## Version control & document history

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of modifications made</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 August 2016</td>
<td>Version 1 final produced for course launch.</td>
<td>V1.0</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

This is an interactive table of contents. If you are viewing this document in Acrobat clicking on a heading will transfer you to that page. If you have this document open in Word you will need to hold down the Control key while clicking for this to work.

## Learner Guide Cluster

| Your Learning Resource Kit | 5 |

## Chapter I: Healthy Body Systems

| Human Cells, Tissues and Organs | 11 |
| Human Body Systems | 15 |
| Systems Working Together | 54 |
| Basic Body Maintenance | 55 |

## Chapter II: Individualised Support

| Ageing and Disability | 63 |
| Policies and Procedures | 66 |
| Service Delivery Models | 67 |
| Person-Centred Approach | 71 |
| Independence | 79 |
| Privacy and Dignity | 83 |
| Duty of Care | 86 |
| Risks in the Workplace | 89 |
| Safety and Feeling of Security | 91 |
| Communication | 95 |
| Role and Responsibilities | 103 |
| Independence | 105 |

## Chapter III: Independence and Wellbeing

| Quality Improvement | 111 |
| Person-centred Approach | 115 |
| Stages of Human Development | 117 |
| Physical Needs | 119 |
| Social and Recreational Needs | 125 |
| Emotional Needs | 131 |
| Cultural and Spiritual Needs | 139 |
| Sexuality | 144 |
| Comfort and Safety | 150 |
| Requirements for Good Health | 156 |
| Support for Older People | 158 |

## Conclusion

| 159 |

## Feedback

| 160 |
Description

HLTAAP001 Recognise healthy body systems
This unit focuses on the elements, performance criteria, performance evidence, and knowledge evidence needed to show competency in recognising healthy body systems. In this unit, the essential outcomes are:

- Work with information about the human body
- Recognise and promote ways to support healthy functioning of the body

CHCCCS023 Support independence and wellbeing
This unit focuses on the elements, performance criteria, performance evidence, and knowledge evidence needed to show competency in supporting independence and wellbeing of clients in an aged care facility. In this unit, the essential outcomes are:

- Recognise and support individual differences
- Promote independence
- Support physical wellbeing
- Support social, emotional and psychological wellbeing

CHCCCS015 Provide individualised support
This unit focuses on the elements, performance criteria, performance evidence, and knowledge evidence needed to show competency in supporting independence and wellbeing of clients in an aged care facility. In this unit, the essential outcomes are:

- Determine support needs
- Provide support services
- Monitor support activities
- Complete reporting and documentation

About this Cluster of Units
These units were clustered together because they form the essential knowledge and skills that anyone studying to become an aged support worker should know about working in an aged care facility.
Your Learning Resource Kit

Your Learning Resource Kit for each unit consists of:

1. **Learner Guide** - provides you with structured learning activities to help you absorb knowledge and information and practice your skills; direct you to other sources of additional knowledge and information about topics for this unit.

2. **Assessment Workbook** – provides you with Written Assessments, Case Studies and Scenarios that are submitted to your assessor.

Using This Learning Guide

A learning guide is just that, a guide to help you learn. A learning guide is not a text book.

Your learning guide will:

- describe the skills you need to demonstrate to achieve competency for this unit;
- provide information and knowledge to help you develop your skills;
- provide you with structured learning activities to help you absorb knowledge and information and practice your skills;
- direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most out of Your Learning Guide

Read through the information in the learning guide carefully. Make sure you understand the material.

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

- talk to your facilitator;
- research the area using the books and materials listed under Resources;
- discuss the issue with other people (your workplace supervisor, fellow workers, fellow students.
- try to relate the information presented in this learning guide to your own experience and to what you already know.
- 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.
- Talk to people about your study.
- Talking is a great way to reinforce what you are learning.
• Make notes.
• 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 children’s, fellow workers or with your Vocational Placement Supervisor.

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 has 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 in the Student Centre. 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 Info link, 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 flexible learning facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you 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, and
- 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 e-mail where applicable.
- Keep in touch with you by e-mail or portal message during your studies.
- Forums.

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, study can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it ... and your family and friends want you to spend time with them... and 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,
- you can be reasonably quiet and free from interruptions, and
- you can 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 quiet, 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 flexible learning 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.

In order to complete the course in the twenty week timeframe, you should spend about six hours per week over eight weeks on this cluster. This is a guide only, as the time will vary from student to student.

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:

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.

Underline key words when you are reading the materials in this learning guide. (Do not underline things in other people’s books.) This also helps you to remember important points.

Talk to other people (fellow workers, fellow students, friends, family, your facilitator) about what you are learning. As well as helping 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.
Additional Reading and Note Taking

If you are using the additional references and resources suggested in the learning 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 the 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 learning guide. Put things into your own words. This will give you a better understanding of the material.

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

This learner guide has been provided with some additional links for further reading. Hold the ‘Ctrl key’ from your keyboard and click on the blue highlighted text to open the link.
CHAPTER I: HEALTHY BODY SYSTEMS

1. Human Cells, Tissues and Organs

All living things, including humans, are made up of cells. The cell is the basic unit of all living things. Its basic functions include metabolism and reproduction. Recent researches report that there is an average of 37.2 trillion cells in the body. It does not include the microbes living in the body. Cells group together and form tissues. Tissues are responsible for carrying out particular tasks in an organism. A group of tissues form organs, which perform specific functions in the human body. The organs in the body make up each of the body systems which have specialised functions. The human body has almost 78 organs. One of these is the brain whose primary function is to control all the functions of the body.

The cells in the body have varying shapes and sizes as well as functions. Cells found in the intestines will have a different task with those cells found in the heart. The following are some of the different types of cells and their functions:
Blood Cells
• They transport oxygen to the tissues and collect the carbon dioxide. They also transport nutrients around the body.
• It has three different types: the red blood cells, the white blood cells, and the platelets.

Stem Cells
• These are unspecialised cells that serve as the body's internal repair system throughout life. They have the ability to divide and replicate into other types of cells. They can also become tissues to replace those tissues which have been damaged or worn-out.

Fat Cells
• They make up the adipose tissue which can store fats for energy. Stored fats make the fat cells swell and become round. Used fats make the fat cells shrink.

Skin Cells
• They form together the protective layer of the body. The epithelial cells, or skin cells protect the internal parts of the body from damage and infection, and help regulate body temperature. These cells die and are replaced with new ones.

Nerve Cells
• These are cells that send signals across the brain to other body organs. These can be found mostly in the brain and the spinal cord. Unlike other cells, nerve cells do not multiply.

Muscle Cells
• These provide movements of the muscles through contraction and relaxation of the muscles. Muscle cells have three types: skeletal, cardiac, and smooth muscles.

Sex Cells
• Also called as gametes, sex cells are responsible for human reproduction. Male sex cells or sperm cells and female sex cells or ova unite together in a process called fertilization to form the baby.
Cells undergo chemical processes called metabolism. Metabolism is essential in maintaining life. In this process, the cell extracts energy by breaking down excess amount of carbohydrates, amino acids, and lipids. This energy is used for vital processes inside the body, while those substances required for cellular growth and repair are synthesized.

