



**Australian Government**

**Department of Education, Employment and Workplace Relations**

# **HLTCR402C Support client daily living requirements in a community rehabilitation context**

**Release: 1**

## HLTCR402C Support client daily living requirements in a community rehabilitation context

### Modification History

Version 4	Version 5	Comments
HLTCR402B Support client daily living requirements in a community rehabilitation context	HLTCR402C - Support client daily living requirements in a community rehabilitation context	Unit updated in V5. ISC upgrade changes to remove legislation and replace with reference legislation. No change to competence

### Unit Descriptor

#### Unit Descriptor

This unit of competency describes the skills and knowledge required to work with clients in their home and community to facilitate rehabilitation goals though supporting independence in daily living

### Application of the Unit

#### Application

Skills and knowledge are applied according to a *rehabilitation plan*, under the direct or indirect supervision of a health professional and in line with jurisdictional regulatory requirements  
The word 'client' should be read to mean client and significant others

### Licensing/Regulatory Information

Not Applicable

### Pre-Requisites

Not Applicable

## Employability Skills Information

### Employability Skills

This unit contains Employability Skills

## Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

## Elements and Performance Criteria

### ELEMENT

### PERFORMANCE CRITERIA

1. Clarify the relevance of *supporting daily living* to rehabilitation goals

- 1.1 Clarify *rehabilitation plan* details with the *supervising health professional*
- 1.2 Work with the supervising health professional to identify daily living activities that need to be addressed as part of the rehabilitation plan
- 1.3 Work with the supervising health professional to identify daily living *activities that could enhance progress* against rehabilitation goals
- 1.4 Work with the supervising health professional and client to provide adequate and appropriate resources to promote independence
- 1.5 Clarify with the supervising health professional concerns about client safety in relation to daily living activities

## ELEMENT

## PERFORMANCE CRITERIA

- |   |  |
|---|--|
| <p>2. Work collaboratively to establish a routine that fosters maximum client independence</p>          | <p>2.1 Work with the health team to identify carer support provided to the client</p> <p>2.2 Work with the health team to identify <i>other community workers/services</i> providing support to the client</p> <p>2.3 Work with the client and health team to determine support routines that best suits the client's lifestyle and life routines whilst encouraging progression towards identified rehabilitation goals</p> <p>2.4 Promote benefits of daily living activities in the terms of the client's rehabilitation goals</p> <p>2.5 Identify opportunities for daily living activities in the client's home and community that will support rehabilitation goals, and discuss with the supervising health professional</p> <p>2.6 Discuss opportunities that are outside the rehabilitation plan with the supervising health professional</p> <p>2.7 Work with the client and other community workers/services to provide coordinated and consistent supports to the client</p> |
| <p>3. Support client to participate in activities of daily living that support rehabilitation goals</p> | <p>3.1 Recognise <i>client concerns</i> about participating in daily living activities</p> <p>3.2 Under the <i>supervision</i> of the health professional, work with the client to develop strategies to overcome client concerns</p> <p>3.3 Under the supervision of the health professional, identify and report any <i>aides, appliances and modifications</i> that might be required for participation in daily living activities and discuss with supervising health professional</p> <p>3.4 Under the direction of the supervising health professional provide information and support to the client to use any aides, appliances and modifications in a safe and effective way</p>  |

## **ELEMENT**

## **PERFORMANCE CRITERIA**

- |  |  |
|--|--|
| 4. Monitor impact of client involvement in daily living activities on rehabilitation goals | 4.1 Monitor outcomes that indicate involvement in daily living activity is supporting the rehabilitation goals<br>4.2 Identify any negative impact of daily living activities and report to supervising health professional<br>4.3 Recognise medical issues and risk factors related to activities of daily living<br>4.4 Recognise wellness and medical issues prior to providing support<br>4.5 Apply strategies to involve the client in the monitoring and evaluation process<br>4.6 Provide client with regular feedback of progress<br>4.7 Work with the client to self monitor progress |
| 5. Document client information   | 5.1 Use accepted protocols to document information relating to the rehabilitation program in line with organisation requirements<br>5.2 Provide regular feedback to the client's care team<br>5.3 Use appropriate terminology and format to document the client's progress, including any barriers or challenges to the rehabilitation plan  |

