abuse:

Form of Abuse	Examples
Physical	<ul style="list-style-type: none"> ▪ Hitting or slapping the person ▪ Shoving or yanking the person ▪ Forcing the person to swallow the medication or take drugs
Sexual	<ul style="list-style-type: none"> ▪ Touching the person inappropriately ▪ Forcing the person to do sexual acts ▪ Forcing the person to watch sexual acts
Emotional	<ul style="list-style-type: none"> ▪ Yelling at or threatening the person ▪ Humiliating or blaming the person ▪ Isolating the person from their support system
Financial	<ul style="list-style-type: none"> ▪ Stealing the person's money or belongings ▪ Blocking the person's access to their money or belongings

Neglect and Its Forms

Neglect is when a worker, family member, or carer fails to meet a person's needs in care. It means depriving a person of their basic rights. It can be as bad as the other forms of abuse because it also harms the person. Below are examples of both forms of neglect:

Form of Neglect	Examples
Physical	<ul style="list-style-type: none"> ▪ Not providing a person with food, water or shelter ▪ Not getting the person medical attention when needed ▪ Not giving the person clothing appropriate for the season
Emotional	<ul style="list-style-type: none"> ▪ Ignoring the person or not speaking to them ▪ Not visiting the person in their home or residential facility
Financial	<ul style="list-style-type: none"> ▪ Not providing the person with the agreed amount of money for financial support ▪ Delaying and missing payments

Recognising Signs of Abuse or Neglect

You must learn how to recognise signs of abuse and neglect in older people. Some signs are not as visible as others. Certain signs can be similar for different types of abuse. Here are some that you should watch out for:

Signs of Abuse	Signs of Neglect
<ul style="list-style-type: none"> ▪ Acting scared with certain people ▪ Signs of pain or limited movement ▪ Signs of stress, such as hair loss or panic attacks ▪ Bruises, cuts and other injuries with no obvious causes ▪ Avoiding certain members of their family or care team 	<ul style="list-style-type: none"> ▪ Soiled clothes or bedsheets ▪ Untreated medical conditions ▪ Loneliness or emotional distress ▪ Unexplained significant weight loss ▪ Decrease in self-worth, confidence or self-esteem

Observe how a person acts around their peers, family or friends. Notice the differences between specific people. For example, they may act cheerful and then turn shy and quiet when a certain family member arrives.

You should also take note of any changes in behaviour, such as eating or sleeping patterns. Some signs you notice might be symptoms of health problems. In such cases, you must address them with their health professionals.

Further Reading



Exploitation is benefiting from someone's work or possessions using unfair practices. Exploitation usually involves fooling a person or manipulating their emotions. The article below talks about financial exploitation among older people.

[Learning About Financial Exploitation](#)

Emotional Impact of Abuse or Neglect

Abuse or neglect can leave an emotional impact on most people. Even if the abuse or neglect is no longer present, others may experience the following emotional signs:

Anxiety

Stress

Trauma

Loneliness

Loss of self-worth

Loss of self-confidence

Unlike physical harm, the emotional impact is sometimes more difficult to address. It is then important that everyone responds to abuse and neglect as soon as possible. This is to prevent long-term negative effects of emotional impact.

1.5.2 Reporting Neglect or Abuse

You may encounter a person experiencing abuse and neglect. You must then be familiar with mandatory reporting for these instances. Your organisation's policies and procedures should also cover abuse and neglect.

Mandatory Reporting

Mandatory reporting is the responsibility of reporting suspected instances of abuse. It is also sometimes called compulsory reporting. Professionals, service workers, and support workers all have this responsibility. You should know the mandatory reporting laws for working with older people. Familiarise yourself with the reporting policies and procedures of your organisation. This will help you protect the rights of the older people in your care.

The Aged Care Act 1997 has introduced the Serious Incident Response Scheme (SIRS). This requires workers like you to report the abuse of people in care. It defines an incident as the occurrence, or suspected event, of abuse, such as the following:

Unreasonable use of force

Unlawful sexual conduct or inappropriate sexual conduct

Neglect of a consumer

Psychological or emotional abuse

Unexpected death

Stealing or financial coercion by a staff member

Inappropriate use of restrictive practices

Unexplained absence from care

Workers must report incidents to the proper authorities. They must file a report to the Department of Health or the police within 24 hours of the incident. Your organisation must respond to these reports as soon as possible. There must be a record of each report, including implemented actions to address it. The only exception to this reporting is if the offender has cognitive impairment.

The Serious Incident Response Scheme (SIRS) also protects mandatory reporters. This means that:

- The law protects the reporter from criminal or civil responsibility
- The employer cannot punish a reporter for reporting a valid incident
- The employer must protect the person from threats and victimisation due to a report they made

Each state and territory have a resource for reporting abuse towards older adults. Below are some of these resources:

State or Territory	Links
Australian Capital Territory	Abuse of Older Persons
New South Wales	Ageing and Disability Abuse Helpline
Northern Territory	Elder abuse
Queensland	Elder Abuse Prevention Unit
South Australia	Aged Rights Advocacy Service Inc.
Tasmania	Your say Advocacy Tasmania
Victoria	Seniors Rights Victoria
Western Australia	Advocare

Further Reading



Learn more about how national laws protect the abuse reporter. The Australian Law Reform Commission has an extensive discussion in the link below:

[Reporting abuse](#)

Reporting of Neglect or Abuse

You should be familiar with your organisation's policies and procedures related to neglect or abuse. If you notice possible signs of neglect or abuse of an older adult, make a closer observation. Try to come up with an explanation for these signs. You must report these observations, even if it turns out that no abuse or neglect is happening.

The following are instances when you should report an incident:



Organisations should have a policy for reporting cases of abuse and neglect. These policies will include procedures for reporting, such as the following:

Steps for reporting

To whom you should report

What to do when you witness abuse happening

Informing an older person that you are reporting abuse on their behalf

What to do if an older person does not consent to a report

What to do after you report an incident

Below is an example of steps you might follow when spotting a sign of abuse. Your organisation may have different steps, but the idea would be generally similar to these:



In addition to reporting, here are some *dos* and *don'ts* when dealing with situations of abuse and neglect:

- Do the following:

Seek help from your direct supervisor.

Follow your organisation's procedures for reporting incidents and abuse.

Maintain privacy and confidentiality of the people involved in the situation.

Follow procedures for mandatory reporting in your own state or territory.

- Do not do the following:

Investigate on your own.

Confront the perpetrator of the abuse.

Share information about the situation with your family and friends.

Provide advice and counsel to the person involved in situations of abuse.

Managing Issues Surrounding Abuse

The emotional impact of abuse or neglect was discussed earlier. Other aspects of a person's well-being will be affected as well. Issues that can disrupt their lives may arise. Issues may affect aspects of well-being, such as:

- **Health**

Health, in this discussion, refers to the physical condition of the body and its functions. Components to consider may include illnesses, nutrition, and injuries.

- **Social**

The social aspect of a person's well-being covers their need to build, share, and maintain positive relationships.

- **Safety**

The safety aspect of a person's well-being covers their condition of being protected from some form of harm.

- **Financial**

The financial aspect of a person's well-being covers their ability to earn, manage, and spend money.

You may have to manage these issues surrounding abuse. To manage in these instances is to help the person:

- Recover from some form of damage
- Get something that they need but lack

The table below has examples of issues surrounding abuse and how you can manage them:

Issues Surrounding Abuse	Examples of Issues	Way to Manage the Issues Surrounding Abuse
Health issues	The victim is severely malnourished.	You may help the person access nutritional care and meal services.
	The victim is experiencing severe physical pain.	You may seek immediate medical assistance, provide first aid for pain relief and administer emergency medication.
Social issues	The victim wishes to see people who are close to them.	You may help the person contact family members or friends they are comfortable with.
	The victim is lonely.	You may help the person join social and community activities available in their area.
Safety issues	The victim feels unsafe around a certain person.	You may help the person by keeping them away from the person who is making them feel unsafe.
	The victim lives alone.	You may help the person start the process of entering an aged care facility that they like.
Financial issues	The victim lacks access to a proper banking service.	You may help the person set up a banking account with an institution that they find convenient.
	The victim lacks the needed funds to cover the costs of their entry to an aged care facility.	You may help the person apply for government funding via the My Aged Care online portal.

Checkpoint! Let's Review



1. Recognising signs of abuse and neglect is important so that you can act immediately. You should learn how to spot abuse and neglect in older people.
2. *Abuse* happens when a person improperly treats another. The abuser is usually someone with leverage.
3. *Neglect* is when a worker, family member, or carer fails to meet a person's needs in care.
4. *Mandatory reporting* is the responsibility of reporting suspected instances of abuse.
5. You are required to report and manage signs of abuse or neglect.
6. Always refer to your organisation's policies and procedures or consult with your supervisor.