Cell metabolism has two categories:

- **Catabolism** – substances in the body are broken down to be used as energy
- **Anabolism** – substances in the body are synthesised to be used for cell growth and repair

A grouping of cells with similar shape and function is called tissue. Tissues are found in different organs of the body. The body has four types of tissue:
Muscle Tissue
It is responsible for body movement as it is made up of cells that have the ability to contract. It is the most abundant tissue and the body. Its three major types include the skeletal muscle, cardiac muscle, and the smooth muscle.

Connective Tissue
It binds together the cells and internal organs of the body and keeps them in place. The connective tissue has extracellular matrix, which is made up of protein and polysaccharide matrix. Connective tissue has three types: the fibrous connective tissues (e.g. tendons and ligaments), skeletal connective tissue (e.g. bone), and fluid connective tissue (e.g. blood).

Nervous Tissue
It is made up of cells that comprise the central nervous system and the peripheral nervous system. Its cells receive stimuli and also conduct impulses throughout the parts of the body.

Epithelial Tissue
It is formed by cells that cover the organ surfaces against microorganisms, injury, and fluid loss. It serves as protection between the internal organs and the external environment. Epithelial tissue also specialises in body functions such secretion, excretion and absorption. It can be found in the outer layer of the skin, and lining of the internal cavities of organs such as the digestive and respiratory tract.

Tissues formed together become organs. Organs with common functions are grouped together to form the different body systems.
2. Human Body Systems

2.1 Respiratory System

The respiratory system brings oxygen in and carbon dioxide out of the body through a process called respiration. Lungs are the primary organs involved in this process. Humans inhale oxygen through the nose and mouth which goes to the lungs, and then transported by the red blood cells to the other parts of the body. When humans exhale, red blood cells take away carbon dioxide and send them back to the lungs for release.
Respiration takes the following process:

1. **Air enters the nose or mouth**, where it is regulated by the sinuses. The sinuses regulate the temperature and humidity of the air you breathe.

2. **Air is filtered through the trachea (windpipe) and branches through the bronchi.** The bronchi carry air into the left and right lungs.

3. **Blood passing through the pulmonary capillaries** collect the carbon dioxide, and transport it back to the lungs for exhalation.

4. **The bronchi have smaller tubes called bronchioles.** These have tiny air sacs in the end called alveoli, where the oxygen and carbon dioxide exchange happens.

The **diaphragm** is a muscle that helps with breathing. This muscle contracts and enlarges the chest cavity when air is breathed into the lungs (inhalation), and relaxes when air is breathed out (exhalation). Intercostal muscles which are situated between the ribs facilitate the expansion and shrinkage of the chest cavity when breathing.

**Did you know?**

- Lungs are pinkish white in colour at birth, and darken in adulthood because of the polluted air we breathe.
- The left lung is smaller than the right lung as the left lung shares space with the heart. Also, the left lung is only made up of two lobes while the right lung has three.
- An adult can hold their breath at an average of 30 and 60 seconds. Free divers use a technique such as hyperventilation, to allow them to hold their breath for longer than the average time.
- Lungs are the only organs that can float in water according to a study by the International Journal of Medicine, especially when these are filled with air.
Activity

Watch the video about the respiratory system by clicking on the blue link below. Explain how oxygen and carbon dioxide are exchanged in the alveoli sac.

*Gaseous exchange in the lungs*
2.2 Cardiovascular System

The primary function of the cardiovascular system is to transport blood from the heart to other parts of the body. It also transports oxygen, water, and nutrients around the cells in the body, and picks up waste products for removal. The cardiovascular system consists of the heart, the blood vessels, and the blood.

The Heart

The heart is an organ that is about the size of your clenched fist. It is located in the front and the middle of the chest, and sits between the right and left lungs, slightly towards the left of the chest bone. The heart acts as the body’s pump that aid in the circulation process. The right side of the heart pumps blood to pick up oxygen from the lungs while the left side of the heart takes in the oxygenated blood from the lungs and pumps it around the body.

An average adult’s normal resting heart rate, or pulse is between 60 to 100 beats per minute but this depends on the person’s health condition and activity level. The pulse can be found at the:

- wrists (radial artery)
- inside of the elbow (brachial artery)
- side of the neck (carotid artery)
- behind the knee (popliteal artery)
- near the ankle joint (posterior tibial artery)
Find your pulse

Follow these easy ways to find your pulse from wrist:

1. Turn one of your hands with palm-side up.
2. Gently place two fingertips of your other hand in the groove of the forearm, below the fold of the wrist, and an inch along from the base of your thumb.
3. Move your fingers a bit until you feel the pulsation.
4. To check your heart rate, count the number of beats for 60 seconds. You can also count the beats for 30 seconds and multiply these by two.

You can also check your pulse from the neck (carotid pulse) by placing your two fingers in the groove between the trachea (windpipe) and the large muscle in the neck. This pulse is easier to find but one must be careful when checking from this location. Pressing too hard may cause you to pass out.

Avoid using your thumb when checking your pulse rate as it has its own pulse and may interfere with your counting.

Medical professionals are able to determine the health of a person’s heart and vascular system by identifying the strength of the pulse as weak, faint, strong, or bounding. A steady pulsation means a regular heart rhythm while a skip in the pulse mean an irregular rhythm.

The Blood Vessels

Blood vessels are made up of parts that are responsible for blood transportation. The arteries and veins are primarily involved in this function. The arteries carry oxygenated blood away from the heart to the other parts of the body, except for the pulmonary arteries and the umbilical artery. Pulmonary arteries carry blood to the lungs to receive oxygen. The umbilical artery carries deoxygenated blood from the foetus to the mother during pregnancy.

As the heart pumps, blood is pushed against the walls of the arteries. This is called blood pressure. High blood pressure or hypertension occurs when the force pushing the blood becomes too high. The muscles in the artery push the blood harder, making the muscles grow bigger and the artery walls thicker. When this happens, the arteries become narrow, limiting the flow of blood. Hypertension can cause a blocked or
burst in the artery. A burst artery supplying the part of the brain results in stroke, while a burst artery supplying the part of the heart results in a heart attack. (Blood Pressure UK)

The Blood

Blood is a tissue that actually carries oxygen, nutrients, and hormones around the body. It is mostly made up of a liquid component called plasma, comprising about 55 percent of the blood. Plasma is about 90 percent water and contains substances such as salt, glucose (sugar), enzymes, antibodies, and proteins.

There are three types of blood cells in the plasma:

- **Red blood cells**
  - Also known as RBCs or erythrocytes
  - Contains hemoglobin, a protein which carries oxygen from the lungs to the tissues and cells
  - The most abundant cells

- **White blood cells**
  - Also known as WBCs or leukocytes
  - They are part of the immune system and produce antibodies to defend the body against infection.
  - A low WBC count makes one susceptible to more infections

- **Platelets**
  - Also known as thrombocytes
  - Helps the body prevent bleeding by forming clots
  - A blood vessel sends out a signal to the platelets when it becomes damaged

The blood also helps in regulating body temperature by increasing blood flow which results in warmer skin and faster heat loss on warm weather. On cold weather, the blood vessels limit the amount of blood flowing to skin's surface to protect the internal organs. This is why your skin feels cold on winter.
Blood circulation or the transportation of blood from the heart to the other parts of the body occurs in the following process:

1. Deoxygenated blood comes back to the heart through the vena cava and enters the right atrium.
2. From the right atrium, blood passes through the right ventricle then into the lungs through the pulmonary artery where the exchange of gases happen.
3. Oxygenated blood from the lungs passes through the pulmonary vein to the left atrium then into the left ventricle.
4. From the left ventricle, oxygenated blood moves to the aorta to be delivered to the cells in the body, through the arteries and capillaries.
5. Blood which has become low in oxygen travels back to the heart, passing through the right atrium and into the right ventricle.

