

**DISABILITY SUPPORT SERVICES
ADVANCED PERSONAL CARE**

*The Workplace Boundary Between
Personal Caring and Nursing
A Discussion Paper*

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DISABILITY SUPPORT SERVICES ADVANCED PERSONAL CARE:

The Workforce Boundary Between Personal Caring and Nursing

A Discussion Paper

1.0 INTRODUCTION

1.1 Aim of this Paper

The aim of this paper is to clarify and deepen discussion on the roles of personal carers (who may also be known as health service assistants, nurse aids etc) and registered nurses, when they are caring for people with disabilities at home.

It does this by first setting out the background, definitions, principles and issues identified so far within the Health and Disability sector. It then invites the submissions of clients and their families and support networks, nurses, personal care workers and any other interested parties.

The HFA plans to use your submissions to this paper to further develop policy for disability support personal care services.

The issue of these role boundaries is summarised well in the document *The Health Service Assistant and the Registered Nurse*:

There is little disagreement that nurses need to use their skills and time appropriately in the areas for which they are uniquely qualified to ensure an efficient and effective nursing service. The use of HSAs (personal carers) can free RNs (Registered Nurses) from non-nursing tasks that can be completed by less well trained personnel at a lower cost; specifically those tasks which are non-nursing functions. While there are clear areas of non-nursing work (domestic tasks) which continue to be performed unnecessarily by nurses, there are other areas where the distinction is less clear.¹

It is important to note, that at this time this paper only addresses disability support² home based advanced personal care services. It does not cover the range of other situational boundaries between nursing and personal carers, such as hospital settings, GP practices, and community health services. (Advanced personal care may be also known as complex personal care).

¹ *The Health Service Assistant and the Registered Nurse: A Discussion Paper, Principles and Guidelines*, Ministry of Health, 1999

² Disability support services cover intellectual, sensory, physical and age related disabilities.

1.2 The Process

Comments on this topic will be sought from people with disabilities, their families, carers, nurses, home support providers and other key stakeholders such as the Ministry of Health. Completed submissions need to be returned by **1 October 1999**.

The Health Funding Authority is currently undertaking a national project looking at all disability support home based services. This paper's work on the issues and boundaries that surround advanced personal care is one part of that project.

All information in response to this paper will be collated and analysed to arrive at a set of preferred options. This work will then be fed into the larger national disability home support project, which is due for implementation by the end of 1999. We will review the outcome in the first six months of 2000 to ensure it is meeting client needs.

2.0 BACKGROUND

The three key goals of the New Zealand Government in supporting people with disabilities are:

- Maximising independence
- Effective habilitation and rehabilitation
- Supporting opportunities to participate³

In working towards these goals, the Health Funding Authority now focuses on appropriate support for people in community settings rather than in institutional care. The funding trend over the past five years has seen a marked increase in community based funding, especially of home based support services. These services typically include domestic assistance (household cleaning) and personal care (also previously known as attendant care).

Other changes are increasing the emphasis on home-based care. People are living longer, typically live at home longer and may have higher and more complex levels of support needs. The culture and expectations of people with disabilities is also changing. Many now seek to take greater control over their lives. The "non-medicalisation" of disability support services can help that process. Advances in technology are also helping more people to greater independence in their own homes. All these changes mean that the boundary between the roles of nurses and personal carers can be unclear. Thoughtful discussion from everyone involved is essential to bring about the most appropriate care for people with disabilities living in the community

3.0 WHAT IS PERSONAL CARE?

Personal care covers those essential activities that some adults with disabilities are unable to do for themselves, such as bathing, eating, toileting and dressing.

³ *Disability Support Services Strategic Work Programme: Building on the New Deal*, Ministry of Health, June 1998

The care that is under discussion in this paper is the more involved end of personal care. This affects only a very few people, but it is a vital service in their daily lives.

Personal care services are delivered by a variety of agencies throughout the country. These are mostly community based home support agencies but a few are delivered in people's homes from hospital based services.

These services are publicly funded. The HFA contracts a different agency to carry out a needs assessment and service co-ordination for people with disabilities. Their level of need is generally expressed in hours of support required per week.

The HFA specifies that personal care workers must be supervised by registered nurses.

A range of people may provide personal care tasks. The most appropriate person to provide the care is determined based on the characteristics of the person requiring the care and on the activity to be performed.

New Zealand now has a number of different ways of providing personal care services. The current services in an area are often based on the historical pattern of care giving. For example, in some areas district nurses continue to provide personal care. In other areas, home support agencies provide care.