## Required Skills and Knowledge

### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

#### *Essential knowledge:*

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes knowledge of:

- Awareness of cross cultural issues in a community rehabilitation context
- Community care service providers including managers, supervisors, coordinators, assessment officers and case managers
- Work health and safety (WHS) issues and requirements, risk assessment and risk management associated with working in client homes and the community
- Philosophy and values of community rehabilitation
- Psychological impact of illness and/or injury, especially in relation to client participation in daily living activities and routines
- Range of aides, appliances and modifications that could promote client participation in daily living activities
- Range of community services that could be providing support to clients
- Relevant national and/or state-based community services and programs such as HACC, CACPS, veteran's home care
- The importance and meaning of home and belongings to clients and the nature and significance of working in the client's home and community settings
- Understanding of principles and practices of self management

#### *Essential skills:*

It is critical that the candidate demonstrate the ability to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes the ability to:

- Apply language, literacy and numeracy (LLN) competence appropriate to the requirements of the organisation and client group:
  - this may include, for example, oral communication skills for working with clients and the health team, literacy skills for clarifying the rehabilitation plan and for

## REQUIRED SKILLS AND KNOWLEDGE

documenting client information

- language used may be English or a community language
- Apply WHS knowledge in home and community settings
- Assist with facilitation of client involvement and participation in daily living activities within the context of rehabilitation plans and under supervision of an identified health professional
- Assist with identification of opportunities for client participation in daily living activities that support rehabilitation goals
- Assist with analysis of opportunities and concerns about client participation
- Communicate effectively with relevant people in community rehabilitation context, including:
  - verbal and non-verbal communication with clients and colleagues, including members of multidisciplinary teams
  - cross cultural communication
  - communication that addresses specific needs of people with disabilities
- Motivate client and build self esteem
- Work within a multidisciplinary team

## Evidence Guide

### EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

*Critical aspects for assessment and evidence required to demonstrate this competency unit:*

- The individual being assessed must provide evidence of specified essential knowledge and skills
- The assessment of the skills and knowledge should include observation of workplace performance
- 'Workplace performance' may need to be demonstrated under simulated conditions which approximate the workplace, in order to address safety requirements or in order to assess skills and knowledge which may not be possible to assess in the workplace
- Evidence of workplace application should be provided as detailed in the unit of competency

## EVIDENCE GUIDE

- Where observation is undertaken in the workplace for assessment purposes, the assessor must ensure that safety of practice and duty of care requirements are addressed appropriately
- Assessment should be conducted on more than one occasion to cover a variety of circumstances to establish consistency
- A diversity of assessment tasks is essential for holistic assessment

- Access and equity considerations:*
- All workers in health and community services should be aware of access and equity issues in relation to their own area of work
  - All workers should develop their ability to work in a culturally diverse environment
  - In recognition of particular issues facing Aboriginal and/or Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and/or Torres Strait Islander people
  - Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities

## EVIDENCE GUIDE

### *Context of and specific resources for assessment:*

- This unit can be assessed independently, however, holistic assessment practice with other health and community services units of competency is encouraged
- Resource requirements include access to all relevant resources commonly provided in the rehabilitation context, including:
  - relevant organisation policy and procedure manuals, legislation and standards
  - organisation mission statements, strategic and business plans
  - other documentation relevant to the work context such as:
    - rehabilitation plans
    - reports from allied health professionals
    - client consent