Contrary to popular belief, deoxygenated blood has a dark-red colour, not blue. Oxygenated blood appears as bright red. Blood colour is caused by haemoglobin.
Activity

Watch the video about the cardiovascular system by clicking on the blue link below. Briefly discuss the blood’s journey in this body system.

Circulation
2.3 Musculoskeletal System

The musculoskeletal system is made up of two body systems – the skeletal system which gives the body its structure and provides the body with the right amount of blood cells; and the muscular system which facilitates movement and locomotion.

The musculoskeletal system’s functions include:

- Providing form, support, and stability to the body
- Providing the ability to move
- Production of blood cells
- Storing of nutrients such as calcium and phosphorous
- Protecting the internal organs
- Producing body heat
The skeletal system consists of bones and joints and provides support and structure to the body. Its framework, called the *skeleton*, has 206 bones for an average adult. Inside the bone is the bone marrow where blood cells can be found. Joints connect the bones with each other to allow movement. They are held together by ligaments.

![The Musculoskeletal System](image)

The muscular system is primarily responsible for movement. This is attached to the skeletal system. It has three different types:

**Skeletal Muscles**

These are voluntary muscles that support movement. They are attached to the bones by tendons.
Cardiac Muscles

These are the muscles of the heart which involuntarily contract and relax to assist in the blood circulation.

Visceral or Smooth muscles

These are involuntary muscles found in the stomach, intestines, and blood vessels. They contract and relax to allow movement. It is called a smooth muscle as it does not have a banded appearance unlike the two other muscles.

Vasodilation occurs when the blood vessels in the skin dilate or widen due to high body temperature. This causes the smooth muscles to relax. Vasoconstriction occurs when the blood vessels in the skin constrict or narrow due to low body temperature. This causes the smooth muscles to contract.

Activity

Identify each bone from the picture on the next page. Colour the bones using the guide below.

<table>
<thead>
<tr>
<th>Bone</th>
<th>Colour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sternum</td>
<td>dark blue</td>
</tr>
<tr>
<td>Humerus</td>
<td>black</td>
</tr>
<tr>
<td>Radius</td>
<td>green</td>
</tr>
<tr>
<td>Femur</td>
<td>yellow</td>
</tr>
<tr>
<td>Tibia</td>
<td>orange</td>
</tr>
<tr>
<td>Ribs</td>
<td>red</td>
</tr>
<tr>
<td>Ulna</td>
<td>brown</td>
</tr>
<tr>
<td>Fibula</td>
<td>grey</td>
</tr>
<tr>
<td>Lumber vertebrae</td>
<td>light blue</td>
</tr>
<tr>
<td>Scapula</td>
<td>purple</td>
</tr>
<tr>
<td>Cranium</td>
<td>pink</td>
</tr>
<tr>
<td>Cervical vertebrae</td>
<td>dark green</td>
</tr>
</tbody>
</table>
2.4 Endocrine System

The endocrine system consists of hormone-producing glands that regulate growth, metabolism, mood, sleep, tissue function, and sexual function. Hormones are secreted in the endocrine system and are transported by the blood to the organs during circulation.

The endocrine system is made up of the following glands with their specific functions:

- Pituitary gland – This gland is about the size of a pea and regarded as the most important gland as it produces hormones that control the growth and function of other glands in the endocrine system. It is attached in the hypothalamus, the part of the brain that controls many body functions.

The following hormones are produced by the pituitary gland:
- **Adrenocorticotropic hormone**: stimulates the adrenal glands to produce and secrete cortisol, or the “stress hormone”
- **Growth hormone**: regulates growth, metabolism and body composition
- **Luteinising hormone and follicle stimulating hormone (gonadotrophins)**: stimulate the production of sex hormones, and maturity of the male and female sex cells
- **Prolactin**: stimulates breast milk production
- **Thyroid stimulating hormone**: stimulates the thyroid gland to secrete thyroid hormones which regulate metabolism

The following hormones are produced by the hypothalamus and are stored in the posterior pituitary gland:
- **Anti-diuretic hormone**: maintains blood pressure, blood volume, and tissue water content. It controls the amount of water excreted in urine.
- **Oxytocin**: stimulates the contraction of the uterine muscles during childbirth and lactation. In men, oxytocin allows sperm movement and testosterone production.

*Source: You and your hormones*

- **Thyroid gland** – It is a butterfly-shaped organ at the base of the neck. It produces hormones which regulate metabolism, and other body functions such as breathing, digestion, heart rate, muscle strength, body temperature, etc.
  - **Hypothyroidism** (underactive thyroid) occurs when there is insufficient production of the thyroid hormones. Women are more prone to hypothyroidism, and if not treated, it can lead to problems such as obesity, joint pain, infertility, and heart disease.
  - **Hyperthyroidism** (overactive thyroid) is the opposite, where there is excessive production of thyroid hormones. It causes the body’s functions to speed up causing nervousness, anxiety, rapid heartbeat, excessive sweating, etc. Some may develop goitre, or an enlargement of the thyroid gland, causing the neck to swell. Goitre is also caused by iodine-deficiency.

- **Adrenal glands or suprapenal glands** – These produce hormones including adrenaline, aldosterone and cortisol which are helps control stress. These are found above each kidney.
CHAPTER II: INDIVIDUALISED SUPPORT

Support workers provide support and care according to the client's individualised care plan. Care plans provide care directions for the client’s holistic care needs. Holistic includes physical, emotional, spiritual, cultural and social needs.

Care plans are developed with a person-centred approach. A person-centred approach to care planning focuses on the needs, strengths and goals of the individual and a plan is developed to assist the individual to meet their individual needs. The aims of a person-centred approach to care and planning are person empowerment and control over their life and life goals.

Care plans are regularly reviewed and updated by relevant stakeholders (e.g. client, family members, doctor and registered nurse) to meet changing needs to ensure the care plan goals are being achieved. They can be reviewed as required: every three months, six months and/or twelve months depending upon the client's individual needs.

All staff, including yourself, will be responsible for maintaining the care plans for people in your care. It is part of your role and responsibility to document and report to your supervisor any changes in the person's condition and needs.

It is important to know where to located and understand the organisation's policy and procedures in relation to documents and the care planning process. Always ask your supervisor for directions and clarification if you are ever unsure.