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Liaise and Negotiate with Others

In the previous chapter, you have learnt important points when delivering services. You will work on services that follow an individualised plan. Also, you will focus on services that cater to older people. In this context, you have also familiarised yourself with the following topics:

- Common health problems among older people
- Assistive technologies used by older people
- Abuse and neglect of older people

You have learnt that you will have to collaborate with some people in your work. Collaborating with the older person is necessary for an individualised plan. You may also work with their family, carers, relevant others and their health professionals. In an organisation, you may also work with your colleagues. Finally, you may have to work with other service providers and service workers.

Case Management

When working with other people and services, you may apply different approaches. One approach that you can use is *case management*. Social workers use this process to support or guide people in need of other services.

In *case management*, social workers liaise with other service providers. To *liaise* is to establish a working relationship. Social workers may also negotiate on behalf of the person in need. In all these, the social worker represents the person's best interests.

Social workers may work with community members and leaders. They may also work with non-governmental and faith-based organisations. Working with representatives of the education, health and justice sectors is also possible.





Case management in the context of aged care is coordinating and liaising with different service and resource providers to ensure that the various needs of the older person are met. Listed below are the principles and some best practices of case management as they apply to your work:

- **Principles of case management**

- You should foster choice for the person. By fostering choice, the person's rights are respected and honoured. Their identity and dignity are upheld.
- You should use a holistic approach when addressing a person's needs. A holistic approach considers the bigger picture of the situation. You must also consider all possible relationships in their needs to maximise services.
- You must reduce referrals to other formal services. By reducing referrals, you simplify the support system around the person. A simplified system can offer benefits such as easier communication and lower costs.
- You should provide as much help and service as possible. This principle relates to the simplified support system that you want the person to have. By using all applicable services of your organisation, you introduce many benefits to the person.
- You must consider natural community resources. They can include interest groups and public institutions (e.g. churches, and libraries). Natural community resources are readily available, are proven, and may cost little to none.

- **Best practices of case management**

- Promote the person's independence, rights and self-determination.
- Share information about resources and options for services.
- Involve the person, their family, carers and relevant others in the service.
- Encourage the person to make their own choices.

You can apply the practices above in managing cases in the context of aged care. For example, you can ask the older person for their questions, comments or suggestions after relaying each piece of important information from a form or document. You can also give the older person a printed copy of the options available to them before discussing these options.

In this chapter, you will learn how to work with other people. The following are the points of emphasis:

- Support the person in accessing and negotiating resources for services
- Assist the person in accessing community support agencies
- Act when service provided is below the required level

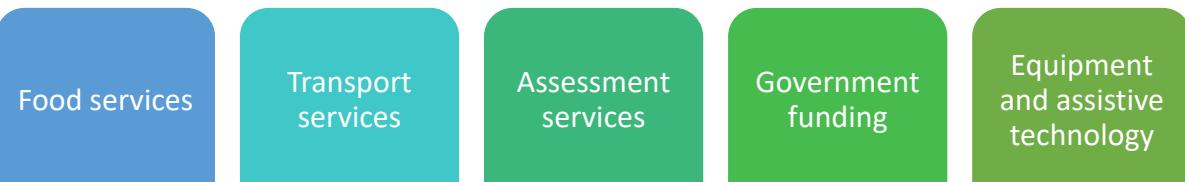


2.1 Support the Person in Accessing and Negotiating Resources for Services

Individualised plans should meet the person's needs, goals, and preferences. It also involves supporting and empowering the person. Individual plans may involve accessing services and resources in the community to help older people seeking help from specialists and health professionals.

2.1.1 Supporting the Person to Access Services

You have learnt about the different services for older people in Chapter 1. The chapter also introduced some of the health professionals and services. Other services that you may encounter include the following:



In an ideal setting, the needed services are what your organisation offers. However, it is also your responsibility to support the older person's access to other services they need. This responsibility follows the principles of case management. Here are some ways to support the person in accessing services:

- Collaborate with the person and their families and carers.
- Ensure that the person understands all the information given to them.
- Work with other relevant staff to enhance service and client outcomes.
- Provide them with accurate and relevant information about the available options.
- Help the person identify issues that may hinder them from accessing the service.
- Encourage the client to take the lead in decision-making activities and discussions.
- Document discussions per organisational reporting and recording requirements.



Further Reading

The Australian Competition & Consumer Commission has compiled resources related to older people. You can access the resources using the link below.

[Older Australians](#)

2.1.2 Negotiating Resources to Deliver Identified Services

An older person may need services from other service providers. In such cases, you must collaborate with them to identify the provider. You will also have to help them manage the resources involved. These resources may be requirements to access the service. These can also be other services needed. These can be any of the following:

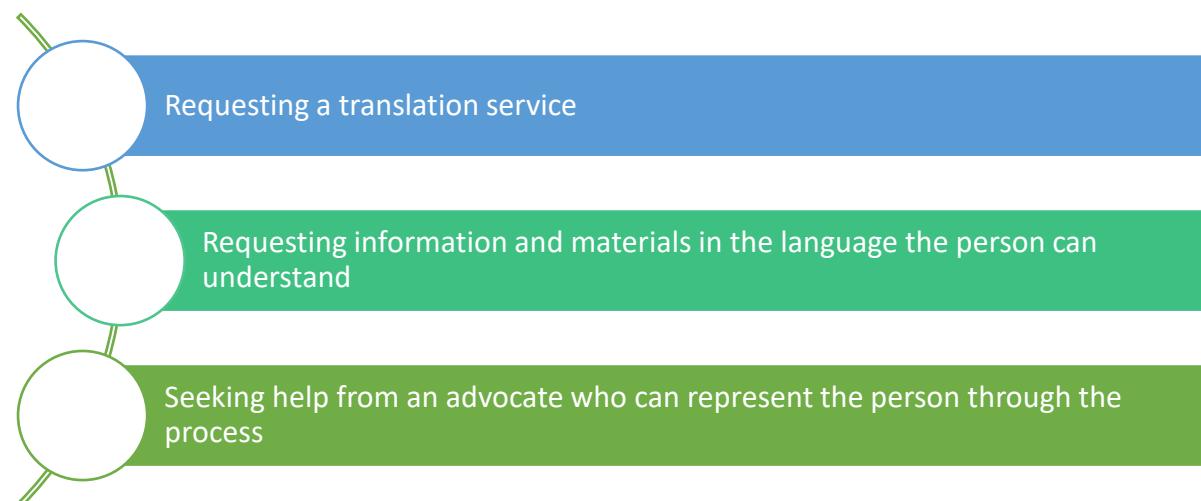


You may negotiate on their behalf as you manage the person's resources. Consider the case study below:

Alisah

Alisah is a 70-year-old widow who needs access to an aged care facility. She is also from a culturally and linguistically diverse (CALD) background. English is not her first language, and she has difficulties understanding it. Her old age also does not help, as her hearing has deteriorated.

Alisah's main concern is access to an aged care facility, but she will first need help with her difficulty understanding English. Negotiating support for her may vary but may include the following:



Negotiating for the person means making the most out of their resources. Your responsibility is to help them find the service that addresses their needs. You must be careful not to introduce more burden or harm to them.

Contacting Service Providers

The individuals and organisations you contact must address the needs of the person. Contacting other service providers will vary per organisation. You must then check your policies and procedures beforehand. You can also follow these best practices:

Use your organisation's directory of relevant individuals and organisations/services.

Research offline through local advertisements and bulletin or information boards.

Consult with your supervisor and other trusted, experienced colleagues.

Research online through search engines and online sources.

You can ask people you already know in the industry.

Multimedia



My Age Care is a useful resource when liaising and negotiating for an older person. It provides information, assessment and referrals. Learn more about its basics with the video below:

[Overview of client journey within My Aged Care](#)

Checkpoint! Let's Review



1. To liaise is to establish a working relationship.
2. Negotiating for the person means making the most out of their resources.
3. It is also your responsibility to support the older person's access to necessary services.
4. The individuals and organisations you contact must address the needs of the person.
5. Case management says that you must:
 - Foster choice for the person
 - Consider natural community resources
 - Reduce referrals to other formal services
 - Provide as much help and service as possible
 - Use a holistic approach when addressing a person's needs



2.2 Assist the Person in Accessing Community Support Agencies

Community support agencies provide extra help in addressing a person's needs. These agencies focus on a smaller scale to ensure top-notch service. Community support agencies do not only exist for aged care. Some focus on adoption, childcare, youth support, security, and more.

Community support agencies can help the person achieve their established goals. These goals are those found in the person's individualised plan to address their different needs.

2.2.1 Community Support Agencies

The following are community support services and agencies applicable to older people. They can help the person address their established goals. The examples below cater to various needs such as recreation, food, and transportation:

Interest groups in the community

- They offer various activities that the person may join. These activities may include sports, art, music, cooking, charity and more.

Transportation services

- These services provide ways for the person to move from one place to another.

Indigenous community groups

- Aboriginal and Torres Strait Islander peoples may have small local service groups that offer social services with the government's help.