### *Method of assessment:*

- Observation in the work context
- Written assignments/projects and/or questioning should be used to assess knowledge
- Case study and case scenario as a basis for discussion of issues and strategies to contribute to best practice
- Health professional feedback
- Assessment practices should take into account any relevant speech, language or cultural issues related to Aboriginality, gender, disability or English as a second language
- Where the candidate has a disability, reasonable adjustment should be applied during assessment
- Language and literacy demands of the assessment task should not be higher than those of the work role

## Range Statement

### RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

*Community rehabilitation refers to:*

- Support that contributes to reducing hospitalisation stay, minimising hospitalisation and easing the transition back to the community by supporting quality of life and community engagements of clients through:
  - supporting allied health and nursing professionals
  - providing direct and where relevant indirect support to clients
  - working within a community service and health framework
  - operating, under supervision and task delegation service models, in a multidisciplinary framework to maintain, optimise and enhance client functioning in the community

*Supporting daily living may include but is not limited to:*

- Assistance with meal preparation and eating
- Banking (within organisation guidelines for privacy, confidentiality and financial abuse)
- Community participation
- Entertainment
- Gardening
- Hobbies
- Interests
- Leisure activities
- Public transport
- Shopping
- Socialising

## RANGE STATEMENT

*Rehabilitation plan refers to:*

- A plan which:
  - is developed by a health professional in collaboration with the client and significant others
  - includes client focused goals with defined rehabilitation outcomes
  - may be multidisciplinary
  - includes time limited activities
  - is regularly reviewed

*Supervising health professional might include one or more of:*

- Cardiac rehabilitation nurse
- Diabetes educator
- Dietitian
- General practitioner
- Occupational therapist
- Physiotherapist
- Podiatrist
- Psychologist
- Registered/division one nurse
- Social worker
- Specialist
- Speech pathologist

*Activities that could enhance progress may include:*

- Communication strategies to enhance community access and participation
- Daily living activities that might support emotional wellness
- Daily living activities that require effective communication skills and management
- Daily living activities that require utilisation of effective cognitive skills and strategies
- Daily living physical activities that might support physiotherapy or occupational therapy services

## RANGE STATEMENT

*Other community workers/ services may include:*

- Community care service providers including managers, supervisors, coordinators, assessment officers and case managers
- Community nurse
- Community transport
- Home and community care
- Meals on wheels

*Client concerns may include:*

- Endurance and fatigue
- Fear of failure
- Fear of rejection
- Physical capacity
- Stigma

*Supervision refers to:*

- Instructing, advising and monitoring another person in order to ensure safe and effective performance in carrying out the duties of their position
- The nature of supervision is flexible and may be conducted by various means including:
  - in person
  - through use of electronic communication media such as telephone or video conferencing, where appropriate
- Frequency of supervision will be determined by factors such as:
  - the task maturity of the person in that position
  - the need to review and assess client conditions and progress in order to establish or alter treatment plans
  - the need to develop non-clinical aspects such as time management, communication skills and other factors that support the provision of clinical care and facilitate team management
  - a person under supervision may not require direct (immediate and/or face to face) and continuous supervision, however, the method and frequency will be determined by factors outlined above

## RANGE STATEMENT

*Aides, appliances and modifications may include:*

- Augmentative and alternative communication (AAC) devices
- Car modifications
- Functional aids such as shower chair, stove top aids
- Hearing aids
- Home modifications
- Mobility aids

*Delegation refers to:*

- The delegating health professional conferring authority on a worker to perform specific activities
- Delegation within the context of the rehabilitation plan
- The authority specific to an individual client within a specific rehabilitation context and is not transferable to any other client
- Delegated duties that cannot be transferred to another worker
- Delegation instructions that must include:
  - specific rehabilitation requirements and their purpose
  - possible contra-indications, risks and how to respond
  - any other relevant instructions or information, especially information specific to the client

*Supervisory relationships may include:*

- Client status driven
- Direct e.g. face to face
- Indirect supervisor e.g. off site and electronic communication
- Outcome driven

## Unit Sector(s)

Not Applicable