1. Ageing and disability

Ageing

With increasing number of older adults in the population and increasing associated health costs, aged care has gained a significant national profile. There is now a clearly recognised need for an appropriate range of choices in residential aged care, respite care and community-based care where the person can stay in their home longer. The philosophy in providing support for our ageing population is now seen to involve:

- more consideration of the issues affecting the older adult's ability to be independent
- a focus on social and family networks providing increased support
- increased assistance for the older adult to remain at home, leading as active a life as possible
increased recognition of the rights of the aged
education of the aged to pursue their rights
free access to multi-disciplinary health assessment
use of institutional care only as a final resort
varied institutional settings allowing for high level care only when necessary
emphasis on preventive programs

Ageing is caused by lifelong accumulation of damage, it begins early. It is important to embrace lifelong approaches to healthy ageing. The following are some of the factors that affect the older person requiring support:

- **Attitudinal barriers** – These are behaviours and perceptions about ageing and disability that cause difficulty or misunderstanding with them and other individuals. Some attitudinal barriers include:
  - Presumption that older individuals are given unfair advantages.
  - Presumption that older individuals are incapable of accomplishing tasks and not given the opportunity to display their skills.
  - Because older individuals may be impaired in one or more major life functions, some people treat them as second-class citizens.
  - Some people feel sorry for older individuals, which tends to lead to patronising attitudes.

- **Physical health condition**

- **Social, emotional and mental health condition of the older person**

- **Access to support from family, carers, financial capacity, etc.**

Other factors include personal choice (how to exercise and preserve it), biological and psychological barriers to independence, and consideration for carer’s health and wellbeing.

When an ageing person has an informal carer, the changes they experience can affect the degree of assistance they provide. Informal carer is broadly defined and refers to any relative, partner, friend, or neighbour who has a significant personal relationship with a person and provides a broad range of assistance for them. Service providers must respect and acknowledge the needs of the carer. If these needs are not met the carer may become distressed and depressed. This can have a negative impact not only on them but also on the person they are caring for.
Another issue older adults can face is *stereotyping*. Stereotypes can be defined as characteristics assigned to entire groups of people. Stereotypes however tend to be biased and are often unflattering ideas about the characteristics of particular groups of people. Stereotypes about ageing and the older adults picture all members of the group as having the same generally undesirable characteristics. Grey hair, forgetful, short-sightedness, deafness, wrinkles, bad temper and intolerance of the young are common ageist attitudes of the older person.

Stereotyping tends to encourage certain attitudes and confirm undesirable perceptions of the group it is applied to. As a result this can cause discrimination towards older adults. This can also cause what are known as ‘self-fulfilling prophecies’, if older adults are stereotyped often enough they can start to believe in the truth of the stereotype and this in turn makes them start to act in the way they are depicted.

Discrimination against clients can be minimised or prevented if policies and procedures about this is set in place. The Aged Care Act 1997 (the Act) makes sure everyone who needs aged care has access to it, where it is available, regardless of their race, culture, language, gender, economic circumstance or geographic location.

Managers and supervisors know the policies about caring for older adults and can offer guidance on ageist attitudes. There are also brochures and books put out by the government departments with advice on stopping ageist attitudes.

**Stereotyping and Ageing**

1. What are the common stereotypes or discriminating attitudes about ageing that you know or you’ve heard of?
2. How do you think would the older people feel when they hear about these stereotypes discriminating attitudes?
Disability

There are a number of key issues that people with a disability are faced with and these include the following:

- discrimination
- access to education and employment
- participation in society
- finances

Lack of access, attitudes and ignorance are barriers that create many difficulties for people with a disability and their families. Disability services must use strategies to help remove barriers that prevent people with disabilities from participating in society. The extent to which people with disabilities participate will vary, but the aim is to maximise their access to opportunities that are available in mainstream society. Disability services must reflect the aims of the person-centred approach in terms of empowering people to pursue their goals and ambitions.

2. Policies and Procedures

Policies and procedures exist within organisations to ensure there is consistency in the delivery of care.

Policies are formal statements that guide the decisions of staff. They combine the values of the organisation within the broader professional and legislative framework to which the organisation belongs. Policies should be consistent with relevant Australian and state legislations, for example the Occupational Health and Safety Act, the Aged Care Act and the Disability Services Act.

Procedures reflect the policies of the organisation. Procedures are step-by-step instructions on how to perform certain tasks and they provide clear direction for all workers. Having procedures in place ensures that everyone knows exactly what to do and how to do it. For example, an organisation's procedure for hand washing, manual handling, complaints/grievances and privacy and confidentiality explains in detail how to carry out these tasks step-by-step.
It is also imperative that if you have any doubts or queries about what you need to do then ask your supervisor or colleagues for answers prior to attempting to do a task. The reason for this is that it may cause harm to your clients, to you or to your colleagues.

Human rights must be considered when making policies and procedures in an aged care facility. The human rights approach incorporated in the aged care reform package to the delivery of services for older Australians, aims to promote people-centred decision-making and real change in organisational culture. (www.humanrights.gov.au)

### 3. Service Delivery Models

There are different service delivery models in aged care. These are in place to ensure that older persons will be provided with the necessary care and support for their ageing needs. Service delivery models in aged care include the following:

- **Residential care** – It offers an on-going care, usually permanent, in residential care facility tailored to an individual’s needs.
- **Respite care** – It offers temporary, short-term care in a residential aged care facility to support both older people and their carers to live at home for as long as possible.
- **Home and community care** – It provides care and support services to assist older individuals to continue living independently in their own home.

The Aged Care Funding Instrument (ACFI) is a resource allocation instrument. It focuses on the main areas that discriminate care needs among residents. The ACFI assesses core care needs as a basis for allocating funding.

The ACFI focuses on care needs related to day to day, high frequency need for care. These aspects are appropriate for measuring the average cost of care in longer stay environments.

The Australian Government pays approved providers an amount of residential care subsidy for each care recipient.

*Residential care subsidy* is paid monthly and is calculated by adding the amounts due for each resident for each day of the month. Providers submit a claim for each month, including the details of each resident for whom they are claiming subsidy in that month. They receive an advance payment in the first few days of each month. This advance payment is then reconciled with the claim for that month and the following month’s payment is adjusted accordingly, either by making an additional payment or by reducing the total amount paid in lieu of the previous month.
The Australian Government also pays approved providers an amount of home care subsidy for each care recipient. *Home care subsidy* is generally paid monthly and is calculated by adding the amounts due for each recipient for each day of the month.

The Australian Aged Care Quality Agency has set the following Accreditation Standards for service delivery models:

**Residential Care**

- Standard one: Management systems, staffing and organisational development
- Standard two: Health and personal care
- Standard three: Care recipient lifestyle
- Standard four: Physical environment and safe systems

Read about these Standards from this link: [Residential Aged Care - Accreditation Standards](#)

**Home and Community Care**

- Standard one: Effective management
- Standard two: Appropriate access and service delivery
- Standard three: Service user rights and responsibilities

Read about these Standards from this link: [Home and Community Care - Accreditation Standards](#)

Older clients usually seek aged care service delivery because they have needs that could not be provided in their own homes. Some of these conditions include the following:

- **Incontinence** – It is the involuntary urination, usually caused by a medical condition. It can affect a person’s emotional, psychological, and social life. This is a common condition in ageing as the muscles in the bladder and the urethra declines in their ability to hold urine.

