12. THE CARE ASSESSOR’S STORY

In the Field, from the Field

INTRODUCTION

Within modern community-based healthcare in Australia, care assessors are employed by community-based healthcare organisations to facilitate the assessment and integration of healthcare services into the context of the home of people needing such care. That integration process brings with it challenges and complexities that we need to be aware of and that need to be managed from the outset if community-based healthcare is to be successful for all concerned. In this chapter, we introduce issues of interest that can cause tension from the perspective of a care assessor (first author, Sharyn) who works within communities in New South Wales, Australia. In the interests of privacy, the vignettes used here have been constructed to demonstrate practice issues experienced by both authors over the past 40 years. They do not tell the full story of any particular person, alive or dead.

SETTING THE SCENE

A care assessor is a person who is formally recognised as being able to judge the holistic care needs for people with chronic and complex healthcare requirements. The care assessor role has arisen because of local needs on the ground but also more generally in response to the World Health Organization’s (WHO) initiatives to promote primary healthcare for people with disability and complex healthcare issues within their own homes and communities. These local and global initiatives attempt to have the following characteristics:

– Empowering people to take control of their healthcare and making essential healthcare available to everyone (WHO, 2005)
– Advocating and monitoring processes to ensure that health is promoted by and with people, not on or to people (WHO, 1997)
– Focusing the provision of healthcare to the contexts where people live, work and play (WHO, 2002).

In NSW these initiatives have been put into action in the form of healthcare “packages” that can be provided to people in their own homes. Following the provision of funding for someone’s care, care assessors undertake an initial assessment and plan care according to approved funding and in collaboration with
clients and their families (as the primary decision makers). For positions as care assessors, practitioners need to hold current registration through the Australian Practitioner Registration Agency (APRA) as a Registered Nurse.

A care assessor’s role can vary from minimal to complex involvement depending on the healthcare issue/s to be addressed and possibly the type and amount of funding involved. People receiving community-based rehabilitation or support for activities of daily living may have constantly changing needs. They may also expand their range of choices if they regain more autonomy within their own home and community.

COMPLEXITY OF CARE NEEDS

The complexity of healthcare for someone living at home raises important questions about social and family needs. For example, someone with a brain injury who requires mechanical ventilation, catheterisation and enteral feeds is going to need different support depending on personal circumstances. Are they living in a spacious house with a supportive family or a tiny house with difficult space problems? Are there support workers with language problems, noisy and abusive family or neighbours, or a multitude of pets? If so, which is the most complex or difficult issue to be addressed? Is it the challenge of the physical space, complex clinical needs, psychosocial issues, the personalities of the clients and the support workers or the dynamics between all these? Clinical needs are often not the most challenging issues. The most complex issues can be the relationships between the client needing healthcare, their family or support network, and the people visiting to help (the care workers, therapists, nurses, doctors). All these issues need to be managed if we are to provide integrated care.

Integrated Care

Consideration must be given to include the organisation of assistance with activities of daily living (ADLs). Such services can include assistance with shopping, visits to the doctor, assistance with domestic tasks, socialisation or assisting people with showering and dressing. All these areas can impact a client’s health and wellbeing and have become an important component of the integrated nature of community-based healthcare. Support workers can provide assistance with carrying out health-related activities for the client concerned or assist them to carry out a living activity they wish to perform. For example:

Mary lived at home but was mostly wheelchair bound although she was able to stand by holding onto a fixed support or with the assistance of someone standing beside her to steady her. She had always closed her curtains in the lounge room at night but with increasing physical problems, it had become too difficult to do. Following advice from a community-based physiotherapist, a visiting care worker was able to stand beside Mary and using a handled belt around her waist, support her to close the curtain independently. This simple activity gave Mary great satisfaction. The care worker then assisted her to make a meal for dinner.