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Physical disabilities

The older person may have mobility difficulties and have need for a wheelchair, walking frame or elbow crutches, and may have difficulty moving around in the community.

Cognitive issues

The older person may vary in their behaviour, attitudes, judgment, communication, interactions with others, awareness of their behaviour and actions, and their ability to self-monitor.

Mental health issues

The older person may vary in their behaviour, attitudes, judgment, communication, interactions with others, awareness of their behaviour and actions, and their ability to self-monitor.

Age

Older people may have deteriorating health, physical abilities, memory, mobility and confidence in their own skills, as well as increasing frailty and dependence upon others for support.

Sensory disability

The older person may have difficulty communicating with others, moving around safely in an unfamiliar environment and an increased dependence on others with specialist communication, orientation and mobility skills for support.

Cultural background

Older people from diverse cultural backgrounds may have different attitudes, values, customs and beliefs when it comes to health, illness and health care. Language barriers may make it difficult to understand what is happening and this may make a person feel disempowered in the assessment process.

Family support

Some older people will have little or no family support or person looking out for them and supporting them during old age. They may feel vulnerable and will need to be encouraged and empowered during the assessment process.

Issues of wellbeing for older people

An individual's ability to contribute to their own care needs and preferences provides a framework for them to build a meaningful life for themselves. The development of programs and activities promoting good mental health and wellbeing for a person later in life will develop key components that are significant to ageing, including:

- ▶ the older person's need for a continued sense of belonging and identity in the community
- ▶ the impact of an older person's deteriorating healthcare requirements
- ▶ empowering the older person to be involved in assessing their own care pathways.

1C Provide information to the older person and/or carer to clarify their own role, responsibilities and accountability

When you have worked in community services for a period of time you will gain an awareness of your own role and responsibilities and those of other personnel. Older individuals may not be familiar with the role of a supervisor or support worker and may mistakenly believe you are a nurse or even a doctor. If you do not clarify your role, responsibilities and level of accountability you may undertake a task you are not qualified to do, upset others by not referring to your supervisor, cause information to be lost or overlooked, or disappoint the older person who may not understand why you refuse to complete nursing duties.



The organisation's policies and procedures set out what support workers should and should not do. A clear understanding of the limits and responsibilities of your job role reduces the risk of misunderstandings and supports empowerment for the older people you support because it also acknowledges their role and responsibilities within the relationship.

Provide information about your own role

Older individuals use aged care services to help deal with some of the changes that ageing brings. They may be distressed by the process, which can make it harder for them to understand your role.

When communicating with older people and their family members allow plenty of time for discussion. Explain in plain language what you can and can't do when implementing health prevention strategies. Consider writing notes for the older person about your role and the role of others. This can help remind them of your role and the process of health risk prevention implementation.

By clarifying your job role you are setting and promoting healthy boundaries to ensure an honest and professional relationship. By respectfully refusing requests outside your job role, you are being honest when unable to assist and not building unrealistic expectations.

Workers can find information about the boundaries of their role by:

- ▶ undertaking orientation when commencing a new role
- ▶ reading their position description
- ▶ reading their workplace policies and procedures
- ▶ reading the person's care plan or other documentation
- ▶ talking to their supervisor.

Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy, as you must protect their confidential details. There are state and federal privacy laws that must be followed; for example, the *Privacy Act 1988* (Cth). These laws cover:

- ▶ what information is collected; providers are only permitted to collect information that is necessary to provide a service to the person requiring support
- ▶ how information is stored; information may be stored electronically and manually; when used properly, keys and passwords can help prevent unauthorised access
- ▶ who can access the information
- ▶ the person's right to access, view and correct personal information.



Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

You can read more about privacy, confidentiality and disclosure at the following sites:

- ▶ www.aacqa.gov.au/for-the-public/privacy-and-confidentiality
- ▶ www.lawhandbook.org.au/12_04_00_privacy_and_your_rights/

Collection, use and storage of information

There are 13 Australian Privacy Principles that apply to the collection, use and storage of people's information. Here is further information about how to handle personal information.

