LEARNING PROGRAM
FAMILY MEMBERS / CARERS

PROJECT
Collaboration between family members and direct care staff in quality improvement of residential care services.

2016/17

Sir Moses Montefiore Jewish Home
and
Centre for Healthy Brain Ageing
University of New South Wales
PREFACE

The Project is being undertaken in a collaboration between Sir Moses Montefiore Jewish Home and the Centre for Healthy Brain Ageing, University of New South Wales.

The Project team includes Ms. Tracey Clark and a senior managerial team from Sir Moses Montefiore Jewish Home, and Professors Henry Brodaty and Lynn Chenoweth from the Centre for Healthy Brain Ageing, University of New South Wales.

The Aim of the Project is to develop and pilot test a protocol which promotes collaboration and positive relationships between family and direct care staff for the purpose of improving the quality of residential care services.

The Research Questions which are guiding the Project:

Will a protocol developed during the pilot study to promote collaboration and positive relationships between family and direct care staff:

1. improve family carer and direct care staff relationships?
2. improve the quality of residential care services for recently transitioned aged care residents?

The Project uses a mixed-method, 5 stage pre-post-evaluation design over 12 months.

It is being conducted in Sir Moses Montefiore Homes’ residential aged care services at Randwick and Hunters Hill.

Project Participants include 50 nurses, direct care staff and allied health staff; 50 family carers of aged care residents; 6 staff trainers and 6 family liaison staff personnel.

The Project Intervention takes the form of a train-the trainer approach to organisational culture change, guided by a Study Management Committee and an Expert Advisory Group.

Family/staff relationship training will first be offered to appointed Family Liaison Personnel and Staff Trainers, using evidence-based multimedia education materials, including resources developed by La Trobe University for the Australian Institute for Primary Care and Ageing. Trained Family Liaison personnel and Staff Trainers will respectively, educate and support family carers and direct care staff in adopting the family/staff relationship model as a way of collaborating to improve care of the residents.

The family/staff interaction program for family carers and direct care staff emphasises: reflection and self, relationship development, interpersonal skills, stress management in the caring role, and conflict resolution.

This learning resource is for the use of family members/carers of people living in residential aged care.
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Sessions

1. Relationships between family members/carers & staff
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   - Quiz 2. ‘Working Together’
   - Preventing conflict when communicating
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   - Handout 1. ‘Relationships’
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2. Overcoming barriers to ‘us’ and ‘them’ dynamic
   - Awareness of ‘us’ and ‘them’ dynamic in relationships between family members/carers and care staff
   - Barriers in relationships with care staff
   - Breaking down barriers with care staff
   - Building trust in relationships
   - Handout 1. ‘Trust in Relationships’

3. Family Carer stress in the caring role
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   - Factors that give rise to stress in relation to staff/family relationships
   - Understanding how thought patterns can sustain stress responses
   - Reducing family stress/Improving relationships with staff
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   - Handout 2. ‘Guided Breath Relaxation’
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5. **Family/staff perspectives in care**
   - Family member/carer and care staff perspectives on caring roles and responsibilities in residential aged care
   - Meeting the needs of care staff as well as family in care provision
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   - Differences in expectations of care needs
   - Resistance and obstruction in care delivery
   - Resolving conflict
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   - Handout 2. ‘Guidelines for handling conflict in the workplace’
   - Handout 3. Learning Program Evaluation
### Session Plan

<table>
<thead>
<tr>
<th>Session Title:</th>
<th>Session 1: Relationships between family members/carers and care staff</th>
</tr>
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<tbody>
<tr>
<td><strong>Audience</strong></td>
<td>Family members/carers</td>
</tr>
<tr>
<td><strong>Timeframe (length of session)</strong></td>
<td>45 Minutes</td>
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<tr>
<td><strong>Session Objectives</strong></td>
<td><strong>By the end of this session you will</strong></td>
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<td></td>
<td>Understand two fundamentally different types of human relationships</td>
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<td>Consider how to build mutually beneficial relationships between yourself as a family member, or carer, and direct care staff</td>
</tr>
</tbody>
</table>
| **Session requirements** | Computer, Internet  
Background Reading Pages 5-6  
Handout 1. ‘Relationships’ Page 7  
Quiz 1. ‘Working Together’  
Quiz 2. ‘Relationships can be Challenging’  
Handout 2. ‘Positive Communication-Active Listening’ Page 8 |