Meals on Wheels

- Meals on Wheels is a not-for-profit organisation that brings people food to eat. These people are usually unable to buy or cook food by themselves.

Cultural and language interpreters

- These services help culturally and linguistically diverse (CALD) persons communicate with other service providers.

Aged Care Assessment Team (ACAT)

- This is a government service that helps determine the needs of older Australians to find government-subsidised services.

States and territories also have dedicated resources for general community support. You can read through these resources to find possible services that you can use. You can access the resources using the links in the table below:

State or Territory	Community Support Resources
Australian Capital Territory	Community Services
New South Wales	Communities & Justice
Northern Territory	Community support and care
Queensland	Community support
South Australia	Services
Tasmania	Communities Tasmania
Victoria	Communities
Western Australia	Community services



2.2.2 Supporting the Person to Access Community Support Agencies

The same best practices in Section 2.1.1 are applicable. You will still be dealing with external service providers, but these service providers are now community-based. You can consider the following case studies as examples:

JJ

JJ has Alzheimer's disease. His wife takes care of him. His Alzheimer's has progressed, and it has become difficult for his wife to provide care and support to him.

Maria, a service coordinator, prepares a service delivery plan to address JJ's needs. The plan involves the following:

- Maria is to refer the wife to respite service. A home and community care program in their area offers this service.
- Maria will seek the help of the Aged Care Assessment Team (ACAT) to conduct JJ Roberts' assessment.

Lily

Lily is an older person of Aboriginal descent. She has been dealing with cerebral palsy her whole life. However, her condition does limit her desire to live a fulfilling life. Now, she wants to join an Aboriginal and Torres Strait Islander women's art group. To do so, she may need access to the following community support services and resources:

- Transportation services for people with disability
- Aboriginal community groups in her area
- Cultural and language interpreters
- Aboriginal health workers

Checkpoint! Let's Review



1. You may have to support the person in dealing with other service providers. Doing so requires you to collaborate with them and their families, carers or relevant others. Your goal is to address the person's needs.
2. Remember to respect the person's privacy always.
3. Always refer to your organisation's policies and procedures if you are unsure. You can also consult with your immediate supervisor.

2.3 Act When Service Provided Is Below the Required Level

A person's needs, goals, and preferences change over time. For older people, changes in their needs may be due to the following:

- Manifestation of a serious illness
- The person moving to a different location
- The emergence of hazards that pose risks to the person
- Non-lethal changes such as a decline in eyesight, hearing, smell, taste, or touch
- Progression of a condition, resulting in an increase in the level of support needed

Services must keep up with changes in the person's needs. Expect these changes in some individualised plans. Instructions on how to deal with these changes are present. Service delivery workers and support workers can adjust within their roles.

Some changes in the person's needs are sudden or drastic. In these cases, delivery and support workers like you may need help. You must be able to recognise and document these instances. You are then to raise the concern to authorised personnel like:

- Your supervisor
- The registered nurse in the facility
- The person's general practitioner or specialist



2.3.1 When the Service Provider Is No Longer Able to Provide

Sometimes, the organisation or professional itself may be unable to continue its services. The provider may deem itself incapable of addressing new or worsened needs. Consider the following sample scenarios and possible actions in the table:

Sample Scenarios	Possible Actions
A person has been in an aged care facility for five years. The person contracted cancer one year ago. The person's condition required care services beyond the current facility's capabilities.	The current service provider may refer the person to a palliative care facility. This facility can better address the person's condition and growing needs.
A person has consulted with a general practitioner for some persistent symptoms. The person and the doctor worked for two months to come up with a diagnosis. However, the doctor is unable to make a conclusive finding.	The general practitioner (GP) may refer the person to a specialist. At this point, the GP may point the person to a specific specialisation.

2.3.2 When the Support Worker Is No Longer Able to Provide

Service delivery workers like you represent your organisation. Your role aligns with your organisation's service. But some tasks and decisions are beyond your responsibilities and expertise. This is especially true with medical-related needs. Health professionals must be consulted for changes in the service. For some other needs, you may need your supervisors' approval. Consider the following sample scenarios and possible actions:

Sample Scenarios	Possible Actions
The person has reported increased pain. He requested a dosage increase in his regular pain medication.	A service delivery worker may be able to administer the medication. However, they cannot increase or decrease the instructed dosage. The worker must report this to their supervisor or the person's health professional.
The person feels that she can increase the intensity of her exercises. She is rehabilitating after knee surgery.	A service delivery worker may supervise the person's workout sessions. However, deciding to adjust her program must involve the assigned physical therapist. The person's doctor or specialist may also have something to say.

2.3.3 Actions to Minimise Disruption to Service Delivery

When you have identified that the service is no longer effective for the person, you must act. Your actions must be appropriate for your role. Also, your actions must minimise disruptions to the service. You must ensure that the person's needs are still addressed.

Actions that you can take may include the following:

- Work with the person to identify the issue.
- Consult with your supervisor and the assigned person's health professionals.
- Follow your organisation's relevant documentation and reporting requirements.
- Work with the person to choose from possible options and changes in the services.
- Allow the person to make informed decisions. This precludes you from providing them with enough information.
- Collaborate with the person and your colleagues to make changes. These changes must be within your roles.
- Follow your organisation's feedback policies and procedures. Chapter 4 will cover this.
- Facilitate the person's referral to another service provider. The new service provider must address the needs.



Further Reading



The Standard 3 of the Aged Care Quality Standards covers much of the discussion from Chapter 1 up to this point. You can read more about the Standard before proceeding to the next chapters. The link is available below:

[Standard 3. Personal care and clinical care](#)

Checkpoint! Let's Review



1. A person's needs, goals, and preferences can change over time.
2. Service providers and workers must keep up with changes in the person's needs.
3. A service provider may deem itself incapable of addressing new or worsened needs.
4. A worker may encounter tasks that are beyond their responsibilities and expertise.
5. When a service is no longer effective for the person, you must act accordingly.
6. In all dealings, you must promote the person's independence, self-advocacy, and self-determination.

Learning Activity for Chapter 2



Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

III. Support Family, Carer or Relevant Others

In the previous chapter, you had an overview of dealing with other people. These are the appropriate personnel and service providers who you may work with. Part of that work may be to connect them with the person. Another would be to negotiate on behalf of the person.

Part of your role may also involve providing support to the older person's family, carers or relevant others. This chapter will introduce you to recognising the impact of support issues on them. You will also learn the best practices for responding to these issues. The chapter will also discuss ways to provide support and respite to these people.

To review, *family members* are people with legal or blood relations with the person. Family members may include the spouse, the de facto partner, the children or siblings.

Carers are individuals assigned to provide extended self-care to an older person. Self-care involves activities of daily living (ADLs) such as washing, toileting, and dressing. Extended service usually means a more direct and sensitive approach.

Relevant others, on the other hand, are friends or colleagues that share a deep bond with the older person.

This chapter will focus on the following:

- Recognise and refer impact of support issues
- Provide support and respite for the person's relevant others



3.1 Recognise and Refer Impact of Support Issues

Family members fulfil demanding roles in providing care and support. They may hire carers to share some of the responsibilities. Family members and carers can go through a lot for the older person. Often, their needs and the issues they face may go unnoticed.

A family member or a carer may encounter issues when supporting the older person. Issues may include situations where the older person:

- Becomes uncooperative
- Requires more service
- Has a condition that worsens
- Contracts an illness
- Becomes distant

In addition, other important people in the older person's life can experience problems too. Relevant others like friends and former colleagues might struggle to give support if the client becomes more withdrawn and refuses to communicate.



These issues can impact their physical, emotional, and social well-being. You will need to know the potential impacts that families, carers and relevant others face. You must recognise these impacts immediately and take appropriate action to address them.



Further Reading

The government estimates that the ageing population will continue growing. With this growing population comes structural challenges in the laws and regulations. Learn more about these challenges using the link below:

[Challenges of an ageing population](#)

3.1.1 Impact of Support Issues on the Family

The following are the impacts of issues that a family member may encounter:

- **Mental stress**

It may not be easy for someone to see an older family member struggle. If the older person's condition worsens, the experience becomes more challenging. The emotional and psychological strain can be too much for some.

