Contents

The following are a selection of carer statistics from the Carer's Australia website.

Statistics from the Carer's Australia website show that:

- 2.7 million unpaid carers in Australia
- more than 770,000 carers are primary carers
- 300,000 carers are under the age of 24
- 150,000 carers are under the age of 18
- over 1.5 million carers are of working age (18–64)
- 31,600 Indigenous carers are over the age of 15
- 620,000 carers were born outside Australia
- 366,700 carers were born in non-English speaking countries
- 520,000 carers are over 65 years of age
- the estimated replacement value of unpaid care provided in 2015 is $60.3 billion – over $1 billion per week, or 3.8 per cent of Gross Domestic Product.

Identify the importance of family roles and relationships

When providing care for people, it is important to learn as much as possible about the person themselves, their family relationships and the family dynamics. It is also important to establish whether a situation is stable and likely to remain unchanged over a period of time, or whether the roles and situations of various family members, other carers and significant others may change over time.

During an initial interview with the person with support needs, a service provider will seek to make an accurate assessment of their needs.

Below is some information you will need to identify during an assessment.

Information you will need to identify during an assessment
▶ Family and other relationships
▶ Potential support network and visitors
▶ Likes and dislikes
▶ Medical and physical conditions
▶ Their main carers such as a partner, children or siblings
▶ Abilities and strengths
▶ Upbringing, culture, religion and work history

Gather information about family relationships

relevant information about the family relationships and dynamics of the person requiring care or provide the opportunity to share this information. Family dynamics are significant, some families have difficulties in their relationships and the person with care needs may prefer that only certain members of their family are involved in

Here are some effects of family patterns which you may observe.

The effect of family patterns on a person can include:

▶ time able to be spent on specific caring tasks and other household duties

▶ money available for purchase of regular and special items through household budget or funding sources

▶ transport available to access community activities, or complete chores and tasks

▶ the variety of recreation options and interests experienced, and the ability to participate on a regular basis

▶ the level of supervision able to be offered on a regular basis including overnight

▶ the level of risk from various sources such as during activities or time spent alone.

Impact of the caring role on family, carers and friends

Taking on a caring role can have a significant impact upon the carer, as well as affecting friends, family members and other significant people. Caring duties can be extensive and time consuming, and can mean there is less time and attention able to be devoted to maintain relationships and participate in social and recreation activities.

Research tells us there are many impacts for a carer, regardless of whether they are also a friend, family member or other person. Some of these impacts are discussed below.

Mental health

Many carers experience poorer mental health and have higher rates of depression and other mental health difficulties than non-carers. Depression is also high amongst family members of someone who is providing a caring role to another person. Factors such as caring for other people, having complex living situations or caring for someone with high or complex care needs are associated with negative mental health outcomes for carers.

Physical health

Carers tend to have poorer physical health than people who are not carers. This trend exists across all age groups – it is not limited just to older carers. Many of the factors which make mental health worse for carers also apply to physical health parameters. Carers who believe they require more support tend to have lower levels of physical health compared to carers who feel they are currently receiving the right level of support.

Finances

Caring has a significant impact on finances and the ability to budget, save and build wealth for the future. Financial hardship is more common amongst families where a caring role is being fulfilled than in families where there are no carers. Caring tends to have an effect on the ability to maintain employment, with many carers giving up paid work to take on caring duties.

1B Work in a manner that recognises and supports the carer's relationship with the person

Being aware of the family relationships and dynamics means you can provide care in a way that acknowledges the value, difficulties and importance of the relationships of which the person is a part. It means that in supporting them, you can assist the family members in a way that works with their caring roles. This may mean helping them to overcome difficulties they may have in providing support or helping them to come to terms with the condition or disability of their loved one.

Remember that not all relationships between a carer and a care recipient are based on close family links – sometimes a carer may be a neighbour or friend, rather than a relative. It is also useful to remember that some carers are in a period of transition in their lives and may need specific support to help them move from one role to another. For example, a young carer may need assistance to move from being a student who provides care to a parent to being someone who lives independently in their own home and has a paid job.