Collection, use and storage of personal information

- 1 Open and transparent management of personal information**
 Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**
 Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
- 3 Collection of solicited personal information**
 Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
- 4 Dealing with unsolicited personal information**
 Outlines how organisations must deal with unsolicited personal information

When sharing assessment results it may be appropriate to share them with:

- ▶ general practitioners
- ▶ allied health professionals involved in the care of the older person
- ▶ legal guardians
- ▶ paid carers directly involved in the care of the older person
- ▶ unpaid carers and family members.

Explain assessment results

You have a duty of care to clarify, add to the assessment and act on the results of all assessments. When providing information to the older person (and their carer or family members) it is important to remember that they should be treated with dignity and respect, to ensure they continue to direct their care needs and preferences.

Use the following strategies when communicating results to older person.

Communicating information to the older person:

- ▶ Prepare a sheet for yourself with notes about all aspects of the assessment process so you can refer to this if you need to.
- ▶ Check the furniture is safe and comfortable.
- ▶ Clarify the role of others prior to the meeting.
- ▶ Greet the older person and their family member/s in a genuine and friendly manner.
- ▶ Allow sufficient time.
- ▶ Offer the older person and their family members a cup of tea or coffee.
- ▶ Arrange a quiet, comfortable meeting point.
- ▶ Explain the information in plain English.
- ▶ Arrange the furniture so you can sit at a 90-degree angle to the older person and their family member/s. They will not feel as confronted as if you are sitting directly opposite them.
- ▶ Use brochures and fact sheets to back up the information you provide verbally.
- ▶ Remove any barriers such as desks.
- ▶ Ask open questions to clarify understanding.
- ▶ Make sure you are sitting at the same height as the older person and their family members.
- ▶ Make notes so the older person has something to refer to later.

Summary

1. People and organisations involved in providing care to older people have a duty of care to remove and reduce hazards that can cause health issues and conduct a structured needs assessment that systematically identifies and records the risk of health issues.
2. Assessment should be a joint effort where the assessor, the older person, their carer and other health professionals work together to identify possible risk factors.
3. One of the keys to helping motivate older people to participate in the assessment process is to help them understand why assessment is important and the consequences that can arise if assessment does not take place.
4. A support worker will adhere to the principles of duty of care, negligence and dignity of risk, human rights and privacy, confidentiality and disclosure.
5. Organisations should have in place a policy and procedure for providing and reporting information about the person.
6. All healthcare providers including aged care services are required to comply with the federal privacy laws that regulate how information is collected, used and stored.
7. Information sharing between services and health professionals can enhance the quality of individual care, providing the information is accurate and clear, and is provided to an appropriate person in a timely manner with the consent of the older person.



Topic 2

In this topic you will learn how to:

- 2A** Identify and review factors in the older person's lifestyle that might affect their level of risk
- 2B** Use appropriate tools and methodologies to determine risk based on physical indicators
- 2C** Assist with risk assessment ensuring to minimise unnecessary discomfort to the older person and maximise their participation
- 2D** Use the support of carers to identify risks
- 2E** Recognise the older person's risk factors based on medical history, measurements and findings
- 2F** Identify the older person's needs, issues and concerns outside the scope of your practice

Contribute to the identification of risks

To work effectively with people in a community services setting you need to be able to recognise the signs that things are not going well for the older person.

As a support worker, you may have more contact with the older person than most other people and you may be best placed to notice and act upon worrying changes in their attitude, behaviour or circumstances.

To make sure you have correctly read the situation, you need to also be a calm and clear communicator able to show empathy and understanding, ask the right questions in the right way, and quickly call upon and engage the necessary assistance.

Family violence

Older people may also be at risk of harm in their own home from family (or domestic) violence.

Victims of family violence invariably live in fear. Such violence includes physical, sexual, and/or psychological damage; social isolation; and economic deprivation caused by the behaviour of one or more individuals in an intimate or familial relationship.