- **Physical stress**

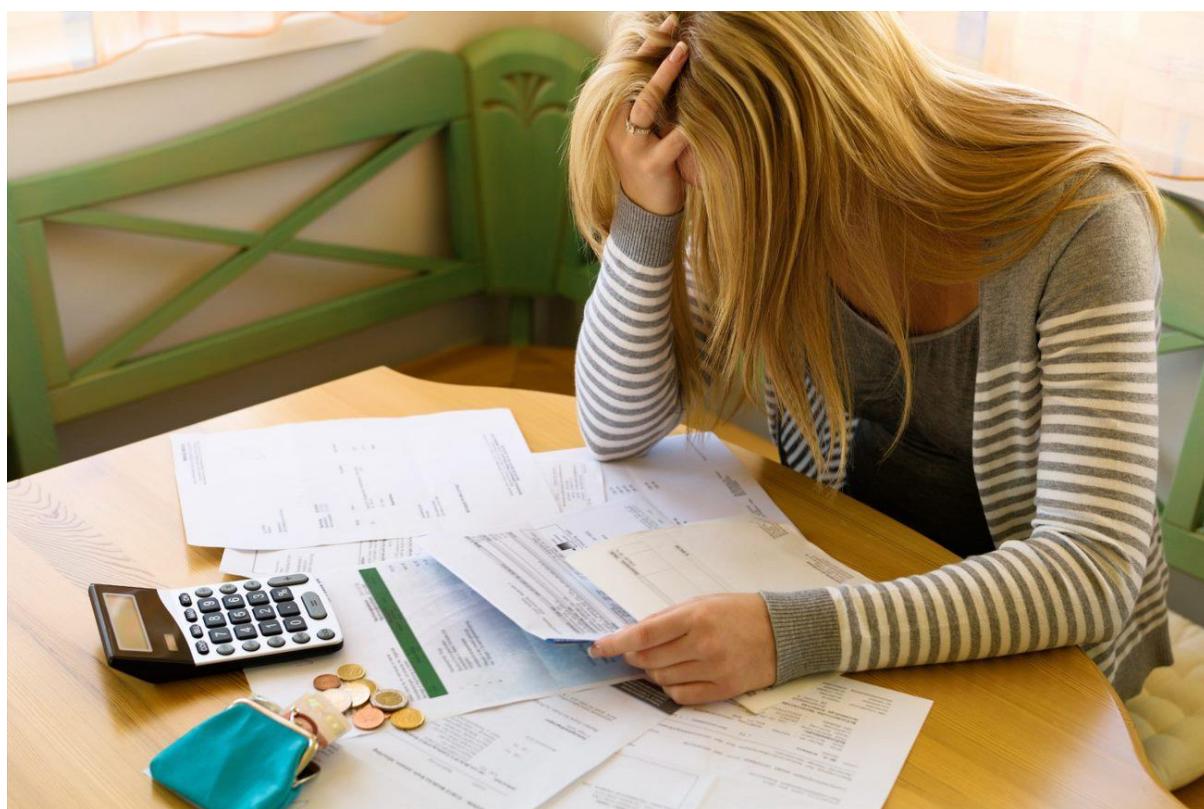
Family members may exhaust themselves as they take on supporting the older person. Some older individuals may prefer a family member to help them with more sensitive tasks. Family members may be at risk of developing physical conditions.

- **Financial troubles**

Taking good care of an older person can cost a lot. Cash-strapped families are at a greater disadvantage. Government subsidies can help in a lot of ways. But for some, their day-to-day expenses may take a hit.

- **Work-life imbalance**

Some people with full-time jobs may also have to care for their older family members. In these cases, the person gets home to fulfil a second job. They will lose time and resources to experience a well-rounded lifestyle.



3.1.2 Impact of Support Issues on the Carer

The following are the impacts of issues that a carer may encounter:

- **Mental stress**

Carers must show mental restraint in their jobs. Servicing people on a more personal level can be mentally draining. Emotional contagion can also happen. Here, the carer may experience the same emotions and behaviours that the person has. These emotions or behaviours may be negative and can harm the carer.

- **Physical stress**

Caring for older people can be demanding on a physical level. An older person may require more needs, increasing the service or assistance the carer must provide. Exhaustion is very likely. Worse, the carer may contract an illness or two.

- **Work-life imbalance**

Working with older people can be an all-day responsibility. Some carers are likely to render overtime in their duties. Organisations can limit these instances for the carer's well-being, but a carer's schedule is more challenging compared to other jobs.

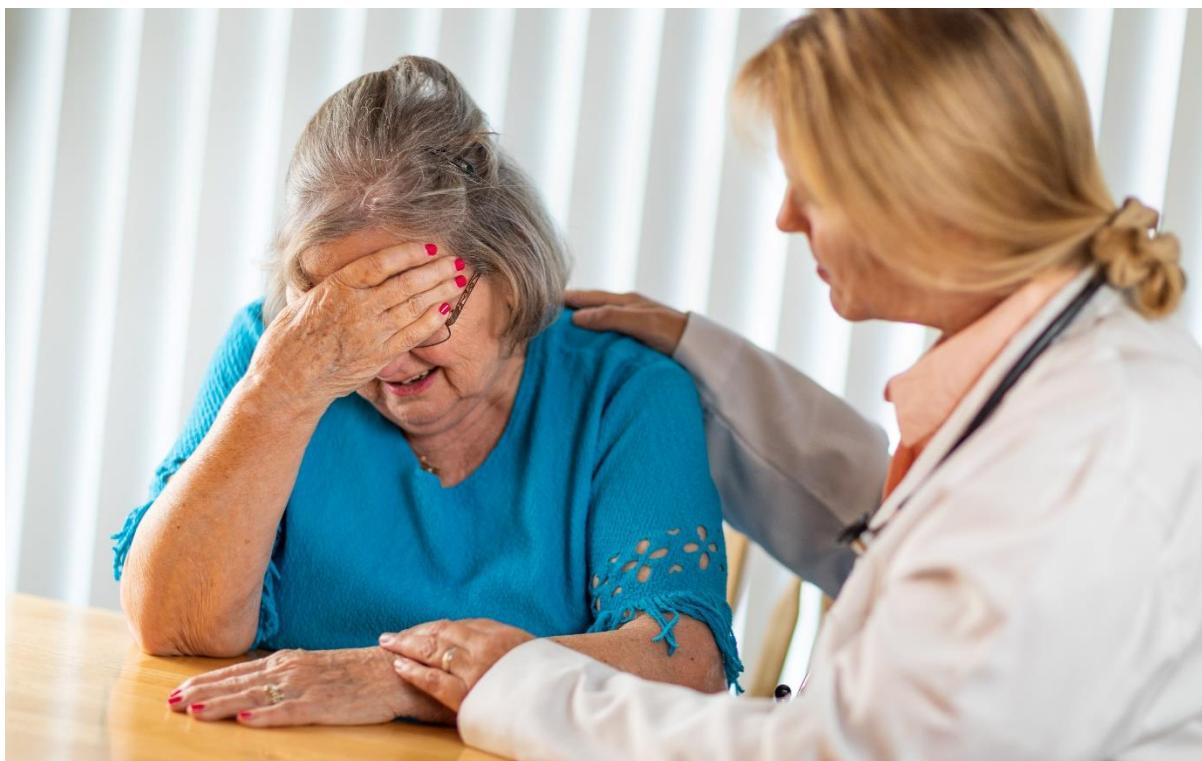
Multimedia



Carers and other workers experience a unique set of issues and challenges. Learn more about them in the video below:

[Young People in Aged Care - Challenges](#)

3.1.3 Impact of Support Issues on Relevant Others



The following are impacts of issues that relevant others may encounter:

- **Mental stress**

Friends and other relevant people might struggle to come to terms with the condition of the older person. They might witness a change in behaviour in the person or see them struggle with doing even the basic tasks. This can make them feel stressed about the situation.

- **Emotional stress**

Friends and other relevant people would want to extend help through emotional and social support to the older person. However, they might feel helpless when they see the older person becoming distant from them. This helplessness can also be caused by the worsening of the older person's condition.

Other people might approach you to voice their frustrations. They might think they are not doing enough to help the older person. They might even say hurtful words to you due to their mental stress. Keep in mind not to take their issues personally. Instead, recognise their concerns and work together on planning for actions that can help improve the older person's well-being.

3.1.4 Referring According to Organisational Policies and Procedures

Referring, in the context of this topic, is to report. You are responsible for reporting any signs of issues with a family member, carer or relevant others. A family member or carer with signs of negative impacts can be hazardous to the older person. For example, they may be unable to perform their tasks correctly.

Organisations will have different policies and procedures when dealing with issues, but the key idea is early detection and intervention. It is then your responsibility to be familiar with your organisation's ways.

The following is a simple process when dealing with suspected issues that may be identical to your organisation's policies, procedures and tools:

1. Detect

You must be observant of any signs of negative behaviour of a family member or carer. Some examples are the following:

- The family member or carer is sick.
- The family member or carer is moving unusually.
- The family member or carer appears tired or sleepy.
- The family member or carer makes persistent, awkward moves.
- The family member or carer takes time to understand simple prompts.



The family member or carer may also share their condition with you. Sometimes, the older person can also give their thoughts on this.

You must also observe if the relevant people to the client are exhibiting signs of problems or concerns. They may appear distressed, exhausted or grumpy. They may also be vocal with their frustrations and complaints. For example, they may feel helpless since the older person has been communicating poorly with them. You can converse with them and ask for updates on their interaction with the older person.

2. Track

Try to observe the family member, carer or relevant others for some time. They may be showing negative signs due to other short-term conditions. If the signs persist, then proceed to the next step.

3. Organise

Accomplish your organisation's practical tool or form. Provide the details of your observations. Be impartial and direct when explaining your findings.