  When not given proper care and attention, ageing clients who experience incontinence may have symptoms such as smelling like urine, sheets and clothing are stained with urine, and skin irritation.
Dementia – It is a medical condition that is associated with a set of symptoms affecting the brain such as decline in memory, impaired language and communication skills, impaired reasoning and judgment, inability to focus and pay attention.

People aged 65 years and over are most likely to acquire dementia. If their needs are unmet, they would have a loss of:

- Self-esteem and confidence
- Independence and autonomy
- Social roles and relationships

Hearing difficulties – Age-related hearing difficulties can be usually observed through the following symptoms:

- Verbal messages need to be repeated several times
- The client does not react to what you say
- TV or radio is set to loud volume
- Failing to follow conversation in noisy surroundings

Ageing clients who are experiencing hearing difficulties may show symptoms of irritability, negativism & anger, fatigue, tension, stress & depression. They may also have avoidance or withdrawal from social situations.
As a support worker, you have the responsibility of responding to these needs of the clients to ensure that their rights as a person are also upheld. These are the ways to respond the following unmet needs of the clients:

<table>
<thead>
<tr>
<th>Condition</th>
<th>How to respond to the needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinence</td>
<td>• Schedule bathroom breaks</td>
</tr>
<tr>
<td></td>
<td>• Use incontinent pads</td>
</tr>
<tr>
<td></td>
<td>• Keep their skin dry by changing garments when they are wet and applying a barrier cream if the skin is frequently wet</td>
</tr>
<tr>
<td></td>
<td>• Follow their per care plan regarding incontinence</td>
</tr>
<tr>
<td>Dementia</td>
<td>• If the person finds verbal communication difficult, speak slightly more slowly and use simple words and sentences.</td>
</tr>
<tr>
<td></td>
<td>• Do things together - try to do things with the person rather than for them when offering assistance</td>
</tr>
<tr>
<td></td>
<td>• Use preferred communication method</td>
</tr>
<tr>
<td>Hearing difficulties</td>
<td>• Face the hearing impaired person directly</td>
</tr>
<tr>
<td></td>
<td>• Speak clearly, slowly, distinctly, but naturally, without shouting or exaggerating mouth movements</td>
</tr>
<tr>
<td></td>
<td>• Assist client with hearing devices</td>
</tr>
</tbody>
</table>
4. Person-Centred Approach

The Care plan

Every person in your care will have a number of documents and records about their care requirements. The most important document you will work with is the care plan. Each individual has their own care plan as their needs may differ with other clients. A care plan gives all staff, including yourself as support workers, detailed information about the elderly client and their specific care needs. This ensures everybody works together in a consistent way and provides the best quality care for them. Prior to providing care and support as specified in the care plan, it is important to confirm the following with the client:

- Confirm with the client their identity. All care plans must contain information that identifies the client, which includes the client’s name and their date of birth. Some care plans will contain a photo of the client, but this must be in accordance with the client’s permission.
- Confirm the support actions and activities indicated in the care plan.
- Confirm whether there are any changes to the client’s preferences and care needs (e.g. the degree of support required). You must report any changes to your supervisor before these can be documented in the care plan.

Depending upon the client’s individual needs, information in care plans can range from support with activities of daily living (ADL’s) to additional support including community access, behaviour support, and communication needs. ADL’s include personal hygiene, transfer, mobilising, eating, and bladder and bowel care.

A care plan is a ‘dynamic’ document. This means it is reviewed and updated regularly to meet the client’s changing needs. All staff, including yourself, will be responsible for maintaining the care plans for clients in your care. Therefore, it is part of your role to report changes to your supervisor.

A care plan contains information about the following:

- **Care needs.** These include daily activities and problems or issues of the client which have been determined through formal assessment. For example, a client with hearing impairment may be in need of a particular type of hearing aid to help them communicate.

- **Goals and outcomes.** These refer to what level of support is needed and the result of the support after it has been provided. For example, the goal for a client with hearing impairment may be to maintain effective
two-way communication. The outcome can include the client’s increased ability to express their needs with the help of communication aids.

**Interventions and actions.** These are strategies on what needs to be done to support the person to achieve or maintain goals and outcomes. For example, you may be required to clean and check the batteries in a client’s hearing aid every day to ensure that it works properly.

Organisations have different formats for care plans. Follow the organisation’s policy and procedures in relation to the forms used and the procedures for care plan development. Some care plans may require input for development and review from other team members. For example, a Speech and Language Pathologist can develop a care plan for clients with complex communication needs and/or swallowing difficulty. A psychologist can develop a positive behaviour care plan for a client with a disability with behaviour support needs. A Registered Nurse can develop a care plan for personal care needs and complex health needs. Disability support workers could develop a weekly care plan for a client with a disability with input from the client, their family, co-workers, and supervisor.

As a support worker you will be part of the team when care plans are developed. Your role involves providing information about the person to others when care plans are being developed. Support workers directly support clients every day. Because of this, the information that support workers provide is valuable. While supporting people and getting to know the person you are in a position to support the person to express their strengths, interests, goals and health and well-being needs.

It is also your responsibility to work with and maintain appropriate relationships with the people in the team. Through team collaboration, the best possible care can be provided to help meet the client’s holistic needs.
Monitoring, recording, and reporting

Continuity of care and the pursuit of common objectives involve accurate and precise verbal and written reporting and recording of information. Monitoring is concerned with observation and recording of the person’s condition and their holistic care needs. The client’s condition and care needs can be subject to change for many varied reasons. It is your duty of care to report any change in the client’s care needs, health and wellbeing to your supervisor. A client’s care needs can involve the following:

- independence ability
- emotional wellbeing
- personal care
- medical conditions
- physical conditions
- community participation
- changes in behaviour and/or behaviours of concern

Monitoring is also concerned with observation of the person’s progress to the planned targets, achievements, the person’s responses and any changes. It must include input from the client. It is important to support the person to review their own progress. All care plans will have either a record of progress, chart and/or notes to complete. As a support workers it is your responsibility to ensure these are completed.

Any change in the client’s care needs, health and wellbeing must be conveyed to your supervisor immediately.

Records involving the client are legal documents. When writing and maintaining records relevant to the clients, remember the following procedures:

**Progress Notes**

Progress notes are legal documents and must be filled out according to process, as accurately as possible, including all pertinent details relevant to the client. Such
document is completed immediately after an incident has occurred. Remember the following steps when writing progress notes:

- Write progress notes in print using black ink.
- Do not use correction fluid (whiteout) for errors.
- Put a line through any errors, rewrite the information, and sign your initials on the correction.
- When you have made an entry, draw a line through to the end of the page.
- Write the dates when the note has been written, including the time of the incident.
- All notes must be signed and include the compiler’s printed name and status.
- Never write personal opinion (write objectively rather than subjectively) and only write the facts.

Some additional reminders when completing the client’s progress notes:

- Ensure that you have the correct client records.
- Use only abbreviation approved by the organisation.
- Use terminologies accurately.
- Writing must be legible.
- Write client’s direct words with quotation marks. Avoid writing assumptions.
Example:
Mitchell, a 70-year old client, does not want to take the medication you brought him for chest pains. According to him, he has already taken his other medication and it has done nothing to suit his pain.

What to write in the progress notes:

✗ Mitchell refused to take the medication for chest pains because the other medication is not helping suit his pain.