Recognise and support the carer's relationship the person with support needs

Carers may have a range of different relationships with care recipients. The carer may be from the care recipient's immediate family (a parent, spouse/partner, child or sibling), from the extended family (a grandparent, aunt, uncle, niece/nephew or cousin) or even a friend or neighbour.

You must be aware of the relationship between the carer and care recipient, and actively support this relationship. It is important to acknowledge that the carer and care recipient may have a relationship that extends beyond the commencement of the caring role. They may not see their relationship as one of carer and care recipient, but rather in the context of who they are to each other: husband and wife, father and son, brother and sister and so on.

Understand the relationship status

It is important to understand the history and condition of the relationship between the carer and care recipient. Some people take on the role of carer for someone they have a deep love or respect for and some carers provide care out of a sense of duty, out of a sense of concern for others who would have to provide the care if they did not, or because they feel they have no choice. Understanding the status of the relationship, especially if it is not particularly harmonious, is essential to planning supports for the

Family members

Family members have the right to expect services and supports which meet their needs and are provided in a fair and equitable way. They have the responsibility to share relevant information and to support safe work practices for staff in their home. They may be asked to agree to meet particular responsibilities as part of a service agreement. They have the right to receive information in an accessible way and to be kept informed as required and appropriate.

Friends

Friends often have a less formal role and different rights and responsibilities within a caring relationship. They are free to make their own choices and decisions about how much they commit to the relationship. Friends may be providing unpaid care to a person and so may then have the right to receive support as a carer. Friends offer social and recreation support and friendship, and this can be vital in maintaining the primary caregiver relationship. Friends have the same rights and responsibilities as other people under Australian law.

Support worker

The support worker has a responsibility to carry out their work tasks to the best of their ability and in line with the requirements of their employer. They should follow lawful instructions given to them by their employer and ensure they comply with legislation, policies and procedures. They have the right to be able to work with the protection of relevant workplace laws such as anti-discrimination and work health and safety laws. They have a responsibility to document their work tasks, make reports, liaise with others and act on issues as required in their role.

Support the carer to meet the person's needs

Sometimes a carer may not have the skills or knowledge to perform a task and so cannot fully meet the person's needs. By identifying these situations, you can ensure that the support worker either performs the task themselves if it is part of the individualised plan, or notify the supervisor to ensure that some action is taken to meet the person's need. This may include adjusting the plan, making a referral to a service that can provide the required support, or providing information or education to the carer so that they can develop the skills or knowledge to meet the need.

Help carers work safely

You may observe carers performing tasks in a way that is unsafe for the carer and/ or the person with care needs. The task may be being performed incorrectly, or it may be too difficult or risky for the carer to manage safely. Support workers should report such concerns to their supervisor and obtain advice on the correct action to take to ensure that the tasks are performed safely in the future. It may be appropriate to offer suggestions or answer questions about better and safer work practices in some situations. It may also be useful to provide information about resources and technology tools which can make many tasks easier and safer to perform.

1D Involve carers and families in the design and delivery of support services

When planning care and support for an older person or a person with a disability, there is usually a team approach involving workers and professionals who contribute information and recommendations to the planning process. This is sometimes called a multi-disciplinary approach. Each of these workers or professionals will have information based on their areas of work or expertise. This approach is useful because it can draw on the skills and knowledge of many different professional areas.

However, it is vital that primary carers and family members have input into the design and delivery of services, as these people form part of the support team. All support services should be designed and delivered using a person-centred approach, with the person receiving services in a position to direct, plan and inform others about their own requirements and desires wherever possible.

Actively involve the carer in care plan development

Where the person with support needs has a carer, the carer should be included as an essential part of the care planning team. A carer will often have detailed knowledge of the person's history and experiences, their everyday needs, and their emotions and triggers for behaviours of concern. For people who are unable to express their own thoughts or needs, a carer can provide essential information about the person's care needs and can show how to use assistive technology or communication tools.

Support workers should ensure the carer's active involvement in the planning of care for the care recipient. The first step is to acknowledge the relationship the carer has with the person in care, and build a care plan around that relationship. This could involve identifying, working with or overcoming some of the issues that carers themselves may experience. Support workers may need to assist carers to identify their strengths, and the strengths of the person receiving care, so that a suitable plan can be developed.