Family violence may include:

- ▶ physical abuse, such as actual or threatened punching, hitting, choking, throwing or smashing objects, damaging property or injuring pets
- ▶ sexual abuse
- ▶ verbal abuse, including continued verbal harassment, put downs, insults, name-calling and swearing
- ▶ social abuse by isolating a person from family and friends, denying access to the car or telephone, making it difficult to have friends by intimidating behaviour or emotional manipulation
- ▶ financial abuse that occurs when one person controls the family income so the other is either allowed no money or only money for household expenses and nothing for personal use
- ▶ psychological and emotional abuse, including verbal abuse, humiliation, threats, insults, harassment or constant criticism.

Abuse

Abuse can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to the other person by depriving and/or hurting the other person. Unintentional abuse can occur when another person doesn't realise, through ignorance or other reasons, that their behaviour towards the person with care needs is abusive. An example would be when a primary carer hasn't had a break and is caring for someone with very high needs. If there is no-one else the carer can call on, they can become very tired and resentful, and not provide the appropriate care as a result. This is still abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse:

- ▶ The primary carer may be stressed at home or at work.
- ▶ A person may be in debt and may steal from the older person.
- ▶ There is conflict, arguments and fights within the family.
- ▶ The older person may be isolated and alone and the abuser thinks no-one will find out if they treat them badly.
- ▶ A carer may be using drugs or drinking too much alcohol and cannot care for the older person properly.

Report abuse and neglect

Abuse is illegal and you have a duty of care to report all forms of abuse as soon as you become aware of it. You should report situations of abuse directly to your supervisor or manager.

Abuse in aged care services is referred to elder abuse. All adult victims of abuse have the right to report abuse issues or not. However, under the *Aged Care Act 1997* (Cth), workers in aged care are required to report the sexual abuse of residents. Remember also that abuse is illegal and therefore the person can be encouraged to report any instances of abuse directly to the police.



The *Aged Care Act* (Cth) states that:

‘... if the approved provider receives an allegation of, or starts to suspect on reasonable grounds, a reportable assault, the approved provider is responsible for reporting the allegation or suspicion as soon as reasonably practicable, and in any case within 24 hours, to ...’ (Section 63-1AA).

Neglect

Neglect is when the person with care needs, either through intentional or unintentional acts, is not being provided with basic necessities. Here is further information about neglect.

Neglect

Neglect includes:

- ▶ not providing a person with enough food or drink
- ▶ not spending time with the person – leaving them alone for prolonged periods
- ▶ inadequate provision of clothing or personal items
- ▶ unwillingness to allow for adequate medical, dental or personal care
- ▶ inappropriate use of medication; for example, overdosing a person so they sleep for longer periods of the day
- ▶ leaving the person in the same continence aid for the whole day.

Indicators of neglect

Indicators include:

- ▶ weight loss, dehydration, poor skin quality
- ▶ an unkempt appearance – same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, hair unwashed, untrimmed nails, poor hygiene
- ▶ no dentures, hearing aids, mobility aids or glasses
- ▶ skin burns from urine being in contact with the skin for prolonged hours.

2B Use appropriate tools and methodologies to determine risk based on physical indicators

As an older person's condition changes as they age, you need to be aware of any changes that have taken place so you can inform the appropriate health professional. Further assessments and support strategies may need to be put in place. It is useful to keep a list of the types of professionals who can help you identify conditions that may increase an older person's risk, as such of falling.

It is best to assess risks using more than one assessment technique. This helps build a comprehensive understanding of a person's concerns. For example, a person may not want to appear old and frail so may pretend they are confident. Your observations may tell you otherwise.



Current trends suggest that you actively involve the client in all aspects of their care including assessment. The aged care coordinator has a duty of care to clarify, add to the assessment and act on the results of all assessments.

Standardised tools for risk assessment

Different methods of assessment can be used depending on the context, and the older person's specific needs. Using standardised assessment tools provides a mechanism for benchmarking and providing data from a range of specific areas to identify and determine health risks.

