Principles of Caregiving: Fundamentals

Section One: Overview

A. Roles and Responsibilities of Direct Care Workers (DCWs)

1. Definition

A direct care worker (DCW) is a person who provides assistance or support with daily activities. This can include bathing and grooming, housekeeping, help with meals, and encouragement of behaviors that enhance community involvement. This training focuses on the skills, knowledge, and abilities that have been identified as critical.

Possible job titles for a Direct Care Worker

- Home care aide
- Personal care aide
- Direct support professional
- Attendant
- Personal care assistant
- Respite worker
- Companion
- Caregiver
- Care associate

2. Responsibilities

Job Descriptions

The list of things a DCW can and cannot do depends on the setting and the specific job. It is not possible to write one job description. These are some common tasks for DCWs:

- Personal care: helping a person in the bath, getting dressed, and with eating
- Running errands and shopping; taking clients to appointments
- Chores around the house: cleaning, meal preparation
- Help a person to become more self-sufficient; teach and encourage them to live the most independent lifestyle

In order to know job expectations and responsibilities, a DCW should attend agency orientation and in-services, and read the job descriptions. DCWs also need to become familiar with service plans, also called *care plans* and *support plans*. Such a plan is created for each client. It describes exactly what services should be provided. The fact that a DCW knows how to do a lot of things does not mean that the DCW will provide all these services to every person.

If you have questions about your job duties, contact the supervisor.

Factors that influence the DCW's responsibilities

Agency policies and procedures

Each agency has its own policies and procedures. What a DCW may do when working for one agency may not be the same for another agency. For example, what to do if a client falls.

Agency licenses and contracts

Agencies working with public programs have contracts. These describe what the agency must do for their clients and what the DCWs can do. Some agencies have a license for certain services. For example, home health care agencies may require more training for their staff.

Type of care settings

The scope of what a DCW will do is also based on the type of care setting. For example, a person's private home is different from an assisted living home.

The service team

For any person receiving support, a service team helps to coordinate the services. Each person on the team has certain functions. Each situation is different, but often the following are on the team:

1. Family members (spouse, parents, children)
    a. Provide emotional support.
    b. Encourage the person to do as much as possible for themselves for as long as possible to prevent atrophy of the mind and body.
    c. Communicate with the case manager/ support coordinator about changes in the person's needs.
2. Case manager/ support coordinator
    a. Determine the needs of the person and arrange for the needed services.
    b. Monitor for the changes in the person's needs.
3. Agency representative (agency supervisor, staffing coordinator)
    a. Arrange compatible, reliable direct care workers for the needs of the consumer.
4. Direct care worker
    a. Provide assistance with tasks listed in the service plan.
    b. Report observations to supervisor.
5. Supervisor
    a. Monitor the direct care worker's performance.
    b. Answer questions and direct the DCW in his/her role.
6. Primary care physician
    a. Monitor and manage the physical health of the consumer.
    b. Communicate with the case manager/support coordinator about changes in the client's needs.

7. Others (therapists, teachers, psychologist, etc.)
    a. Communicate with the case manager/support coordinator about changes in the client's needs.

The DCW is an important member of the service team. As a DCW, you may spend more time with a client than others. When providing assistance in the person's home, observe any changes and problems. If you notice anything unusual- both positive and negative- report it to your supervisor.

3. **Training and Orientation**

    a. **General training and orientation**

    All DCWs need training that helps them to do their jobs well. This also means being safe and effective, and keeping the client safe. If you work for an agency, your employer may provide the training. Classes are also offered by some colleges and other training programs.

    When a DCW is hired by an agency, he or she will attend the agency's orientation. This is required even if the DCW has completed this course. The orientation to the agency is much more specific to the particular organization. It includes policies, paperwork requirements, the agency's history, job expectations, etc.

    b. Training requirement for public programs

    Many agencies are providers for public programs. These are programs paid by the government.

    Agencies that provide services have specific requirements. This includes training and standardized tests.

    c. **Initial training**

    This is the training you complete before you start working.

    - Level 1 (Fundamentals): Required of all direct care workers.
    - Level 2 (one specialized module): Required for personal care and attendant care workers. An exception is family members, who will get person-specific training. Agencies can choose to require Level 2 training.