Policies and procedures relating to carers and families

When you are working within an organisation it is vital you have a sound understanding of the relevant policies and procedures which apply to your work. These will vary depending upon the type of work you do, your work location and the level of responsibility and autonomy of your position.

Here are some examples of policies and procedures which might be applicable to working with carers and families.

Topic 2

In this topic you will learn how to:

2A Assess potential risks of change to the care relationship

2B Support the person, carer and family to identify and use strategies that maximise positive aspects of transition

2C Support carers, families and friends to maximise ongoing support

Assess and respond to changes in the care relationship

Care relationships do not always remain the same. Sometimes situations and people can change over time and the relationship they have with others can change also. This can occur for many different reasons, including moving to a new life stage, changes in family circumstances, new and different care and support needs and changes in the ability of the carer to continue to provide care. It is important that as a support worker you are sensitive and alert to changes in situations and that you are ready to respond to changing needs. You may need to offer new or different kinds of support, or help people in the caring relationship to focus on the positive aspects of a transition which might be occurring.

2A Assess potential risks of change to the care relationship

In some situations the care relationship between a carer and the person receiving care may not remain stable. Changes in the capacity of the carer to provide care and support may change for a variety of reasons. The carer may not be able to maintain their ability to care for the person in the short-term and may require some additional support. In some situations the carer may not be able to provide care in the longer term, leading to a need for consideration of alternative care arrangements.

As a support worker, you need to be alert to changes in the care relationship and consider how to assess potential risks which might arise when a change occurs. Changes in the care relationship can result in both physical and psychological risks of harm for both the carer and the person receiving care and support. You may need to take some action or seek further advice about how to provide appropriate support to help the caring relationship to become more positive and to facilitate its ongoing maintenance.

Life cycle transitions

There are key points in life where transitions occur. These are sometimes known as life cycle transitions. They refer to a time of change and movement from one life stage to another, such as moving out of home, retiring, or starting a family. They do not occur at specific ages, although they are often at approximately the same age for many people. Support workers need to know about life cycle transitions, as they will often affect the people with whom they work.

Understanding and being able to plan ahead for a life cycle transition means you can offer appropriate support and guidance at these times, if it is required. Some examples of life cycle transitions include attending school, leaving school, becoming an adolescent, becoming an adult, beginning work or study, finding a partner, having children or deciding not to have them, reaching middle age, retiring from work, changing life direction, becoming elderly and planning for end of life.

There are many positives and negatives associated with life cycle transitions. These include the following.

Positive impacts	Negative impacts
Positive impacts associated with life cycle transitions include:	Negative impacts associated with life cycle transitions include:
▶ greater autonomy and control	▶ less time for recreation
▶ sharing of tasks and responsibilities	▶ greater demands from others
▶ increased independence	▶ cost of activities and items
▶ improved self esteem	▶ distress, depression and worry
▶ happiness and satisfaction with life.	▶ challenges to sense of self.

2B Support the person, carer and family to identify and use strategies that maximise positive aspects of transition

Times of transition can be challenging and confronting for both the primary carer and the person receiving care and support. Change is often not easy at the best of times and it can be even more problematic when there are additional considerations, such as the need to plan for complex care needs, manage financial issues or provide appropriate support for mental or physical health care needs which may be occurring.

You have learnt about the positives and negatives associated with life cycle transitions. At times of transition it is useful to focus upon the positive aspects of the situation and to help the person, carer and/or family members to think about how to make the best of the situation. This can assist in promoting a positive and effective transition from one situation to another and also in helping establish continuity of care and support.

Here are some indicators that you could look for to determine if a transition or change has been positive.

Positive outcome indicators that suggest a transition has been successful include:

▶ positive feedback provided by the person receiving care and support

▶ positive feedback provided by primary carer and/or family members

▶ observation of the person in a new situation with positive comparisons made to previous situation

▶ decrease in behaviours of concern (if these were present prior to the transition)

▶ maintenance of previous skills and abilities or increase in skills and abilities

▶ positive quantitative information sourced from formal assessments by professionals.