The different methods can include the following:

- ▶ Strengths-based assessment – focuses on an older person's strengths and competencies.
- ▶ Domain-based assessment – focuses on particular domains of health and functioning such as mental health, physical abilities or social needs.
- ▶ Norm-based assessment – focuses on the older person in relation to a predefined population, known as a sample (against their peers).
- ▶ Competency-based assessment – the process of assessing a person's competencies in different areas.



A combination of these methods may be used, depending on the person's needs. Discuss with your supervisor the types of assessment used in the organisation, and ensure organisational policies, procedures, protocols and guidelines are followed when assessment is conducted.

Continued ...

Balance and gait assessment

There are many forms of balance and gait assessment. Examples of these include:

- ▶ the timed 'Up and Go' test where older people are encouraged to walk three metres; older people who take more than 12 seconds are deemed at risk of falling
- ▶ Romberg's test, which involves asking the older person to stand with their eyes shut; if they are unable to maintain balance without relying on visual cues, they are at risk of falling.

Mental status evaluations

Mental status evaluations test people's orientation (being aware of who they are, the time period and where they are) as well as memory and thought processes. Problems with cognitive function can indicate dementia. Impaired spatial awareness can be a feature of dementia. If people are not able to judge distance, depth and the location of objects they are more likely to trip and fall.

Practice task 8

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

Case study

Akot is an aged care coordinator. He conducts an assessment on Mrs Brown using a falls assessment tool. Mrs Brown tells him she is extremely confident she will not fall when carrying out all activities of daily living, circling 10 in response to all of the questions on the scale.

Later, Akot observes Mrs Brown and notes she moves quite slowly and maintains contact with the handrail while walking down the corridor. A worker, Frank, tells Akot that Mrs Brown has experienced episodes of incontinence as she waits until the last minute to go to the toilet.

Akot discusses his concerns with his supervisor to seek direction on what should happen next

1. What indications are there that Mrs Brown is at risk?

2D Use the support of carers to identify risks

Carers and other unpaid volunteers play an invaluable role in promoting the health and wellbeing of older people in their care. They can provide valuable information on the person's current health issues and the services that are effective to maintain their independence.

They often provide unpaid, 24-hour care to their loved ones, making significant sacrifices. Carers often undervalue their role.

You have a responsibility to ensure the older person's carer realises their contribution to their care is valued and appreciated. The carer's involvement in providing the older person's day-to-day care can bring knowledge and understanding to the current risks. They can also provide feedback about successful outcomes or barriers to previous risk minimisation strategies, which will assist in the development of new strategies.



Carer assistance to identify risks

A carer can provide a support worker with information about the older person's living environment, falls history, health and behaviour the older person may have forgotten about or may not think is significant. They may also help the older person feel reassured and comfortable during the assessment process by having a familiar person present.

The carer can assist the support worker to explain the assessment process to the older person in language they understand.

Remember, carers should only be involved in the assessment process with the person's consent and that the older person has a right to choose who is involved in the assessment process.

A key to successfully engage the carer in identifying risks is for the support worker to build rapport with them. The following table provides some suggestions for how to support a carer.

Caring for the carer

- ▶ When meeting with the carer, introduce yourself. If you do not know the person's name, ask them. You should also ask how they prefer to be addressed; for example, by their first name or using a title such as Mr or Mrs.
- ▶ Invite the carer to participate in the assessment process. The assessment should be organised for a time and place that is also convenient for the carer.
- ▶ Provide a chair for the carer as well as the older person. All chairs should be of the same height and size so no-one feels at a psychological disadvantage.
- ▶ Include the carer in conversations about the assessment process. Tell them what will happen and how they can help.
- ▶ Encourage the carer to ask questions.

Example

Recognise the older person's risk factors based on medical history, measurements and findings

The following table lists appropriate specialists who may be consulted during or following assessments of clients with specific health issues.