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>KEY POINTS</th>
<th>RESOURCES</th>
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<tbody>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td></td>
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<tr>
<td>2 min</td>
<td>Welcome to the education program</td>
<td>Take a look at the Introduction to this education/support Program, which provides details on the Study, the Study team and the Study objectives</td>
<td>Learning Manual Preface</td>
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<tr>
<td>2 min</td>
<td>Learning expectations</td>
<td>Create a wish list on what you hope to get out of the session</td>
<td>Note pad and pen</td>
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</table>

| Session | | | |
| 2 min | Introduction to the session topic | • You will first undertake an individual activity on the statements that best describe your relationships with direct care staff  
• You will then be watch two videos about relationships between family members and care staff and answer questions about factors which influence relationships  
• Through the videos you will learn:  
  o How you can work to improve your relationship with care staff  
  o How you can improve your relationship with care staff while sharing the caring role | |
Collaboration between family members and direct care staff in quality improvement of residential care services: pilot study

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>5 min</td>
<td>Take five few minutes to read the Background Reading on pages 5-6 of this session.</td>
<td>Background Reading ‘Why are family/staff relationships important?’ Pages 5-6</td>
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<tr>
<td>10 min</td>
<td>Relationship characteristics</td>
<td>Handout 1 ‘Relationships’ Page 7</td>
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<tr>
<td></td>
<td>Relationship requirements and issues</td>
<td>Note pad and pen</td>
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<tr>
<td></td>
<td>Take a look at the Handout ‘Relationships’ which is located on page 7.</td>
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<td></td>
<td>Complete both response items by underlining, bolding or highlighting the words which best describe your feelings about direct care staff.</td>
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<td></td>
<td>Reflect on your responses by writing down your responses to the following three questions:</td>
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<td></td>
<td>Q 1. Which type of relationship is most important to you in the caring role?</td>
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<td>Q 2. What might the care staff require in their relationship with you?</td>
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<td></td>
<td>Q 3. ‘What can get in the way of forming close relationships with care staff?’</td>
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<td></td>
<td>Take a few moments to think about your concerns, fears and feeling the need to take responsibility for aspects of your relative’s care. Write down the most important concerns, or fears, you have about your relative’s care.</td>
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<td></td>
<td>Reflect on how your responses to these concerns or fears might influence the relationships between yourself and care staff, or managers.</td>
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<tr>
<td>10 min</td>
<td>Relationships can be challenging</td>
<td>Video 1 ‘Relationships can be challenging’</td>
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<tr>
<td></td>
<td>Look at the ‘Staff/Family Communication’ online module (click on blue button) Or copy/enter the following web address into your internet browser: <a href="http://www.qualitydementiacare.org.au/project/improving-family-staff-relationships-for-people-with-dementia-living-in-residential-aged-care/">http://www.qualitydementiacare.org.au/project/improving-family-staff-relationships-for-people-with-dementia-living-in-residential-aged-care/</a></td>
<td>Internet link</td>
</tr>
<tr>
<td></td>
<td>Once you have accessed this module on the website, click on the Video and when completed, click on Outcome A ‘Relationships can be challenging’, followed by Outcome B ‘Working Together’.</td>
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</tr>
</tbody>
</table>
Collaboration between family members and direct care staff in quality improvement of residential care services: pilot study

| Relationships and communication | Click on the Quiz ‘Communication’ and write down answers on your note pad. Click on the Quiz ‘Communication’ and write down answers on your note pad.  