Types of transition

During a person's life stages there are often periods of transition. A transition simply refers to a change and often occurs when there is a movement from one life stage to another. Transitions can also occur when there is a difficulty or breakdown in current caring arrangements, or when a primary carer elects to make a change in the current situation. As part of this process, situations and arrangements may need to be altered to ensure continued and appropriate support for a person receiving services.

By understanding the types of transitions which can occur, you will be able to provide appropriate support and be sensitive to changing needs and emotional responses. You should aim to offer kind, gentle and positive support during a period of transition as this will assist the person to feel more settled and calm during the changes which occur. Focussing on elements which are constant and positive can be helpful in promoting this sense of stability and calmness for a person.

Identify strategies to maximise a positive transition

There are several strategies which can be used to help maximise a positive transition for carers, the person receiving care and support, and/or family members. Strategies should be selected which take into account the situation and specific needs and characteristics of the people involved. Think about how to identify strategies which take account of cognitive and physical abilities as well as cultural and linguistic issues which may need to be considered.

Some suitable strategies to maximise a positive transition might include the following.

Strategies that could be identified to maximise a positive transition
Research options Examine the possibilities for a transition, such as considering alternative living situations or investigating other funding models, service providers or programs.
Seek input Involve carers, the person and others in the transition decision process using a person-centred approach and taking note of their input.
Test and trial Complete a trial transition, if possible, to test whether the experience is likely to be a positive one.
Seek feedback and evaluate Seek feedback from the person, carers and others to evaluate success and inform future planning processes.

Service delivery philosophy and models

Many different models and philosophies exist within the community services sector. It is important to consider the best practice models which are used currently and ensure you do not use old ways of thinking such as the medical model, which sees disability as a problem which requires a solution and focuses on loss of ability rather than strengths and abilities. As work in the community services sector has developed it has become more appropriate to adopt models and philosophies which are fully inclusive, person focussed and individualised.

There has also been a growing movement towards capacity building models within community organisations and structures so that services are provided within the community rather than being seen as specialised and isolated from everyday community life. This approach means that generic services become increasingly able to provide support to a wide and diverse range of service users, decreasing the need for specialised, segregated service provision. It is also an approach which is seen in the universal design principles of some equipment and tools, with web pages, technology tools and buildings being designed to provide universal access and inclusion for all. There is also a strong focus on families and individuals and working together in a partnership model with people who are receiving

Strength-based approach

A strength-based approach to community service practice identifies and uses a person's inherent strengths and interests to assist with growth and empowerment.

Strength-based practice (SBP) focuses on the potential, strengths and capabilities of a person. SBP engages people with respect and dignity and aims to enhance the strengths of the person.

Strategies to promote SBP when working in the community services sector are to:

▶ engage the person in capacity building

▶ empower the person

▶ recognise the person's strengths

▶ affirm the potential in the person.

Empowerment approach

With an empowerment approach, the focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives. By doing this, you will always be working to uphold people's rights and foster the development of new skills, abilities and confidence. It is a little bit like trying to do yourself out of a job – by adopting an empowerment approach you are working in a way which means the person becomes more and more able to direct, plan and implement their own solutions and in doing so, reduces their reliance on you as a support worker. Empowerment is particularly relevant in situations where the focus is on building confidence, daily living skills and the ability to direct, plan and run tasks related to daily life, work, employment and recreation.

Active support

Active support goes hand in hand with a person-centred approach as it encourages the person to be an active participant in as many activities and tasks within their own life as possible. It moves away from a model where care and support is planned, timed and directed by another person and instead sees the person in charge and assuming responsibility for activities wherever possible. The focus is on engagement and support rather than on reliance and dependence.

Strategies to work positively

The strategies you elect to use to work positively with different groups of people should be focused on promoting genuine, positive and respectful relationships. Depending on the person and the situation, you may need to do this in different ways. For example, the strategy you use with a an older carer who is from a Torres Strait Islander background might be quite different to the strategy you use with a young adult friend who is disengaged from mainstream education. However, the basic principles remain the same – strategies need to be based on a genuine, positive and respectful relationship.

Here are some options you might consider when working with families, carers and friends of a person who is receiving support services.