Specialist	What they can assess/identify
Cardiologist	Assess for heart disease
Continence nurse	Assess a person's continence level
Drug and alcohol workers	Identify signs of substance abuse
General practitioners	Provide you with a person's medical history
Gerontologist	Explain how the changes associated with ageing can increase a person's risk of falls
Neuropsychologist	Identify and assess neurological disorders
Occupational therapist	Identify hazards in the environment
Ophthalmologists and optometrists	Assess vision disorders
Pharmacist	Explain how medications interact and the effects of prescribed and over-the-counter medications
Physiotherapist	Assess muscle strength and posture
Pulmonologist	Assess respiratory disorders
Psychologist	Assess mood disorders such as depression
Registered nurse	Check blood pressure and interpret health/medical information

3B Work with the older person and carer to identify risk minimisation strategies

The strategies selected for implementation should be discussed with both the older person and their carer and/or family members. A carer or family member can provide vital information that will help you choose strategies that are safe and address the older person's needs and preferences. You have a responsibility and duty of care to ensure the older person is comfortable with the risk minimisation options and strategies and to involve them in the whole process, empowering them to make choices. The carer or family member can provide support and encouragement through this process and explain options in a way the older person can understand.



If there is doubt about the right option to use or the options decided upon are outside the scope of your practice, you should discuss this with your supervisor.

Work to identify safety needs

Older people have a right to maintain their independence, to participate in all aspects of community life and to be safe. A safety risk minimisation strategy can help decrease the risk of an older person falling without being overly restrictive. This allows the older person to continue living independently and safely. However, it is your duty of care to make sure the strategy does not overextend the person or require them to do something they are not physically capable of doing. They are the best person to inform you of their capacity and you should listen to their ideas and thoughts about the options. It is important to include a carer or family members in the discussion as they can contribute information that the older person may have forgotten about, or not observed themselves.



Work to identify priorities

The strategy selected must be appropriate to the needs of the older person. You can discuss the older person's concerns and determine what, in their opinion, is their major risk. In addition to interviewing the person, reviewing medical records and previous assessments will give you a picture of the present status of their health and wellbeing. Once you have this information, it will assist you in prioritising the immediate health risks.

For example, when assessing someone susceptible to falls, is it more urgent to tidy up their environment before helping them to walk safely?

You have a duty of care to follow up the results of a risk minimisation strategy and monitor its progress. Your role is to assist in identifying appropriate activities to reduce the risks, and then help to implement the selected strategy. At all times you must encourage and support the older person to participate and where possible include a carer or family member who may be involved in the care program.

Example

Implement strategies in a safe and effective manner that minimises the older person's discomfort

You can only implement a care plan safely and effectively if you have the required skills and knowledge. More information about these requirements is provided in the following table.

Element	What is required	What you can do
Knowledge	Awareness of the health risk minimisation strategy Knowledge of your role in the risk minimisation strategy	Call a meeting to inform all people of their role and responsibility Ask open questions to check the level of understanding
Skills	Reading skills to understand the risk minimisation plan Skills to carry out roles and responsibilities safely and effectively	Assess skills through observation and feedback from others Arrange skills training Provide support
Duty of care	A willingness to carry out their responsibilities Ensuring the older person is comfortable	Communicate the importance of the fall minimisation strategy Involve stakeholders in developing the fall minimisation strategy to encourage them to take ownership and personal responsibility for the strategy's success

4A Monitor the effects of the strategies on the older person

Risk minimisation strategies take time, effort and have financial costs. If the strategy is not working, timely action must be taken to prevent older people and others from wasting their time, become disillusioned and becoming unnecessarily injured.

It is crucial to speak with your supervisor or a health professional if you are unsure about a strategy as soon as you notice it may not be working. It is therefore important to monitor risk minimisation strategies to make sure that the strategy does not cause further harm and that it remains effective. Changes may need to be made to improve the outcomes.



In some cases the older person may let you know if the strategy is not working. More typically, older people and others do not complain or provide feedback unless you actively seek this information. Older people may not complain because they do not feel they have the same level of authority and understanding of the risk minimisation process as you do.