✓ Mitchell said that he does not want to take the medication for chest pains. He said, ‘I’ve already taken my other pills. They did not take away my pain.’

✓ Entries must be factual, accurate and in a logical order.

✓ NEVER complete records on behalf of other staff members.

Read about more tips for writing progress notes from this link: Documenting Skills in Aged Care – Progress Notes
Sample progress note:

<table>
<thead>
<tr>
<th>Client Name: Leon Krüger</th>
<th>Client Address: 42 Bass Street Fernside NSW 2480</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB*: 26/06/1946</td>
<td>Client Number: 0000 000 000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>22/11/16</td>
<td>1300</td>
<td>Leon had good morning. Leon was assisted out of bed and into the chair. Leon required minimal assistance with showering this morning. Feet and between the toes gently dried.</td>
</tr>
</tbody>
</table>

*DOB – Client’s date of birth

**Incident Reports**

The aims of incident reporting are to:

- support the provision of high quality services to clients through the full and frank reporting of adverse events and subsequent analysis
- assure and enhance the quality of the department’s programs, through monitoring and acting on trends identified through incident reports
- inform the appropriate ministers, the Secretary, executive directors, program directors and directors of health and aged care, of significant incidents affecting clients and staff, in a timely and accurate manner
- ensure due diligence and duty of care requirements are met and any identified deficits addressed
- support organisational consistency

Consider the following process when writing incident reports:

- Respond to the immediate needs of the individual.
- Advise senior staff members.
- Contact the department and advise of the incident.
- Submit the incident report form.

Note however, that processes in writing these records may vary within different organisations.
Activity

If you notice changes in the person’s condition not only must you report it to your supervisor but also write in the person’s progress notes. List the main points you must be aware of when writing in person’s progress notes.

Person-centred planning

Care plans are developed through person-centred planning. A person-centred approach focuses on the needs, strengths and goals of the individual and a plan is developed to meet their individual holistic needs. With a person-centred approach the person has control and empowerment over their life and life goals. Empowerment is the process of supporting people to assert their own rights and make choices about their own life. The main principles of person centred planning are:

- The person being the centre of the planning process and fostering their right to make informed decisions about their own life.
- Getting to know the person’s needs, values, beliefs, preferences, dreams, interest, likes and dislikes.
- Providing information and using the persons preferred communication method to support the person to make informed decisions about their own life.
- Including family members, informal carer, health professionals, other service providers and other people of the person’s choice in developing individualised care plans.
- Supporting the person to use their strengths and gifts in promoting independence and quality of life.
• Person-centred planning meetings are conducted on a regular basis to ensure the person’s current holistic needs are being met.

In the context of individualised support planning and delivery for aged care service, Person centred practice for older persons is treatment and care provided by health services that places the person at the centre of their own care and considers the needs of the older person’s carers (Victorian Government Department of Human Services)

By following the persons individualised care plans you can foster a person’s emotional wellbeing. Other support principals you can provide to further support a person’s wellbeing includes:

• Supporting autonomy and personal responsibility while maintaining duty of care.
• Fostering social relationships internal and external of the organisation
• Supporting independence as much as possible
• Fostering the persons strengths and abilities
• Showing respect
• Supporting privacy and dignity
5. Independence

It is essential that you recognise that each individual has a right to independence which allows them to exercise control over his or her own life.

Why is it necessary and important to promote independence? You might consider that to teach or promote independence is time consuming and difficult to accomplish. You might consider it quicker to DO the task yourself rather than assist the person to attend to the task. An example may be in assisting the person to shower and dress, where it is easier and quicker for you to do the activity for your client rather than getting / encouraging them to do it themselves or with assistance. Independence is important for improving one’s self esteem and self-worth, for having a choice and control within their lives.

Supporting independence is providing opportunities for the person to do as much for themselves as practical while also maintaining your duty of care (ensuring no harm comes to the person from action or inaction). Assistive devices can support independence. The person would require an assessment by a health care specialist such as a physiotherapist and/or an occupational therapist.

Assistive devices range from walking assistance items, shower chair, long handled shoe horn’s, zipper pullers, knives and cups, portable shower chairs and beds, and which are available to be used in order to provide assistance and promote independence.
CHAPTER III: INDEPENDENCE AND WELLBEING

Health as defined by the World Health organisation (WHO) is ‘the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’.

A person’s wellbeing is thought of as a combination of social, physical, emotional and cultural aspects of their life. It is associated with life satisfaction and happiness.

Supporting a person with their social, physical, emotional and cultural needs is taking a holistic approach to care. Support workers have a duty of care to support each individual to meet their health and wellbeing needs. Having our needs met not only helps us to survive but also to function and take part in the world around us.

1. Quality Improvement

What is accreditation?

Accreditation is the arrangement established by the Australian Government to verify that services provide quality care and services for clients. All services must be accredited in order to receive funding from the Australian Government through subsidies.

What is the accreditation process?

It is the responsibility of the approved provider to demonstrate the service complies with the Accreditation Standards; they must work within a quality framework.

Quality Improvement

Continuous improvement is about ensuring that the focus is on improving and not just maintaining services within an organisation. Quality improvement involves a focus on the safety, effectiveness, efficiency, acceptability, accessibility and appropriateness of services for consumers.

It is important for organisations to regularly evaluate the way that care is delivered to all people. One way of achieving this is to implement regular audits. An audit is an inspection of processes, policies and procedures to determine if they are in place, whether they are appropriate and whether they are being correctly implemented.

Quality improvement is a continuous cycle of planning, implementing strategies, evaluating the effectiveness of these strategies and reflection to see what further improvements can be made. Continually striving to improve services for people with a disability is called quality assurance.
Disability Service Standards

The National Standards for Disability Services are developed to ensure consumers (person with a disability and/or family member or carer) of services are protected. The standards compliment commonwealth and state/territory legislation.

Read more about the standards from these links: National Standards for Disability Services Easy Read Version

The standards support the rights of people with a disability. The standards cover the following:

Service Access
Support workers must ensure that each person with a disability has the right to receive a fair service to meet their individual needs. You can help them achieve this by:

✓ Following organisational policy and procedures
✓ Provide non-discriminatory support
✓ Support the client to access other support and specialist services to meet their individual needs.

Individual needs
Support worker must ensure that each person with a disability has the right to be respected, have their individual support needs met, and be supported to reach their full potential. You can help them achieve this by:

✓ Following organisational policy and procedures
✓ Support the client to regularly review their individual needs with relevant people e.g. family members and specialists
✓ Provide support in a way that is sensitive to their holistic needs e.g. physical, emotional, spiritual, cultural and religious needs.
Decision making and choice

Support workers must ensure that each person with a disability has the right to participate fully in the planning of their individual support needs through informed decision making. You can help them achieve this by:

- Following organisational policy and procedures
- Providing person-centred support
- Supporting the client to make informed decisions by providing information through their preferred communication method
- Supporting the client to involve an advocate in decision making
- Ensuring duty of care while supporting the person to take responsibility for their own decisions

Privacy, dignity and confidentiality

Support workers must ensure that each person with a disability has the right to privacy, dignity and confidentiality. You can help them achieve this by:

- Following organisational policy and procedures
- Ensuring personal information is kept in a secure place e.g. locked cabinet, password-protected databases
- Only share personal information with those who need to know that information for provision of service.
- Ensure privacy and dignity is kept during personal activities e.g. keep the door closed while supporting someone with personal care.