4. Report

Submit your findings to the authorised personnel. This may be your supervisor or the carer's supervisor. It may also be another family member, depending on your organisation's policies.

You must keep the following things in mind when you make referrals:

- **Ensure that your report is complete.**

Be as detailed as possible when recording observations about the older person's family, carer or relevant others. This will be the basis for deciding the most appropriate support and respite care services they must access.

- **Respect the privacy of the people involved.**

The issues that the older person's family, carer or relevant others brought up must be treated according to the privacy and confidentiality laws. Only share information with the appointed people in your organisation. Refrain from disclosing any issue or concern to people who are not involved with the older person.

- **Report in a timely manner.**

Immediately report to the authorised personnel if you detect any negative behaviour from the older person's family, carer or relevant others. This must be observed, especially in cases that can put the person or others in danger. The earlier these issues are detected, the faster they will be acted on.

Multimedia



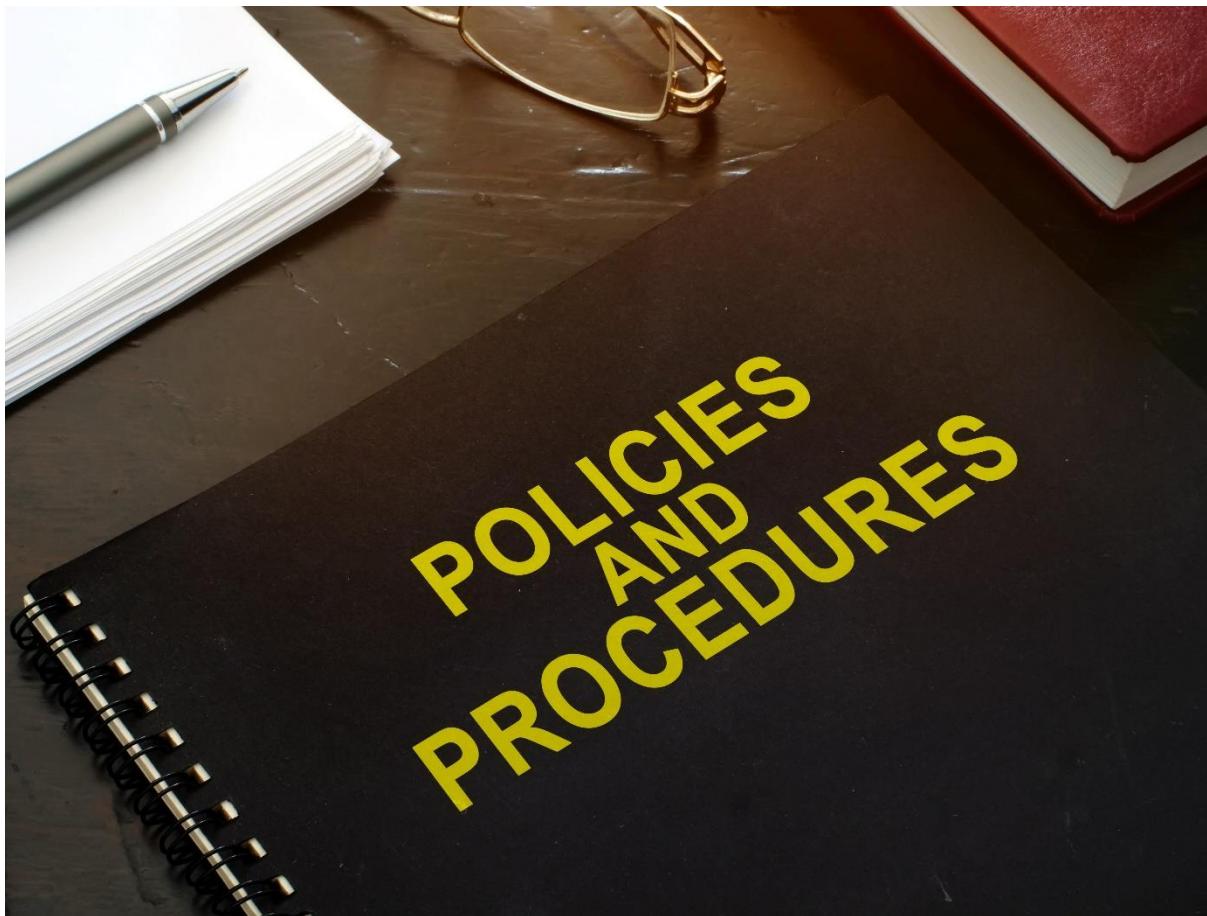
Dementia is a growing concern for older people. It is difficult for both the afflicted and their carer. Learn more about how people cope with dementia and the care it needs. Linked below is a video by the World Health Organization (WHO):

[Supporting dementia carers: care about those who care for others](#)

Checkpoint! Let's Review



1. A family member or a carer may encounter issues when supporting the older person. These issues can impact their physical, emotional, and social well-being.
2. Accomplish your organisation's practical tool or form. Provide the details of your observations. Be impartial and direct when explaining your findings.
3. You must report any signs of issues with a family member or carer.
4. Organisations will have different policies and procedures when dealing with issues.



3.2 Provide Support and Respite for the Person's Relevant Others

Family members, carers and relevant others will need some level of support in their roles. Caring for an older person is taxing for both the mind and the body. Workers like you may need to tend to them in some way or form.

Family members, carers and relevant others must also have the chance to take time off. It gives them a break when they need to refresh and recuperate. If they are dealing with health conditions, this can also help them recover.



3.2.1 Providing Support

There are many ways to support the older person's family, carer and relevant others. Some examples include the following:

- **Providing reassurance**

Assisting an older person can bring physical, emotional and mental stress to those involved. As such, you must be a source of strength to the family, carer or relevant others whenever they express their worries and concerns. Listen to them attentively and tell them that their feelings are valid. You can also recognise their efforts and contribution to the older person's well-being.

- **Maximising support structure**

Older people require assistance in various everyday tasks. This can be as simple as helping them walk, to more complicated ones like assisting them in their bowel care. Having these tasks delegated to multiple people can help maximise the support structure for the person. Doing so can relieve the burden on the carer and lessen the feeling of helplessness of the family and relevant others.

- **Promoting the benefits of taking time for self-care**

Self-care refers to a person's methods to protect their physical, emotional and mental well-being. You must remind the older person's family, carer or relevant others to practice self-care to prevent burnout. Tell them that it is alright to rest from time to time so they can regain their strength. They must be well to take care of the older person well.

- **Providing opportunities for active involvement in the service**

There may be instances when a family member or relevant others will ask how they can help you provide services to the older person. In these cases, you can give them chances where they can assist you in performing your duties. For example, you can tell them to help you transfer the older person to the bed. Asking them to help, even in simple ways, can make them feel actively involved in the service.

- **Acknowledging the carer, family member, or relevant other's stress and anxiety**

The family members, carer or relevant others may be unfamiliar with the tasks associated with helping an older person. As such, they might feel stress and anxiety, especially when they are still adjusting to their setup. Remember to be patient and understanding when they voice their frustrations to you. Refrain from passing judgment or making insensitive remarks about their concerns.

- **Consulting your designated supervisor when you encounter these issues**

In cases where you are unsure how to resolve a problem, it is best to consult your supervisor for help. Provide a report containing the issues brought up by the older person's family, carer or relevant others. Your supervisor can advise on how these issues can be best addressed. They can also talk directly to the people involved.

You must always remember to maintain professional boundaries. Act according to your organisation's policies and procedures. There are areas of limitation to your role, such as:

Providing advice to carers

Getting involved with family matters

Disclosing personal information to unauthorised people

Always consult with your supervisor and other trusted colleagues if you are uncertain of some policies and procedures.

Support Services for Family, Carer and Relevant Others

A family member, carer or relevant others may need further support through dedicated services. In such a case, you may help them identify and avail of their needed service. Consider the list below of possible external support services:

Support Services	How the Services Provide Support
Counselling	Counselling helps families and relevant others process and deal with any issues or emotions they may encounter with a family member transitioning to an older age.
Relationship services	Relationship service is a more specific form of counselling. Service providers aim to mediate disputes between the person and their family. They can also advise the family member or relevant others on improving their relationship with the older person.
Financial assistance programs	Some families cannot cover the cost of the person's medication, treatment, and more. Government or private programs are available to help finance these needs.
Skills training	Skills training helps equip the carer with additional knowledge that will more efficiently help in taking care of the older person.
Respite care	Respite care allows the carer to take a rest from caring duties to attend to other responsibilities or have a chance to relax. Respite care is discussed in detail in the next section.

3.2.2 Providing Respite

As mentioned, caring for an older person is taxing for both the mind and the body. Family members and carers will need some level of support in their roles. Sometimes, time off from their responsibilities is necessary.

Respite care or service allows for a temporary substitute for a family member or carer. The substitute carer can work for a few hours to a few weeks. The goal of the substitute carer is to continue the service delivery as planned.