2C Support carers, families and friends to maximise ongoing support

Carers, families and friends often provide a significant amount of care and support to a person. This can include providing physical, emotional, social and practical advice and support to assist the person in many different ways. Support through various services such as short- and long-term respite care, discretionary funding, advice and information services, counselling, transition planning, in-home support services and packaged funding arrangements can all help ensure the existing care arrangements are able to continue. For many people, this means they are able to continue living in their preferred location (often the family home) and are able to plan and direct their own care and support. Relationships between the person and their carer, family and friends can be maintained more easily and the person is able to continue to live and enjoy active participation within their own community.

Some approaches to help maximise ongoing support for carers, families and friends include the following – check which might be applicable for people receiving support services.

Service options to help maximise support
▶ Short- and long-term respite care
▶ Discretionary funding
▶ Packaged funding allocated to individuals or families
▶ Advice and information/referral services
▶ Transition planning/case management
▶ Counselling and emotional support
▶ In-home support services including personal care and community access support

Summary

1. It is important to assess how various risks might impact upon the carer, family and person receiving support and to consider both physical and mental health/emotional parameters.

2. Support workers should look for indicators to suggest that a positive transition has been achieved for a person, such as when transitioning from one life cycle stage to another, which may involve a change to caring arrangements or living situation.

3. Changes to the care relationship can have positive and negative impacts for the carer and the person receiving support.

4. Best practice models of support should be used in community services work, including person-centred services, active engagement, capacity building within communities and families and respectful, genuine partnerships.

5. Strategies such as active listening, respectful and courteous communication and consideration of individual needs can assist in working positively with a person.

6. Approaches such as respite, information and referral, in-home support, case management and transition planning can all assist in maximising the support which can be offered by family, carers and friends.

3A Respect confidentiality and privacy

Confidentiality and privacy are two extremely important concepts in community services work. You need to understand these concepts in a broad sense and also be prepared to learn more about the practicalities of how they are applied in individual work situations. Confidentiality and privacy requirements vary depending on a number of factors, such as the age of the person with whom you are working, the type of information or task and your own role in the situation. Your supervisor should be able to guide you in how to apply organisational policies and procedures related to privacy and confidentiality in your workplace, particularly in situations involving children.

Confidentiality and privacy can refer both to the collection and use of information and also to specific tasks which are performed. For example, you might collect information about a carer or person receiving services on a form which should then be stored in a way which protects confidentiality. You may also need to think about privacy when you are meeting with a person to discuss sensitive issues – consider actions like closing the door or holding the meeting in a private space, rather than a public area. You should also be prepared to undertake ongoing learning in this area, as legislation and frameworks or standards do change from time to time, so you cannot assume that what you learn now about privacy and confidentiality will remain unchanged.

Privacy and confidentiality

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details and think about how you carry out tasks, hold discussions and manage information carefully. You generally need the person's consent if you wish to talk about their situation with others, such as when you are making a referral to another agency. Often people are happy to give their consent because they know you want to help. You should always check that the person providing consent is able to do so – some people will have consent provided by others (such as a child who has consent given by a parent).

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 and you should be aware of what these are and how they might affect your work.

Applicable federal laws related to confidentiality include:

▶ *Privacy Act 1988* (Cth)

▶ *National Health Act 1953* (Cth)

▶ *Crimes Act 1914* (Cth)

10 **Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

11 **Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

12 **Access to personal information**
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.

13 **Correction of personal information**
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Personal privacy for individuals

Sometimes the work done by support workers requires particular attention to be paid to personal privacy. This type of privacy is quite different to that which is covered by legislation – it refers instead to the personal privacy which is incumbent upon you to provide, as part of good work practice as you carry out particular tasks. You should think carefully about the location you are in when you are performing various work, particularly personal care tasks or sensitive discussions, and consider the implications for others observing or listening to your work. Here are some examples of situations where you would need to be particularly mindful of how you carry out a task to ensure the personal privacy of the person.