Think about the relationship issues that arose for family member/carers and care staff because of poor communication. Communicating was poor because some of the people involved:  
- Got defensive  
- Were argumentative or confrontational  
- Dismissed concerns  
- Were accusatory (blamed the other person)  
- Were disrespectful  

| Quiz Communication | Note pad and pen |

| 10 min | Working Together in a positive way | Take a look at Video 2 ‘Working Together’ which can be accessed by clicking the blue on the link http://www.qualitydementiacare.org.au/project/improving-family-staff-relationships-for-people-with-dementia-living-in-residential-aged-care/  

Write down answers to questions about this video clip on your note pad  

Reflect on the reasons that communication between family members, care staff and the manager were more positive in the Working Together video.  

You may have identified that family members/carers were respectful of care staff, their knowledge and skills in caring for older people.  

You may have also identified that the staff:  
- Showed empathy for the family member’s feelings  
- Took family member’s concerns seriously  
- Made time to listen to and discuss concerns with the family member without distractions  
- Dealt with one issue at a time  
- Repeated what the family member was saying and confirmed what they understood the problem to be  
- Saw the family member as a valuable resource and partner in care and drew on their knowledge of the resident  
- Offered a way forward and/or a solution  
- Checked that the family member understood a plan of action and agreed with it  
- Involved other members of the care team as required.  

| Video 2 Working together | Quiz 2 Working together | Note pad and pen |
Consider how you might make use of these positive communication strategies when discussing your concerns about care issues with direct care staff and managers. Write these ideas down on your note pad.

| 10 min | Preventing conflict when communicating | Generally, preventing conflict from happening in the first place is the best option. This can occur by being empathetic to care staff issues and needs and using positive communication in discussing issues and needs. If you can learn to approach your concerns in this way, it can help to prevent negative relationships between yourself and others involved in your relative’s care. Take a look at Handout 2 Positive Communication-Active Listening, Page 8. Consider the benefits of adhering to these principles in your communication with direct care staff and managers about aspects of your relative’s care. Write down these ideas on your note pad. | Note pad and pen |
| Communication principles | | | Handout 2 Positive communication-Active Listening Page 8 |

CLOSE
BACKGROUND READING

Why are staff-family relationships important?

Alongside the education and support being provided to family/carers, this project provides training and support for direct care staff. Staff training includes how to establish better relationships with family members/carers in planning and delivering care for residents of Montefiore Homes. Direct care staff learn how to develop more positive relationships and communication with family/carers and how to develop skills in conflict resolution.

An aspect of this training program for direct care staff is in considering the issues that family/carers face when admitting a relative into an aged care home. One of the things we want from care staff is to pause for a moment and ask themselves: how did this person come to live here and how might the person’s move to an aged care home impact on their family/carer? We want all staff to remember that every family member has a story to tell about their own journey in deciding to admit their relative to the aged care home.

We emphasise to staff that many families have spent years looking after their relative, often by themselves at home. For many family members/carers this is a mixture of joy and wonderful memories combined with around the clock care; no longer being able to go out with friends or family; sleepless nights and sometimes stressful days. Although caring may have been difficult, this didn’t necessarily make the decision to relocate a relative to an aged care facility any easier. When staff speak to families about this decision they learn that handing over the care to aged care home staff is often difficult and full of mixed emotions. We know that many families want to continue to be involved in their relative’s life after they move into a residential home. Sometimes families are unsure about how to maintain their caring role in a residential facility, so it is important that care staff and their managers give advice on the many ways that they can still contribute to the wellbeing of their relative. Each family will have different reasons for wanting to be involved, and different ways of maintaining this involvement.

Direct care staff are asked to consider that they might be the first person the family get to meet when they come to look at the home, or may meet your relative and you for the first time after your relative has moved in. We want them to imagine how much better you would feel leaving your relative in the care of staff who are friendly and genuinely interested in developing a relationship with them? By establishing relationships with the family care staff are able to provide better care for the resident. Consequently, knowing how to develop positive relationships with the family members/carers is important for everyone in the facility, from the care staff to the cleaners.
There are many benefits to good staff-family relationships: residents can receive more person-centred care; families can have a more enjoyable and rewarding experience when they come to visit their relatives and will want to get more involved in the life of the home; staff will be happier working there; and there will be less tension and less conflict between staff and families. When relationships between staff and families in a facility are strained, on the other hand, families will feel more powerless, feel more alone and more upset. Where there is tension between staff and families, families experience more sorrow and distress about placing their relative into the care home.