Participation and integration

Support workers must ensure each person with a disability has the right to participate in and be part of the community. You can help them achieve this by:

- Following organisational policy and procedures
- Supporting the client to participate in employment, community services and groups of their choice
- Supporting the client to develop and maintain friendships and other connections
- Supporting the client to make choices about their life and what they would like to participate in
Valued status
Support workers must ensure that each person with a disability has the right to be supported to develop and maintain skills that enable them to have valued roles in their community. You can help them achieve this by:

- Following organisational policy and procedures
- Supporting the client to develop and maintain skills and capabilities
- Supporting the client to build on their strengths
- Acknowledging the clients status as valued by your own interactions
- Modelling appropriate interactions in the community and at home

Complaints and disputes
Support workers must ensure that each person with a disability has the right to information about making a complaint and to feel safe to lodge a complaint about the agency or service. You can help them achieve this by:

- Following organisational policy and procedures
- Supporting the client to be aware of their rights and how to lodge a complaint by providing information through their preferred communication method
- Supporting the client to locate an advocate where required
- Ensuring the clients privacy is maintained as per the organisations policy

Service management
Support workers can help the clients achieve this by:

- Following organisational policy and procedures
- Follow workplace health and safety procedures
- Attend training to ensure you have the appropriate skills and knowledge
- Uphold all human and legal rights
- Support the client to provide feedback to the organisations services
2. Person-centred Approach

With a person-centred approach to support and planning the person has control and empowerment over their life and life goals. Empowerment is the process of supporting people to assert their own rights and make choices about their own life.

Applying a person-centred approach to support involves the person being the centre of the process and includes:

- Getting to know the person’s needs, values, beliefs, preferences, dreams, interest, likes and dislikes
- Providing information and using the person’s preferred communication method to support the person to make informed decisions about their own life.
- Including family caregiver, other support providers and other people of the person’s choice in developing individualised care plans.
- Supporting the person to use their strengths and gifts in promoting independence and quality of life.
The care planning process involves:

- Assessment of the person's individual needs
- Writing of the care plan
- Implementation of support strategies included in the care plan
- Review and evaluation according to levels of success
- Monitoring of strategies and care plan adjustment, where necessary

The evaluation of the care plan should then inform the development of future care plans and lead to service improvement. All this takes place with the person being at the centre of the process.

When people are not supported to make decisions about their life and all independence is taken away from them they begin to feel powerless. Powerlessness is when a person feels they have no control over their life or care and can’t see that anything will get better. They feel they can’t change the way people act towards them or treat them.

**Support Services**

Organisations normally do not have all the necessary services to support a person’s individual holistic health and well-being needs. Therefore you would need to work in partnership with other support services and professionals outside of the organisation. The support services and professionals may visit the person or you are to support to person to access these services. You must work within the organisations policy and procedures in relation to supporting a person to accessing services.
There are many support services that provide help for people to promote and maintain their health and wellbeing. These services include:

- Doctors
- Allied health professionals
- Employment services
- Disability services
- Relationships services
- Dementia services
- Housing services
- Drug and alcohol services
- Community access
- Culture groups
- Health and beauty services
- Hospitals

3. Stages of Human Development

Erik Erikson, a psychologist and psychoanalyst has defined the life stages of human development according to psychosocial development.

<table>
<thead>
<tr>
<th>Life Stages</th>
<th>Psychosocial Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (0-1 year)</td>
<td>Trust versus Mistrust. Children are completely dependent on others during the first stage of life.</td>
</tr>
<tr>
<td>Early childhood (1-3 years)</td>
<td>Autonomy Versus Shame and Doubt. Children's growing self-control is expressed by climbing, touching, exploring, and a general desire to do things for themselves.</td>
</tr>
<tr>
<td>Preschool age (3-5 years)</td>
<td>Initiative Versus Guilt. The child moves from simple self-control to an ability to take initiative. Learns through play to plan and to undertake, and carry out, a task.</td>
</tr>
<tr>
<td>School age (5-12 years)</td>
<td>Industry Versus Inferiority. In school, children begin to learn skills valued by society, and success or failure can have lasting effects on their feelings of adequacy.</td>
</tr>
<tr>
<td>Adolescence (12-18 years)</td>
<td>Identity Versus Role Confusion. Mental and physical maturation brings to the individual new feelings, a new body, and new attitudes.</td>
</tr>
<tr>
<td>Stage</td>
<td>Stage Description</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Early adulthood  
(18-40 years) | Intimacy Versus Isolation. Individual experiences a need to achieve an essential quality of intimacy in his or her life. After establishing a stable identity, a person is prepared to share meaningful love or deep friendship with others. |
| Adulthood  
(40-65 years) | Generativity Versus Stagnation. According to Erikson, an interest in guiding the next generation is the main source of balance in mature adulthood. This quality, called generativity, is expressed by caring about oneself, one's children, and the future. |
| Maturity  
(65 years +) | Integrity Versus Despair. Because old age is a time of reflection, a person must be able to look back over the events of a lifetime with a sense of acceptance and satisfaction. According to Erikson, the previous seven stages of life become the basis for successful ageing. The person who has lived richly and responsibly develops a sense of integrity. This allows the person to face ageing and death with dignity. |

The aspects of an individual’s wellbeing must be considered in order to identify their needs and how to better support them. The following aspects include:

- **Physical** - Being physically healthy, and having a healthy body that enables one to deal with the challenges of everyday life, fight off illnesses and function well.

- **Psychological** - Absence of a mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment".

- **Social** - Social health involves the ability to form satisfying interpersonal relationships with others. It also relates to the ability to adapt comfortably to different social situations and act appropriately in a variety of settings.

- **Spiritual** - Being able to meet one’s needs to realise and freely express one’s faith, values, beliefs, principles, and morals.

- **Cultural** - Being able to participate in cultural activities, and the freedom to retain, interpret and express their arts, history, heritage and traditions.
Financial - A state of being wherein a person can fully meet current and on-going financial obligations, can feel secure in their financial future, and is able to make choices that allow them to enjoy life.

Career/Professional - A state of wholeness that results from bringing into balance life, work, people, and money.

The following issues can impact the health and wellbeing of older individuals:

- Age
- Family history
- Illnesses
- Living conditions
- Lifestyle/health related habits (smoking, alcohol, poor diet, etc.)

4. Physical Needs

These are the most basic of requirements fundamental to survival no matter what the age of the person is. Food, drink, shelter, sleep and treatment of illness and injury are. When providing care for the elderly, this is the area that most caregivers focus on. Providing these basics, especially with the focus on health for the frail and disabled, takes the bulk of a caregiver’s time and energy.

These basic or essential needs are necessary to preserve human life and to promote wellbeing. We will focus on the need for warmth, exercise and food and drink.

Warmth as a Physical Need

Maintaining a healthy body temperature is important to our wellbeing and this automatic body process of temperature regulation, known as homeostasis, controls temperature effectively.
Heat loss makes us feel cold and shivery so we put on extra warm clothes and take hot drinks.