    The *Principles of Caregiving* course includes all the material requires for the training. The Fundamentals module is Level 1, and any one of the following modules can be used for Level 2:

    - Aging and Physical Disabilities
    - Developmental Disabilities
    - Dementia and Alzheimer's Disease

Most direct care workers will take Fundamentals and at least one other module. Completing more than one module may create more opportunities for DCWs to work in a variety of settings.

d. **Continuing education**

Professional standards dictate the importance of continuing education. It helps you keep abreast of changes in the field. Ongoing training also helps improve the quality of care.

Each agency will offer continuing education. In agencies providing services for state-funded programs, DCWs must complete 6 hours of continuing education per year. Agencies with a behavioral health license must offer 24 hours per year.

DCW professional standards

In addition to training, a DCW needs high professional standards. Your behavior also affects your relationship with the client. The DCW and the client need respect for each other and a professional relationship. The persons for whom you provide services must be able to rely on you. Your services help keep people safe and independent.

Learn more about professionalism and boundaries in Chapter 5, Job Management Skills. Here is a list of important standards:

- Carry out responsibilities of the job *best* way you can- take pride in a job well done.
- Get the training you need; get continuing education each year.
- Be dependable and reliable.
- Maintain a high standard of personal health, hygiene and appearance.
- Show respect for the client's privacy when you enter his/her home.
- Do not use the client's things for yourself (phone, food, medications, etc.)
- Recognize and respect the right of self-determination and lifestyle.
- Keep your professional life separate from your personal life.
- Control and negative reactions to chronic disability or living conditions.
- Maintain safe conditions in the work environments.
- Do not bring your family or friends to the client's home.

It is better to ask questions than to do something that may be unsafe, cause disciplinary action, and/or a liability issue.

B. Direct Care Services

1. Definitions

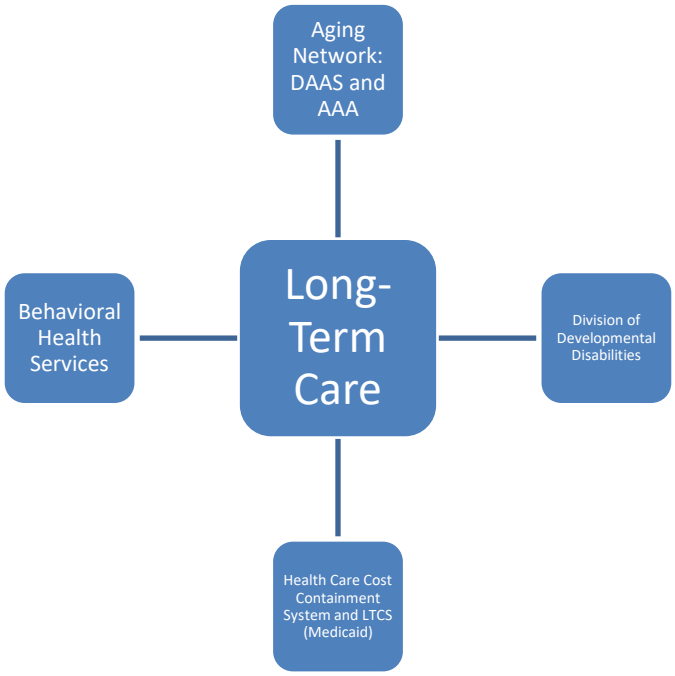
- **Long-term care (LTC):** Services for people who need support for a longer period of time. Examples: A person with a disability; an older person who cannot walk alone.
- **Acute health care:** Services for people who are suddenly ill or had an accident. Examples: seeing a doctor for the flu; going to the hospital after a heart attack.
- **Home and community based services (HCBS):** Many LTC services can be offered in a person's home or in assisted living. Most people are happier in their own homes.
- **Private pay:** Anyone can pay for direct care services privately. There are private duty nurses and private's caregivers.
- **Public programs:** Programs paid by a government. These can be state, county, city, or federal government programs. Most of these programs are for people with low incomes.

2. Public Programs

a. Government agencies

- Health Care Cost Containment System
    - ♦ Acute health care (Medicaid): medical services for low income persons.
    - ♦ Long term Care: care and support for low-income older adults and people with disabilities who need services for a long time.
- Department of Economic Security (DES)
    - ♦ Division of Aging and Adult Services: assistance for low-income older adults and people with disabilities. Programs are provided through Area Agency on Aging (AAA).
    - ♦ Division of Developmental Disabilities: Information and support for children and adults with developmental disabilities.
- Department of Health Services (DHS)
    - ♦ Division of Licensing: licensing and inspection of assisted living facilities, nursing homes, clinics and hospitals.
    - ♦ Behavioral Health Services: Works with Regional Behavioral Health Authorities to provide services for people with addiction or mental health challenges.

b. Long Term Care Services



c. Who can get public services?