4.0 PRINCIPLES AND PRACTICES

The following are working principles considered important by the HFA when decisions have to be made about the roles of nurses and carers:

- Client (and family) centred services
- Client safety is paramount
- Client (and family) informed choice and consent
- Best outcomes for the level and type of support required
- Right skilled person providing the right level of support
- Effective and efficient services
- Care worker safety
- Minimisation of risk

There are some views in the Health and Disability sector and in the international literature on what makes 'best practice' when working on this issue. These views include:

- A sound decision-making process centred on individuals
- This process to be supported by guidelines on who should be responsible for what decisions
- These guidelines to be supported by local agreements between providers
- All service options to be actually available (that is, the continuum of care, from assistant, carer, and advanced personal carer to registered nurse.)
- Assessment for complex levels of care to be taken by a registered nurse

5.0 IDENTIFIED QUESTIONS AND CHALLENGES

The following is the list of issues that have been identified to date around this topic.

5.1 Client informed choice and consent

What level of choice are clients able to make around levels of care and who does what? Many clients of disability support services have stated they want the ability to choose their own carers, to the point of deeming who should undertake specific tasks. Sometimes this conflicts with the opinion of nurses or supervisors.

Question 1: How can it be ensured that the client has the right information to make informed decisions about choosing their carer?

5.2 Responsibility

Who takes the responsibility if something goes 'wrong'? Is it the client, the carer/nurse, the supervisor or the agency? Will it vary depending on circumstances, and if so, what are these circumstances? Are there any potential legal issues to consider? What processes need to be in place to ensure responsibility sits in the best place?

Resource shortages should not shift responsibility, but rather responsibility should be based on most appropriate level of skill and accountability.

Question 2: Who should take responsibility if something goes wrong?

Question 3: What issues need to be considered when accountability decisions are being taken?

Question 4: What is the decision-making process that should determine accountability?

5.3 Levels of Skill Matched to Care Levels

To ensure safe and good quality support it is vital the person working with the person with a disability has the correct level and range of skills for the needs of the individual. Effective training is vital as part of ensuring the right skills.

Question 5: Who should determine what levels of skills are required in each individual circumstance?

Question 6: How should this process be undertaken?

Question 7: What factors need to be considered in this process?

5.4 Philosophical Differences

There are potentially some philosophical differences between health professionals and clients/families of disability support services. These are things like the way care is delivered and the time of day it is delivered. They may centre on the ability of the client to take full control of their lives.

Question 8: How can these potential philosophical differences between clients and health professionals be managed?

5.5 Monitoring and Supervision Processes

Integral to providing a safe quality service is the need to monitor service delivery and outcomes for clients. There are different levels of monitoring, for example monitoring of the carer's work, supervision of the carer and auditing of the agency. The Health Funding Authority believes that supervisors of personal care should be registered nurses.

Question 9: What monitoring or supervision is most essential?

Question 10: What type of specific supervision training should supervisors of personal carers have?

5.6 Other Issues

There may be further issues that need to be identified as part of this discussion process.

Question 11: Do you have other issues on this subject you would like to raise?

6.0 YOUR INPUT

Please send your **comments in the submission booklet by 1 October 1999** to:

Lee-Anne Nicol
Health Funding Authority
Support Co-ordinator
PO Box 5849
Dunedin

Fax 03 474 0080

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**Submission Booklet for
Disability Support Services
Advanced Personal Care**

**The care that is under discussion in this paper is the more involved end of
personal care provided to people in their own homes.**

**Please Detach and Return
You can attach additional pages if you wish**

Submissions close on 1 October 1999

Completed by : _____ (name)

Are you *(Tick One)*:

Person with a disability

Family member of a person with a disability

Home support provider

Personal care worker

Disability representative agency

Registered Nurse

Nursing representative organisation

District Nursing provider

Allied Health Professional

Government Department or Agency

General Practitioner

Other

(Please specify)

Address : _____

Organisation : *(if applicable)* _____

Position : *(if applicable)* _____

This submission includes the input of : _____
(number of people)

Please return your submissions by 1 October 1999 to

Lee-Anne Nicol

Health Funding Authority

PO Box 5849

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Fax : (03) 474 0080

Email : leeanne.nicol@hfa.govt.nz

All submissions will be acknowledged by the HFA and a summary of submissions will be mailed out to all those who request a copy. The summary will include the names of all those who make a submission.

Do you wish to receive a copy of the Summary of Submissions? Yes/No