People begin to go red and sweat in hot weather conditions. We take off layers of clothes and take cold drinks to help us cool down.

Temperature regulation in young babies and older adults isn’t so efficient. Their body systems are slower to respond and they can be vulnerable to sudden changes in temperature. Extremes of hot and cold temperatures can result in ill health and even death. That is why support workers should take action to prevent individuals from harm if there is a summer heat wave or during cold winter weather.

Support workers can:

- provide air conditioners for people
- assist people to put on or remove clothing
- open or close windows
- provide shade
- adjust heating in the room
- ensure adequate fluid intake

*Remember that you should not just do these things without explaining your actions and asking permission from the person.*
Food and drink as a physical need

We need a balanced diet to be healthy. This includes eating a variety of foods from the five food groups. The groups are:

- Vegetables and legumes
- Fruits
- bread and cereals
- lean meat, fish and legumes
- Milk, cheese and yogurt

Activity

Access and read from the blue link below. Discuss how much of each food is recommended every day.

*Australia Government Department of Health and Ageing*

[Food for health]
A person’s diet must be suitable for their needs. A person’s age, stage of development, physical and mental wellbeing and environmental circumstances can all have an impact on their need. A newborn baby has different needs from an adult in terms of food and drink. Babies need milk while growing children and adults need a varied and balanced diet. Infants and some adults may need pureed or easy to swallow food. Some health conditions require people to have a suitable diet.

What a person eats can sometimes be influenced by the mental and physical health, such as appetite. Food choices can also influenced by a person’s economic and social conditions.

**Exercise**

Physical exercise should be done regularly. Exercise aids in keeping joints flexible, maintaining muscle mass, controlling blood glucose levels and weight and promote a sense of well-being. Walking, swimming, golfing, housekeeping, gardening etc. are all considered exercise. Ideally exercise should be of at least 30 minutes a day. Exercise could also be 10 minutes of an activity of choice three times a day. The person may require an assessment by a physiotherapist such as if the person has a mobility disability.

Gentle exercise and a balanced nutritional diet are essential for good health. Support people to do activities designed to stimulate the mind and body. Encourage and support opportunities to develop interests they can look forward to. This helps maintain a person’s own identity and enjoyment in life.

Support workers can support a person’s physical health by assisting them with their daily exercise routine according to their care plan and encouraging independence as much as possible.
Activity

Access the link below and discuss how to get started with physical activity.

Better Health Channel

Physical Activity – How to get started
10. Requirements for Good Health

The following are the basic requirements for good health of older individuals:

1. Mental health

Many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, and require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.

Depression and dementia are common mental health issues experienced by older individuals.

Depression has the following risk and protective factors:

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health problems</td>
<td>The more active the elderly clients are—physically, mentally,</td>
</tr>
<tr>
<td>• Loneliness and isolation</td>
<td>and socially—the better they’ll feel:</td>
</tr>
<tr>
<td>• Reduced sense of purpose</td>
<td>• Exercise</td>
</tr>
<tr>
<td>• Fears</td>
<td>• Connect with others</td>
</tr>
<tr>
<td>• Recent bereavements</td>
<td>• Get enough sleep</td>
</tr>
<tr>
<td></td>
<td>• Maintain healthy diet</td>
</tr>
<tr>
<td></td>
<td>• Participate in activities</td>
</tr>
</tbody>
</table>

Dementia has the following risk and protective factors:

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main risk factors:</td>
<td>• Diet</td>
</tr>
<tr>
<td>• Age</td>
<td>• Physical activities</td>
</tr>
<tr>
<td>• Family history and heredity</td>
<td>• Intellectual activities</td>
</tr>
<tr>
<td>Other risk factors:</td>
<td></td>
</tr>
<tr>
<td>Alcohol use, atherosclerosis,</td>
<td></td>
</tr>
<tr>
<td>diabetes, hypertension,</td>
<td></td>
</tr>
<tr>
<td>smoking, etc.</td>
<td></td>
</tr>
</tbody>
</table>
2. **Nutrition and hydration**

Older individuals and people with disability go through many physical changes that also come with changing nutrition and hydration requirements. Certain conditions associated with ageing or some disabilities require specific dietary restrictions which may affect the older individual’s nutrition and hydration.

3. **Exercise**

Being physically active helps the elderly stay strong and fit enough to keep doing the things they like to do as they get older. Exercise is also known to be good for mental health.

Starting or maintaining a regular exercise routine can be a challenge in the elderly. They may feel discouraged by illness, on-going health problems, or concerns about injuries or falls.

4. **Hygiene**

Keeping the elderly client clean is essential for good health. Poor hygiene can cause skin complaints and infections, and be a source of discomfort and low self-esteem.

Elderly hygiene is an issue that many caregivers have to deal with. Some elderly clients refuse to take a shower or bathe, change their clothes, brush their teeth or clean their house -- all of which result in bad elderly hygiene.

5. **Lifestyle**

Maintaining a healthy lifestyle is essential to elderly clients. It helps protect them from diseases, helps them fight diseases, and helps prevent chronic diseases from getting worse. Maintaining a healthy lifestyle helps the client’s holistic (mental and emotional) health and wellbeing.

6. **Oral health**

Maintaining good oral health habits is especially important for elderly clients because unhealthy bacteria in the mouth not only can harm the teeth and gums but may be associated with serious medical conditions. Poor oral health may also affect the elderly client’s eating habits and nutrition.
11. **Support for Older People**

Aside from the service provider providing care and support for the elderly, there are resources available on Aged Support and Services for the elderly in Australia.

Read more about these from these links:
- My Aged Care
- Department of Social Services - Ageing and Aged Care

The following are examples of support services funded by the Commonwealth that directly or indirectly help and support the aged population:

- home and community care services
- financial counselling
- health promotion programs
- rehabilitation services
- retirement assistance for farmers
- advocacy services
- support for consumer organisations
- a range of information related to government programs

The following are examples of Non-Government Sector Associations and Organisations that provide a large range of services and support to the elderly:

- Advocare
- Aged and Community Services Australia
- Aged Care Network
- ARPA Over 50s Association
- Carers Australia
- Centre for Education and Research on Ageing
- Council on the Ageing Australia (COTA)
- National Ageing Research Institute
- National Seniors Association
CONCLUSION

What have we learned?

Congratulations, you’re reached the end of this Learner Guide!

To summarise what you have learnt in this unit:

**Chapter One:** Healthy Body Systems  
**Chapter Two:** Individualised Support  
**Chapter Three:** Independence and Wellbeing

Please review any of the above areas that you are still not familiar with.

What next?

Now that you have completed the first learner guide, you are now ready to commence working through Assessment Workbook One (1) associated with this unit.

When you have completed Assessment Workbook One (1), you may then progress to the next unit as designated in your welcome pack training plan.

Good luck with your assessment!
FEEDBACK

Well done for finishing this learner guide. We hope that what you learn will open up new pathways of success in your life. At Compliant Learning Resources we continually strive to improve our workbooks and heighten the learning experience for you. One way we do this is by seeking feedback. Your experience is important to us and we are very keen to hear any suggestions or complaints you may have. Click on the button below to let us know what you think of us and our learning resources.

CLICK HERE