- **Older adults,** over the age of 60, who are frail or vulnerable. This means they Need help with daily activities, or they are at risk for injury and illness.

- **Persons with disabilities.** Examples are a person in a wheelchair after an accident or someone with a mental illness.

- **Children and adults with developmental disabilities**. Examples are autism, cerebral palsy, epilepsy, and cognitive disabilities.

a. DCW services in the home

- **Personal care:** Assistance with routine personal activities. Helping people be as self-sufficient as possible. This can be eating, dressing, bathing, and moving about.

- **Housekeeping/Homemaker:** Assistance with chores in the home; cleaning, picking up things, laundry.

- **Attendant Care:** Includes personal care and housekeeping.

- **Respite:** Bringing a DCW to the home so that the family caregiver can take a break.

3. **Support Organizations**
   These organizations are often non-profit agencies, and many work with government agencies to offer information and assistance.

   - **Area Agencies on Aging (AAA**): information on long term care, home delivered disabilities. The CILs also advocate for people with disabilities and help them become more independent.

   - **Centers for Independent Living (CIL):** Information and resources for people with become more independent.

   - **Consumer organizations:** The Alzheimer's Association, Arizona Autism United, and the Arizona Spinal Cord Injury Association are some examples.

Philosophy of Providing Direct Care and Supports

1. **Basic Principles**
   There are basic principles-beliefs-that all people have rights, abilities, and freedom of choice. Arizona state agencies and the providers that helped write this curriculum support these principles.

   - **Independence:** Freedom to direct one's life; able to do things for yourself when possible.

   - **Choice:** Each person chooses what to do and when to do it; caregivers do not tell them what to do.

   - **Dignity:** Each individual is a person; each person needs respect, privacy and is treated the way her or she wants to be treated. When people need assistance, they still need to feel they are valued and in control of their lives.

   - **People can learn:** Some people may be slower, some need assistance, some have only a little energy. All can learn and change.

   - **Person-centered approach:** Assistance or support is given when or how the person needs it. Examples: a person from another culture may prefer certain foods; some people want a lot of treatments, others want less help.

- **Consumer-direction:** When possible, the client tells the caregivers what to do, when and how. There are some public programs with *consumer direction*. This means that the person interviews, hires, trains, and supervises the DCW.

2. **Independent Living and Self-Determination Statement**
   Independent living and self-determination are values that stress dignity, self-responsibility, choices and decision-making. Independent living is the freedom to direct one's own life. Each individual has the right to optimize his or her personal ability and fully integrate into the community.

   What does this mean? You get to be in charge of your own life. You might seek advice, but you make decisions for yourself. You know what is best for you. It does not mean doing everything all by yourself. You might need assistance around your home. You choose who assists you. You pursue your dreams. You explore your potential, talents and abilities. It means having the freedom to fail and learn from your failures as well as experience successes, just as non-disabled people do. The opportunity for independent living and self-determination is essential to the well-being of people with disabilities.

- We promote and value equal opportunity, full integration and consumer choice.
- We promote the achievement of full rights and empowerment of all persons with disabilities.
- We promote the full participation of people with disabilities in the cultural, social, recreational and economic life of the community.
- We promote consumer choice/control—the individual's right to make informed decisions regarding his or her best interests in all aspects of life.
- We promote the involvement of people with disabilities in the decision-making process of community programs and services.

3. Working with Older Adults

As people get older, they tend to slow down a little. Unfortunately, younger people sometimes show disrespect or simply become impatient. Ageism—or age discrimination—is all too common in our society: many products or movies are about and for younger people; we are always in a hurry and we see older adults as being too slow. If you work with older adults, it is important to have the right mindset. Keep in mind a few principles:

- Older adults can do a lot and learn new things. Like all people, they feel better when they can do things for themselves.
- Older people have experience and wisdom. They may not know everything you know, but they know a lot.
- Always treat an older adult as an adult. Adults are not like children.
- Older people have interests and likes and dislikes. They want to make their own choices.

Now that you've read through the

January In-Service review, please return

to the previous page, and complete the

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