Be mindful of privacy in the following situations
▶ When performing personal care tasks in situations where another person may enter the room unexpectedly
▶ When holding a meeting and discussing personal care tasks
▶ When making a phone call about a person receiving services
▶ When a partner or other family member is at home when you are working directly with a person
▶ When the dignity of the person might be put at risk if they were observed by another person

Breaches of privacy and confidentiality

As a general rule, you should actively avoid breaching the confidentiality and privacy rights of a person receiving support services as well as their carer. This means you should mostly act in a way which means that you keep information you gain through the course of your work in a safe and secure place, and do not share it with others. People receiving or seeking community services expect that what they tell you or what you observe will be respected, and they trust you to act in an ethical and appropriate manner. In most situations, you should avoid breaching the trust placed in you by the people with whom you work. If you observe another worker

Example

Respect the confidentiality and privacy of the carer

You are working with Jonti, the mother of a young man who has some significant difficulties. Jonti tells you she is reaching a point where she feels she cannot cope anymore. You carefully question her to establish what she means by this statement. She laughs and reassures you that she does not mean she is contemplating suicide – simply that she is feeling frustrated and upset by her situation. You ask her if she will give you permission to make a referral to another service which is able to offer some counselling and case management, which you think will help her. She gives you permission to make the referral and seems happy that things are progressing finally. You make the referral, confident that there is no need to breach confidentiality regarding her 'not coping' statement, and also pleased that she is happy to be referred to a service for some more support.

Practice task 8

1. Give three examples of situations where you may need to breach a person's right to confidentiality.

2. What are three possible sources of information about maintaining the confidentiality of the people with whom you work?

3. You decide to leave a person's file on the reception desk as you will need it for a meeting first thing in the morning and you do not want to forget it. Is this acceptable – why or why not?

Common boundaries

Here are some common boundaries a support worker may have in their role.

Examples of work boundaries for a support worker include:

▶ being able to prompt the person about, but not give, medication

▶ not being permitted to use their own car to provide transport

▶ having a 'no-lift' policy

▶ not providing details of their personal life to the people with whom they work

▶ not accepting gifts from people or carers

▶ not providing care, support or other services outside those listed in relevant documentation.

Issues that can affect the carer's health and wellbeing

Across Australia there are around 2.7 million people who carry out a caring role. Many of these experience difficulties related to the physical and emotional health and wellbeing. As a support worker, you need to have a good understanding of the far reaching impacts of caring and how it can affect people in different ways. This understanding will make it easier to empathise with and show respect for carers and also to think carefully about how to provide appropriate, focussed and meaningful support. Many factors related to poor health and wellbeing are linked, with one factor often leading to another. For example, a carer might have less employment opportunities, which reduces their discretionary income, which makes it cost prohibitive to keep up their gym membership, which means they experience lower levels of fitness.

Some of the research and information we know about the effects of caring can include the following physical and emotional health effects.

Physical health effects	Emotional health effects
▶ Lower physical health	▶ Very limited social contact
▶ Higher rates of disability	▶ Financial hardship is common
▶ More long term health conditions	▶ High unemployment rates
▶ Poor nutrition	▶ High schooling dropout rates
▶ Lower physical fitness	▶ Higher incidence of mental illness

How discrimination can affect carers

At times, some people may discriminate against another person. 'Discriminate' means to treat someone unfairly or favour others. People who provide care to others are sometimes discriminated against simply by virtue of their association. For example, a carer might be denied access indirectly to a venue because the person they are with is unable to access the venue as they are a wheelchair user and cannot get up a flight of stairs. Workplaces and the wider community must promote equality for everyone. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs. You have a legal obligation to avoid taking any actions which are discriminatory towards a carer

Document and report negative impacts

When negative impacts of the caring role are identified these should be documented and reported according to your workplace policies and procedures. By documenting and reporting negative impacts you make it easier for appropriate support and assistance to be provided to a carer. For example, careful and accurate reporting might indicate the need for additional respite services to be provided at particularly high stress periods during the week. Members of your work team or your supervisor should be able to guide you in the appropriate recording and documentation needed for your workplace.

Methods for reporting impacts

▶ Report directly to your supervisor by phone, in writing or face to face, to seek advice or referral to another service.

▶ Document your observations about negative impacts to the carer's lifestyle in client progress or care notes.