Respite or ‘short-term care’ aims to relieve the carers from their responsibilities. This should also relieve them of the stress and exhaustion they may be experiencing. They will have time for self-care, rest, leisure, and other activities.

You may have to help and plan for the provision of respite care. The process will vary across organisations, but this may involve:

- Administrative arrangements (e.g. filling out required forms)
- Consultation with the person, the carer, and your supervisor
- Allocation and configuration of schedules for support workers who will provide respite care
- Facilitation of referrals for respite care provided by another service provider



Further Reading



Respite care or service is a well-documented option for families and carers. The government has a few resources covering it. Learn more about respite care using the link below:

[Respite care](#)

Multimedia



Family members and carers experience stress and exhaustion in their roles. These negative impacts may be worse when the older person has health conditions. See how some family members and carers cope with their situation. You can watch it using the link below:

[Supporting clients' families and carers](#)



Checkpoint! Let's Review

1. *Respite care or service* allows for a temporary substitute for a family member or carer.
2. Family members and carers must also have the chance to take time off. It gives them a break when they need to refresh and recuperate.



Learning Activity for Chapter 3

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

IV. Coordinate Feedback

The previous chapters focused on tasks and details during service delivery. For the most part, all information is available in the individualised plan. If not, your organisation will have the related policies and procedures.

Organisations must regularly review their service delivery. This allows them to better address their client's needs, goals, and preferences. Reviews also enable organisations to identify areas of improvement and act on them.

Feedback is essential for reviews to happen. It allows everyone to contribute suggestions and ideas for improvement in the services. You may have to coordinate feedback from all stakeholders. These can include the older person, carers, relevant others and other service providers.

Your responsibilities may vary depending on your organisation. This may include the following:

- Providing information about the processes for gathering feedback
- Discussing the importance of feedback
- Gathering feedback using different methods
- Reporting and acting on feedback gathered

This chapter will cover the following points in coordinating feedback for services delivered:

- Explain feedback mechanisms
- Obtain feedback from the person and others and report to the supervising health professional
- Support the person in seeking advice and assistance
- Identify and report gaps in assistive technologies
- Obtain feedback from service providers and report to the supervising health professional



4.1 Explain Feedback Mechanisms

The effectiveness of the plan is a foremost consideration. Although everyone contributed to carefully creating the plan before the service, some may still realise gaps or concerns during implementation. Examples of these points to consider are the following:

- **From the older person**

The person may feel that the plan does not address some of their needs.

The person may want to update their plan and the services used.

The person may express hesitancy on the services delivered.

The person may point out the lack of skills of some workers.

- **From the family members**

A family member may comment on the performance of workers.

A family member may express their need for respite services.

A family member may want to hire a carer to take their role.

A family member may suggest minor changes to services rendered.

- **From the carer**

A carer may comment on the performance of workers.

A carer may express their need for respite services.

A carer may express their need for additional support.

A carer may suggest minor changes to services rendered.

- **From the service providers**

The service provider may provide updates on changes that they have made.

A service worker may communicate observations that they have made.

A service worker may reveal concerns about how clients treat them.

The service provider may express their desire to stop.

- **From relevant others**

Relevant others might give comments on the service of the care team.

Relevant others may communicate observations that they have seen.

Relevant others may provide concerns shared to them by the older person.

Relevant others may suggest minor changes to the services rendered.

Feedback can help address the gaps and concerns listed above. It is essential that everyone knows the mechanisms of providing feedback.

Organisations will vary in how they conduct reviews and handle feedback. As always, you must be familiar with your organisation's applicable policies and procedures. You may find the following items when handling feedback:

- **The person who must provide the feedback**

This may be the person, support staff, registered nurse, physiotherapist, etc.

- **The person who will receive the feedback**

This could be you, your supervisor, other service providers, etc.

- **Frequency of providing feedback**

This may be daily, weekly, monthly, etc.

- **Mechanisms to provide feedback**

This can be done through interviews, meetings, and calls, among others.

Mechanisms to Provide Feedback

You may process feedback using any of the following mechanisms:

General Description of Mechanisms	Examples of Mechanisms	How the Mechanisms Help in Assessing the Effectiveness of an Individualised Plan
Communicating in-person and in real-time	<ul style="list-style-type: none"> ▪ Informal discussions ▪ Face-to-face meetings ▪ One-on-one interviews ▪ Focus group discussions 	<p>In-person and real-time mechanisms make it easier for the person or their family to provide feedback. You or other workers can directly get their thoughts. Clarifications are made right away if needed. You will likely have all the information you need by the end of the process. These pieces of information +will be useful to improve or change the person's plan.</p>
Communicating remotely and asynchronously	<ul style="list-style-type: none"> ▪ Emails ▪ Survey forms ▪ Questionnaires ▪ Progress notes ▪ Incident reports 	<p>Some feedback may not need immediate attention. In such cases, mechanisms like emails and survey forms will be helpful. These mechanisms will remove the need for scheduling a meeting or call.</p> <p>Other forms of feedback will need proper documentation. Consider the following:</p> <ul style="list-style-type: none"> ▪ <i>Progress notes</i> are official medical records that track the person's health. It can help check if the older person meets the goals in the individualised plan. ▪ <i>Incident reports</i> are official documentation to record incidents properly. Detailed incident reports allow organisations to learn from any past shortcomings.

General Description of Mechanisms	Examples of Mechanisms	How the Mechanisms Help in Assessing the Effectiveness of an Individualised Plan
Communicating remotely and real-time	<ul style="list-style-type: none"> ▪ Phone calls ▪ Instant messaging ▪ Video conferencing 	<p>Feedback through remote and real-time mechanisms is an effective alternative in many situations. For instance, a family member is not available for an in-person meeting. A phone call can be an effective alternative when done correctly. For emergencies, calls or instant messages may be more practical to relay information quickly.</p>

From the table above, you can see the various mechanisms for seeking feedback regarding the effectiveness of an individualised plan from each person. These mechanisms include the following:



In addition, you must select the best mechanism to solicit feedback from your target people. The table below gives you examples of this:

People to Seek Feedback From	Mechanisms Used to Seek Feedback from the Given People Regarding the Effectiveness of an Individualised Plan	How These Feedback Mechanisms Help in Assessing the Effectiveness of an Individualised Plan
Older people	One-on-one interviews	One-on-one interviews are used in seeking feedback because the older person can freely relay any concerns, problems, or improvements related to the individualised plan.
Family	Phone calls	Phone calls can be used in seeking feedback in case the family is not currently with the older person.
Health service professional	Progress notes	Progress notes track the older person's health progress and activity and can help evaluate if the older person is meeting the goals set out in the individualised plan

Explaining the Mechanisms



Organisations will have different mechanisms when it comes to feedback. It is your responsibility to explain these mechanisms when needed. The following are basic questions that everyone should know the answer to:

- What are the types of feedback that they can lodge?
- How will the organisation handle their input?
- Where can they access the forms and tools?
- How can they access the forms and tools?
- Who can assist them besides you?

The planning stage should have covered information about the organisation's feedback mechanism. You may have to discuss them again for reasons such as the following:

- When answering enquiries from the person, their family, carers and relevant others
- When you notice that the person is not satisfied but is silent
- When someone shares their concern or feedback verbally
- When service providers request it

Below are the sample steps that you can follow when explaining the mechanisms for providing feedback :

- **Decide on the preferred mechanism for getting feedback.**

Discuss with the person, family member, carer or relevant others which mechanism they would prefer. Communicating in person and in real time would be ideal. However, if they express discomfort with this, you can discuss opting for another method.

- **Set a meeting with the people involved.**

After deciding on their preferred mechanism for getting feedback, you can set a schedule for when it will be done. If it is going to be in person, decide on the meeting's date, time and location. If it is going to be done asynchronously, discuss when the form will be given and when it will be collected. As for remote mechanisms, decide which communication platform will be used and when the meeting will be conducted.



- **Discuss the purpose of gathering feedback.**

Before asking questions, make sure you have oriented the person, family member, carer or relevant others about the reason for getting their feedback. Explain why it is essential and how it will help improve the service for the older person.

- **Show the individualised plan and get feedback.**

Aside from soliciting general feedback on the services received by the older person, it would be best if you also got their insights about the current individualised plan. Ask them if they have encountered issues with the tasks included in the plan or if they want it to be modified.

- **Designate benchmarks for the feedback provided.**

Once you are done collecting feedback, you can now designate benchmarks for them. These benchmarks refer to the plan of action that will be done to address the feedback. You can also assign a timeframe by which the action must be done.

The table below shows a simple feedback questionnaire that a person can accomplish:

Sample Feedback Form			
Name			
Affiliation	<input type="checkbox"/> Client <input type="checkbox"/> Family <input type="checkbox"/> Carer <input type="checkbox"/> Others (Please specify below)		
What is your feedback about?			
<input type="checkbox"/> Compliment <input type="checkbox"/> Question <input type="checkbox"/> Suggestion <input type="checkbox"/> Concern			
What is your feedback? Please write below:			
Has this happened before?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	<input type="checkbox"/> Not Applicable
What would you like to happen? Please write below:			
Thank you! We will get back to you soon!			