The first steps to building good staff-family relationships are to make the home a friendly and inviting place to be and for staff to get to know the family, develop trust and respect and come to understand the family. Family/carers are a valuable resource and they have intimate knowledge about a resident’s needs and wishes. Sometimes building relationships can be testing and there can be tensions, misunderstandings and unmet expectations. This can happen in any relationship. Sometimes families don’t really understand what happens in dementia and they struggle to understand the changes they see in their loved one as the illness progresses. Such challenges however can be overcome with education and support, which this project provides.

Reference  The Australian Centre for Evidence Based Aged Care (2012) Supporting families and friends of older people living in residential aged care. Victoria, ACEBAC.
SESSION 1   HANDOUT 1   RELATIONSHIPS

1. Think of a member of the care staff team who has the closest, or most satisfying, relationship with you as a family carer. From the following list, circle six words which best describe that person’s relationship with you and consider how this makes you feel.

INTIMATE  CLOSE  DETACHED  LOVING  DISTANT  COOL
FORMAL  WARY  SHARING  DISINTERESTED  DEEP  PAINFUL
CHALLENGING  FULFILLING  VALUABLE  IMPORTANT  USEFUL
POLITE  CASUAL  MATTER-OF-FACT  SOCIAL  IMPERSONAL
SPECIAL  DISRESPECTFUL  FUN  SECURE  AFFECTIONATE
HOSTILE  FLIPPANT  ANNOYING  FRIENDLY  EMPATHETIC

2. Think of a member of the care staff team who has the most distant, or unsatisfying, relationship with you as a family carer. From the following list, circle six words which best describe that that person’s relationship with you and consider how this makes you feel.

INTIMATE  CLOSE  DETACHED  LOVING  DISTANT  COOL
FORMAL  WARY  SHARING  DISINTERESTED  DEEP  PAINFUL
CHALLENGING  FULFILLING  VALUABLE  IMPORTANT  USEFUL
POLITE  CASUAL  MATTER-OF-FACT  SOCIAL  IMPERSONAL
SPECIAL  DISRESPECTFUL  FUN  SECURE  AFFECTIONATE
HOSTILE  FLIPPANT  ANNOYING  FRIENDLY  EMPATHETIC

SESSION 1 HANDOUT 2 Positive Communication – Active Listening

Listening is a crucial part of communication. Active listening encourages us to talk, assists us to express our feelings and helps us to feel respected and valued.

In everyday conversations we do not always get listened to well. We might sense that the person we are talking to is not really interested in what we are saying, or wants to say something themselves rather than listening to us.

Perhaps we find that we are frequently interrupted, or that we fail to get a response to what we have said.

So what is ACTIVE LISTENING? It involved the following skills and qualities:

- Giving full attention and showing that you are genuinely interested
- Using body language which conveys your attention, e.g. nodding, making eye contact, being still and focused
- Being physically relaxed and open; not fidgeting or attending to other things while communicating
- Showing warmth and smiling, or showing concern and empathy where appropriate
- Empathising, e.g. making a genuine attempt to feel what the situation looks like from the other person’s perspective
- Being respectful, non-judgemental and patient
- Being truly available to the other person, i.e. not being distracted by thoughts of your own
- Speaking only to assist the other person to say more - asking questions and not interrupting the person’s response
- Remembering what the person has said
- Giving the person the time they need to express themselves in their own way
- Being aware of what the person is communicating non-verbally as well as verbally, and whether the message is being conveyed in a roundabout way
- Allowing silences to occur in the conversation, to allow the person to collect their thoughts
- Continuing to listen when the person is expressing painful feelings
- Conveying genuine care and concern- not offering platitudes or excuses