▶ Complete an incident report form documenting potential or actual dangers to the carer, care recipient or others

Record and report information effectively

All changes you observe in a care recipient or the carer must be recorded according to your organisation's policies and procedures. Information must also be stored securely and should only be shared with authorised personnel according to privacy and confidentiality requirements. Always follow your workplace policies and procedures.

When you record information you should:

▶ be factual

▶ be accurate

▶ be clear

▶ be brief but be complete

▶ follow organisational requirements

▶ check what you have written.

You will also need to store information, either manually or on a computer system.

Information must be kept safe and you are bound by law to keep client information private and confidential. Always read, understand and follow your procedures, particularly WHS and emergency procedures. Ask for help if there is anything you don't understand. If you are working in a person's home, you should call your supervisor.

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3D Provide carers and families with information about carer support services

Some carers you support will have to deal with an array of issues. For example, they may have had to give up work to take on the caring role. This may have led to the carer having less disposable income and they may then experience financial difficulties. They may have become socially isolated due to the amount of time it takes to care for the person with care needs or the costs of socialising. All the issues impacting the carer will have a detrimental effect on their health and wellbeing. It is not surprising to find that some carers will die before the person they care for, due to the stress related illnesses they develop in their caring role. It is essential that you provide the carer with information that will support them in their role and assist in maintaining a standard of health and wellbeing.

Carers Australia

A service system that supports carers in Australia is headed up by Carers Australia. Their role is to advocate nationally for carers, and to lobby Governments and peak bodies to bring about change to the service system to better meet the needs of carers. Carers Australia collects statistics on carers in Australia and has input into policy development to ensure the vast growing number of carers have better supports available to them to ensure they can continue to take on a caring role. You should ensure you keep up to date as part of your regular professional learning about carer issues. Information is available through the website for Carers Australia and your State/Territory Carers Association.

You can learn more about Carers Australia at:

▶ www.carersaustralia.com.au

Carer associations

Carer support is available in all states and territories through specific carer associations, and also through mainstream services such as Lifeline and Beyond Blue. Carer Associations provide a range of services including phone counselling, information provision regarding services carers can access in their local area, information about specific care needs; access to resources; education and training around carer issues and they also act as a lobby group to get a better deal for carers.

Provide support that assists carer to achieve positive lifestyle outcomes

You can help and support the carer to achieve positive, preferred lifestyle outcomes. Support will depend on the carer's needs, the person needing care and what resources are accessible. Respite care in the person's home, at a day program, overnight respite house or in a residential care facility may be available. There may be other programs, such as recreational or community access programs, which take the person with care needs out of their home for a day or longer. There are also services which can be used in times of emergency or crisis, such as when a carer becomes suddenly ill or experiences a mental health episode, such as a period of acute anxiety or a panic attack.

If you provide support in the person's home, you could suggest that the carer use the time you are there to participate in those activities they are unable to do when they are providing care. If you provide support or activities for the care recipient outside the home, talk with the carer about the things they plan to do while the care recipient is away from the home. You could also provide information about contact phone numbers, websites and services which can be accessed in times of emergency or out of regular hours.

Encourage carers to pursue their own lifestyle choices

It may be difficult at first for carers to use the time they have away from their caring role to pursue their own lifestyle choices. You can encourage carers to plan how they might use the time to best achieve those things they want to do to meet their lifestyle needs. Reassure carers that although the first few experiences of respite can be daunting and difficult, taking a break is essential to maintaining their own health and wellbeing. If time pressures are limiting, explore ways the carer could maintain their interests without using up a lot of their time each week. For example, they could join a club or group close to home or join an online network as well as a face to face one.

Carer health and wellbeing

You can also reassure carers that maintaining a positive lifestyle for themselves will also help in their caring role by giving them time to rest and feel rejuvenated, with positive benefits to the person in their care. Remind carers that if they are in better physical and emotional health, they will be better able to continue providing care in the longer term. Sometimes situations may arise where a carer is in an extreme situation and is unable or unwilling to provide care, or is experiencing a significant physical or mental health issue. At these times you may need to take action and perhaps breach confidentiality to ensure the safety and wellbeing of the carer and the person for whom they care.

Here are some examples of choices carers can make.