Best Practices

As mentioned, procedures and tools for feedback vary per organisation. Your organisation should have the needed information for this matter. Additionally, you can consult with your supervisor and colleagues. You must be able to communicate your organisation's feedback mechanisms. When doing so, you may consider the following best practices:



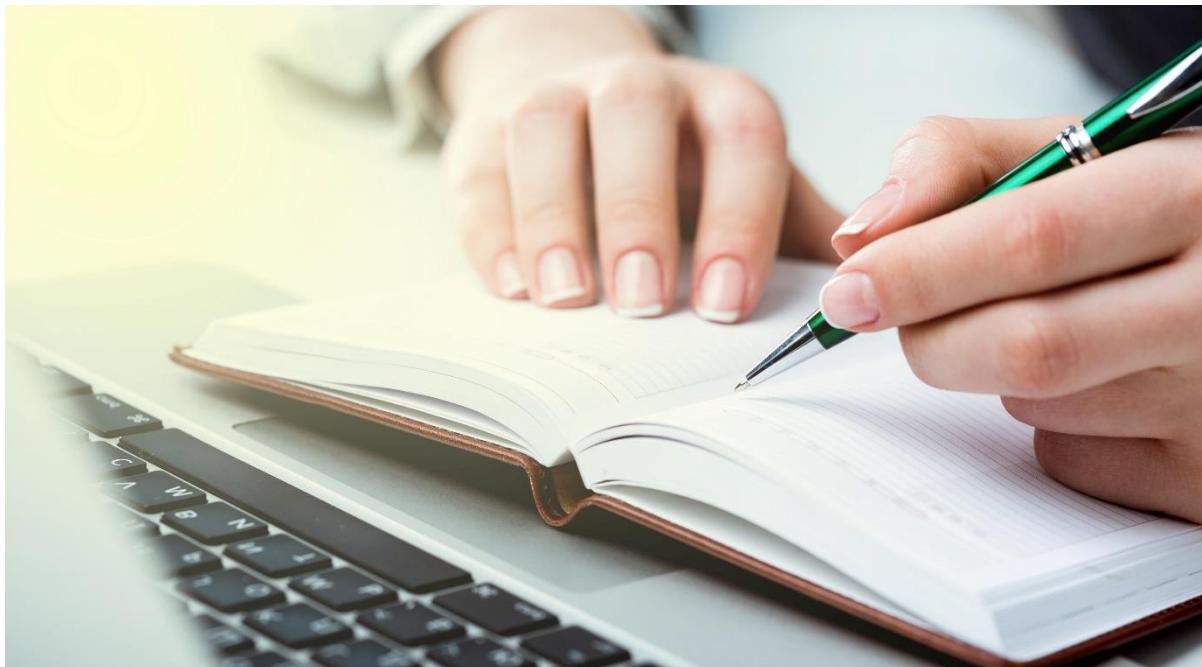
- Read up on the processes and service options before you discuss them. This ensures that you are giving accurate, factual, and relevant information.
- You must communicate using their preferred method. Service providers may want a formal approach like a letter. The person and their family may wish for an informal approach like a short meeting.
- Ensure that they have understood the information you have given to them. Provide opportunities for them to ask questions or clarifications.
- Consider giving printed copies of all information you have discussed. You may want to provide them with copies of forms that they can use in the future.
- When explaining to the person, involve their family members, carers and relevant others. This is important, especially for more personal decisions.

Checkpoint! Let's Review



1. Some may realise gaps or concerns in the individualised plan. Feedback will help you address these.
2. Organisations will have different mechanisms when it comes to feedback.
3. You must be able to communicate your organisation's feedback mechanisms.

4.2 Obtain Feedback From the Person and Others and Report to the Supervising Health Professional



Older people may be in service because of their health conditions. As mentioned, older people tend to have health problems because of their age. In such cases, feedback is even more important.

Feedback allows for a proactive approach to the person's well-being. You may be able to detect signs and symptoms immediately. Early diagnosis of a problem is possible. Health professionals can introduce interventions before a situation worsens.

4.2.1 Seeking Feedback From the Older Person, Their Family, Carer and Relevant Others

Asking for feedback is one of the best ways to get a hold of your work. Input from the older person gives you a more accurate picture of their status. You are also able to act faster when needed. These are more important, especially for older persons with a health problem.

Consider the following best practices when seeking feedback from the older person:

Let the person know that you would like feedback ahead of time.

- This is to help them to prepare more accurate responses to your questions.

Help the person prepare.

- Be specific with what type of feedback you need.

Prepare the questions or forms.

- Let the person see them ahead of time if possible.

Maximise open questions.

- Questions that start with a 'why' or a 'how' can give more detailed answers.

There will be times when feedback from the person is incomplete. It may also be that the person is unable to give them due to their condition. In these cases, family members, carers and relevant others are the next best source of feedback. You can still use the best practices above when you ask for feedback from these people.

Sample Feedback Gathering Procedure

A sample procedure for feedback gathering is provided below. It follows the best practices listed above. Take note that your organisation should provide you with a more detailed procedure:

1. During the meeting, remind the family, carer or relevant others that they can also provide feedback.
2. Explain the purpose for which the feedback will be taken.
3. Ask the main questions used during the feedback collection process.
4. Provide the information on how the feedback can affect the following:
 - Your organisation
 - Service providers or support workers
 - The older person
 - The family, carer or relevant others

5. Ask the older person if the following have been addressed or not:

Their goals

Their needs

Their preferences

6. Ask follow-up questions on why identified needs, goals or preferences were not met.
7. Ask for clarification on feedback that is unclear or vague.
8. Ask the older person for other suggestions, comments or concerns.
9. Thank everyone for the feedback.



Further Reading

Learn more about feedback and complaints in the context of aged care. The Aged Care Quality and Safety Commission has published online resources. These resources all follow the Aged Care Quality Standards. The link for feedback and complaints is down below:

[Standard 6. Feedback and complaints](#)

The table on the next page shows a simple daily health questionnaire. This can help health professionals assess the person's progress. Take note that the questionnaire only shows some questions that you may use. You must use your organisation's provided tool and not this one.

Sample Daily Health Questionnaire			
Name			
Date		Time	
How does your head feel today?			
Is your nose itchy or congested?			
How does your mouth feel today?			
Are there any unusual changes in smell or taste?			
How do your neck and throat feel today?			
Do you have a cough or shortness of breathing?			
Are there other symptoms you are experiencing?			
Accomplished by			

The person may be unable to answer the questions above. In such cases, the family member, carer or relevant others must provide the answers. The form will instead document the observations made by the family, carer or relevant others. Again, your organisation's tools and forms should cover this.

4.2.2 Reporting Feedback to the Supervising Health Professional

Health professionals are people who have studied and trained to become eligible to provide health care advice and treatment. In this case, a supervising health professional refers to the person in charge of monitoring the health condition of the older person.

Different health professionals will have varying preferences for receiving feedback. How you and the professional will communicate must be clear from the start. In general, you must consider the following points:

What do you have to report?

How should you do the report?

How frequently should you report?

Who do you approach when they are absent?

How do you contact them during emergencies?

Progress notes and incident reports are often used when dealing with health-related feedback. These are important tools that the person's health professional may use.

Progress notes

Incident reports

- **Progress notes**

Progress notes are medical records that track the person's progress. They are usually detailed accounts of a person's experience. Progress notes help detect signs and symptoms early. They can also help document the improving or worsening condition of the person.



- **Incident reports**

Incident reports are legal documents that you may complete immediately after an incident. Incidents are any events that happen and bring harm to a person. Incident reports record the full details of the event. The details are useful for both medical and legal use.



You can consider the following steps when filing a report to the supervising health professional:

Identify the feedback of the older person, family, carer or relevant others on the current services.

Record the feedback in a single document to organise the report that you will submit.

Submit your report to the supervising health professional and answer their questions.

Keep in mind that you must prioritise timeliness when submitting reports. Tell the supervising health professional immediately if the concerns worsen the older person's condition or harm them.

Multimedia



A progress note describes the person's health condition. You may encounter them if you are a support worker for individuals with a medical condition. Learn how good progress notes should look from the video below:

[Clinician's Corner: Writing a good progress note](#)



Lotus Compassionate Care

Access and review Lotus Compassionate Care's incident report form through the link below:

[Lotus Incident-Report](#)

(username: newusername password: new password)



Checkpoint! Let's Review

1. Feedback is important when dealing with an older person's health condition.
2. You must get accurate and complete feedback from the person, their family, carer and relevant others.
3. The supervising health professional must get all necessary feedback from you.
4. You must follow your organisation's policies and procedures when dealing with feedback.