Sometimes older people may not be aware there is a problem. Carers, family members, service providers and other health professionals may be busy dealing with daily tasks. Therefore the responsibility falls to the support worker to make sure the older person receives care that is responsive to their needs.

Monitoring strategies

It is not enough just to implement a strategy and hope for the best – you need to use standardised tools to monitor the progress of an older person's health and wellbeing.

You must be familiar with the methods for monitoring the effects of risk minimisation strategies. Your organisation will be able to provide policies and procedures on monitoring risks and these are usually included in an older person's care plan and progress notes.

The following table describes the purpose of standardised assessments tools for monitoring the effectiveness of risk strategies.

Review incident reports

Incident reports are used to identify when an older person has an incident that causes injury or harm. They should contain the following information:

- ▶ What happened prior to the incident
- ▶ What the person was doing at the time of the incident
- ▶ Where the incident occurred
- ▶ The time of day the incident occurred
- ▶ Witnesses
- ▶ Injuries
- ▶ Follow-up action taken

4C Identify when strategies are not having the desired result and possible reasons for this

You have an obligation to follow up the risk minimisation strategies and report on outcomes. Identifying the effectiveness of risk minimisation strategies is a vital step in maintaining an older person's health and wellbeing. Without this, the desired results will not be achieved. It is also important to follow up any identified risk to understand the possible reasons why the strategies are not being effective. This may include the strategy tasks or it may involve the older person who has not fully engaged or understood the consequences of the strategy.

You will need to develop the skills and knowledge to identify the triggers that cause a strategy to fail. Of equal importance is the need to identify reasons why the risk minimisation strategy will be successful. On the basis of this information you can develop strategies that the older person understands, is comfortable with and will engage in.

Evaluate risk minimisation strategies

You have a responsibility to take quick and appropriate action when a risk minimisation strategy is not working. In the evaluation stage of a strategy, consider the options if it does not seem to have suitable results. For example, if the older person was not willing to leave the house for their weekly shopping, discuss other options, such as referrals to alternative health services.

The evaluation of the strategy should ensure that the service continues to meet the older person's needs and is affordable and accessible.

Reasons why a risk minimisation strategy will be successful

- ▶ It is appropriate to the needs of the older person. Sometimes an older person's condition changes between the time the strategy is developed and when it is implemented. From time to time people may develop a strategy without undertaking a comprehensive assessment of the older person's needs, conditions and risk factors.
- ▶ All people understand what they are required to do. The supervisor must communicate the plan, verbally and in writing, to all involved in its implementation. The aged care supervisor should also check that all people involved in the care plan understand what they are required to do.
- ▶ All people want to carry out their responsibilities successfully. Supervisors can increase a person's willingness to carry out the tasks in the strategy by actively involving them in the development of the strategy.
- ▶ The required resources are available and accessible.

Evaluation of alternative strategies

In the cycle of reassessment, where the original strategy has been modified or replaced with a more appropriate strategy, continue to evaluate the effectiveness of the program. You should be prepared to change the program according to the level of the older person's comfort and the suitability of the strategies in place.

The evaluation is done in consultation with the older person and their carer to ensure their needs and preferences are being met and to gain feedback to determine any barriers to new strategies. Ensure you adhere to the policies regarding privacy, dignity and respect of the older person when providing alternative solutions, and that they participate in any changes occurring in the program.

An explanation of the changes and information regarding the outcomes should be given clearly to the older person and their care providers should also be kept informed.

Support workers require skills to:

- ▶ develop a trusting relationship so the person will tell you how they are feeling about the strategy
- ▶ ask an older person questions about a strategy
- ▶ explain to a health professional why a strategy is not working
- ▶ participate in case conferences/meetings to discuss strategies
- ▶ record the monitoring process and results of strategies
- ▶ identify whether a strategy is working
- ▶ identify when a strategy should be halted until a health professional is consulted
- ▶ understand a range of strategies that can help to reduce the health risk.