4.3 Support the Person in Seeking Advice and Assistance

The person may not reach their health goals. It may be that the person's health service does not address their needs accurately or completely. It may also be that the person has developed new needs. Service reviews, monitoring, and evaluations can show all these. The following are possible reasons for a change in goals and needs:

Person moving to a different location

Worsening of the disease and symptoms

Signs of a new and/or serious illness

New physical and environmental hazards

Signs of stress, anxiety, or depression

Display of a behaviour of concern

Because of their age, older people may be prone to changing health goals and needs. The advice and help of a health professional are the best ways to address these changes. As a support worker, you may have to help the person seek professional help.

Relevant Health Professionals

The best health professional to seek is the person's attending doctor. Personal doctors are those with whom the person has worked for a long time. These doctors usually know the person's health condition very well.



A person may also have an attending nurse, depending on their condition. Nurses are health professionals with some capacity to provide medical advice. Nurses can then forward the person's concerns to the proper authority if needed.

It may be that the person has no attending doctor or nurse. You must then be familiar with some relevant professionals that you may encounter. Section 1.4 introduced some of these professionals. The table includes examples of relevant skills that may help the person:

Health Professionals	Relevant Skills
Dentists	Dentists help address dental and oral health concerns.
General Practitioners (GP)	GPs are usually the first doctors to respond if the person's actual condition is unknown.
Specialists	Specialists are the doctors who can help address more specific health concerns.
Pharmacists	Pharmacists can help educate the person on everything about their medications.
Psychologists	Psychologists are the best professionals to help address mental health concerns.
Physiotherapists	Physiotherapists will help a person during their physical rehabilitation or therapy.

Supporting the Person

The support you will provide will vary depending on the person's situation. Here are some ways in which you can support them:

- Explain to the person the reason for seeking a health professional. You can use your prior observations to support your explanation. Remember not to impose your own beliefs in these cases.
- Report any changes to the person's health and well-being. These reports are essential for monitoring the person's health and well-being. You may have to report to your supervisor and their supervising health professional.
- Your organisation may no longer provide for the person's needs. If true, consult with the person, their family, carers and relevant others immediately. You must discuss possible service options to address the person's new requirements.
- You may help the person with their referrals by filling in their forms or contacting other service providers or health professionals.
- You may have to negotiate for the person in some cases. You will represent their best interests when finding new providers or health professionals.

Further Reading



Australia is home to many medical doctors and specialists. The government, through different regulations, ensures their competency. You can learn more about all these through the link below:

[Medical doctors and specialists](#)

Allied health workers play a crucial role in many aspects of healthcare. Some may even provide support to doctors. Learn more about them through the link below:

[Allied health](#)



Checkpoint! Let's Review

1. Because of their age, older people may be prone to changing health goals and needs. The advice and help of a health professional are the best ways to address these changes.
2. The best health professional to seek is the person's attending doctor.
3. Some important health professionals to be familiar with may include the following:
 - Nurses
 - Dentists
 - Specialists
 - Pharmacists
 - Psychologists
 - Physiotherapists
 - General practitioners (GPs)
4. You may have to help the person seek professional help. The support you will provide will vary depending on the person's situation.



4.4 Identify and Report Gaps in Assistive Technologies

In Chapter 1, you have learnt about assistive technologies. Assistive technologies can help older people communicate or do everyday activities. Assistive technologies also play two main roles:

- They maintain and promote the person's independence.
- They enable the inclusion and participation of the person.

Using assistive technology has obvious benefits for the person, but it can also present difficulties. For one, it can never replace human contact and interaction. You must then discuss both benefits and drawbacks to the person.

4.4.1 Consulting With the Person to Determine Gaps in Assistive Technology Needs

You have learnt ways to support the person's use of assistive technologies in Chapter 1. To review, these are the following:

- Make sure that assistive devices and equipment are available.
- Make sure that assistive technologies are affordable for the person.
- Make sure that assistive technologies address the needs of the person.

If the older person already uses assistive technologies, gaps may come along the way. These gaps can be any of the following:

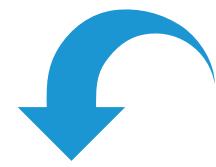
- **Replacement of the same technology**

The person may be using an old device that is no longer reliable.
The device may also need replacement after accidental damage.



- **Downgrading to another technology**

A person may be using assistive technology for rehabilitation. For instance, a person may be using a walker after surgery. As their condition improves, they may use a cane instead.



- **Upgrading to another technology**

A person's condition may worsen over time. For instance, eyeglasses have limits on helping improve eyesight. The person may have to use other technologies, such as screen readers, to continue reading.



The older person must always have access to reliable technology. Remember that these technologies address their needs. It is thus best to be proactive when it comes to their use of assistive technologies. Consider the following best practices below:

- Ensure that devices and tools work as intended. Learn how these items must work. Set a regular schedule to check them.
- Ensure that the technologies address the person's needs. Ask the person from time to time about their devices.
- Consult the person's health professional about possible changes in the assistive technologies used.
- Inform the person of options that are available to them. This way, they can exercise their preference and autonomy.

4.4.2 Reporting Identified Gaps in Assistive Technology Needs

You must respond to any older person's assistive technology needs. Depending on your organisation, you must follow relevant policies and procedures. When there are gaps in the technologies used, the following are possible actions from you:

- Ensure to include any mention of the assistive technology in daily logs or feedback. The person mentioning their devices or tools can be signs of possible issues. Documenting all instances can help in any decisions later.
- Write an incident report of an occurrence with assistive technology. Explain how the device or tool may have caused the incident.
- Your organisation may be able to lend appropriate devices to the person. You may have to help the person with the needed requests and forms in such cases.



Multimedia



The World Health Organization (WHO) has released its *Assistive Product Specifications (APS 26)*. These specifications describe the appropriate assistive technologies for different conditions. Learn more about this initiative using the link below:

[WHO and UNICEF partner to bring quality assistive devices to people living with disabilities](#)



Checkpoint! Let's Review

1. Assistive technologies address the person's needs.
2. Changes in the technologies used can happen over time. It can also be abrupt with no warning.
3. You must be able to identify and respond when these changes happen.
4. You should follow your organisation's policies and procedures regarding assistive technologies.
5. In all, the person must be able to maintain their independence. They must also experience inclusion and participation.

4.5 Obtain Feedback From Service Providers and Report to the Supervising Health Professional

You may work with other service providers for a person's individualised plan. In this context, you and their workers act like colleagues. As you work together for the older person, there must be transparency. All useful information must be available to everyone. Exchanging feedback is a way for you and the other providers to achieve this.

Obtaining feedback from other service providers is even more important for health-related concerns. The person may be unable to communicate their changing needs to you. You may also have missed manifestations of signs or symptoms. In these cases, other workers may have important information that you do not have.

Consider the following scenarios:

The physiotherapist has expressed concern about the slow progress in rehabilitation.

A respite carer found a writing error on the daily instructions for medication.

A support worker has observed changes in the person's general behaviour.

The person told a service worker about a new pain near their chest.

A hired carer found a persistent rash on the person's pelvic area.

The person has opened up to their translator about accounts of abuse.

The scenarios above show how some situations compromise the plan's effectiveness. For health-related concerns, this could mean putting the person in harm's way. Getting feedback from other service providers could help mitigate this.

A plan is only effective if it accurately addresses the person's needs. Circumstances that affect the individualised plan can change. The plan must then adjust as soon as possible. All these suggest that getting feedback from other service providers is crucial.

Obtaining Feedback From Service Providers

Your organisation should have policies and procedures for collaborations with other providers. In general, obtaining or requesting feedback may follow the steps below:

1. Plan your request.

- Identify what you will need.
- Determine who you will be approaching.
- Set how, when and where the exchange should happen.

2. Make the request in advance.

If possible, you must let them know what you will need.

3. Be accurate about the feedback that you need.

It helps if all items are in standardised forms like progress notes.

4. Listen and be open to feedback.

Service providers may relay other information related to your work.

5. Work on the feedback.

Proceed according to your organisation's policies and procedures.

Reporting Feedback From Service Providers to Supervising Health Professionals

Information gathered from service providers must be reported. For health-related feedback, you must report them to the supervising health professional. This makes all possible observations and data available for future use.

The discussion in Section 4.2.2 is still relevant. How you and the professional communicate must be clear from the start. To review, you should know the answers to the following questions:

What do you have to report?

How should you do the report?

How frequently should you report?

Who do you approach when they are absent?

How do you contact them during cases of emergency?

Checkpoint! Let's Review



1. All useful information must be available to everyone.
2. Other service providers may have important information that you do not have.
3. Your organisation should have policies and procedures for collaborations with other providers.
4. An excellent way to get feedback from providers follows the steps below:
 - i. Plan your request.
 - ii. Make the request in advance.
 - iii. Be accurate about the feedback that you will need from them.
 - iv. Listen and be open to feedback.
 - v. Work on the feedback.
5. For health-related feedback, you must report them to the supervising health professional.



Learning Activity for Chapter 4

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

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