Example

Reassess and identify more-appropriate strategies

Colin is 78 years old and lives at home. A paid carer cooks his meals, cleans the house and does his washing. Colin had a hip operation six months ago and wants to retain his independence and dignity so tries to walk unaided. He is slow but careful; however, he has already fallen twice. Colin's GP has given him medication for his blood pressure, but the care team think the environment is the main hazard area, so they clear obstacles from walkways, repair broken steps, make sure all floor surfaces are even and non-slip, and provide Colin with a shower chair and bathmat for the floor.

A month later they re-assess and discover that Colin has fallen again.

At a case conference, the team decide to concentrate on Colin's physical skills by suggesting some exercises for him to do, and arrange for the carer to take him for a walk each day. The GP also reduces Colin's blood pressure medication as Colin reports that he becomes quite dizzy for half an hour after taking it.



Discuss feedback from older person and carer

Feedback gathered from the older person and carer should be discussed with your supervisor and the health professionals involved in the care program. Your role may be to coordinate meetings, document the proceedings and follow up the actions that are decided.

Any issues with developing solutions or better strategies or facilitating problems with group dynamics should be communicated to your supervisor. Your supervisor will appreciate being kept up to date and may be able to help by providing you with suggestions or by speaking with the people in the group directly.



Shared information will assist all stakeholders involved in the care program to develop strategies that are most appropriate to the care needs and preferences of the older person. All feedback should be documented on the progress notes in the care plan and all stakeholders should be informed of any changes in circumstance.

Example

Discuss feedback from the older person and carer with your supervisor and/or the relevant health professional

The way a meeting operates depends on the personalities and communication styles of individual members within the group.

Factors that can help people work well together are discussed here.

Processes

Follow standard meeting protocol. This includes preparing and using an agenda. Allow people sufficient time to discuss issues and document and distribute results of the discussions carried out during the meeting in the form of meeting minutes.

Clear roles

Often people come into negative conflict when they are unsure about the limits of their authority and the authority of others. Clearly define the roles of everyone in the group. Uncertainties about roles and responsibilities can be clarified by turning to documentation such as position descriptions, organisational charts and policies and procedures.

Goodwill and mutual respect

People don't need to agree with one another to have productive conversations. They do need to respect one another. You can help foster respect by raising awareness of the roles of the people in the group modelling respectful behaviour, setting ground rules and encouraging others to consider the value of others in the group.

Conflict

When managed properly, conflict can be good. In fact, differing points of view on potential solutions can help all group members think about the positives and negatives of possible solutions and select a strategy that is most effective in reducing the older person's likelihood of falling.

Remain objective when reporting information

Ensure your documentation is objective and factual. Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability, ensuring that individuals are described in ways that are not affected by judgments, stereotypes, assumptions or opinions.

Confidentiality of an older person's records must be maintained when writing notes or reports.



Disclosure of confidential information

There are some instances in which you are permitted to disclose information as part of your duties. For example, if the person is being referred on for medical treatment, the hospital, specialist or doctor needs to know the person's history, allergies and personal details. You must always obtain the person's informed consent before you disclose confidential information to a third party.

Here are some situations where you may be required to disclose confidential information.

When you may need to disclose private or confidential information

- ▶ You are compelled by law (for example, if the person has a reportable disease or the information is requested by a court of law).
- ▶ A person's interests require disclosure and there is a serious risk that justifies breaching confidentiality; for example, risk of suicide, self-harm or harm to others.
- ▶ There is a duty to the public (for example, there is public threat or concern).
- ▶ The person has consented to the disclosure.

Maintain documentation and reports

Recording and documenting work is an ongoing task. Many actions that are recorded happen repeatedly, but must be recorded each time. Documentation should not be allowed to get out of date, but should be completed as the work is done to prevent errors or omissions. It could be required at any time by other support workers, by your supervisor, other health professionals, and government agencies or for legal proceedings.

Your workplace has procedures and guidelines about how and when documentation is to be maintained.