

Caring Skills and Techniques

All individuals in society have 'needs' to grow, develop and maintain a healthy lifestyle.

A 'need' is what is required to achieve, maintain or regain the life quality factors. Caring helps individuals meet these needs to be healthy, active and independent. Caring helps individuals with everyday living and supports an individual's life quality factors.

Carers have an enormous influence over the outcome of the care that they give. Their actions can have positive or negative effects.

Positive effects include:

- Carers can take an individual out of their feeling of isolation.
- Carers can reduce distress.
- Carers can empower individuals and help them feel valued.
- They can help maintain an individual's dignity and respect

Negatives effects include:

- Carers can push people into further isolation and distress.
- They can increase the feelings of disempowerment and worthlessness.
- Carers can take away an individual's dignity and respect

Some caring skills and techniques come naturally, some are learned. These include:

- Encouraging
- Showing approval
- Creating trust
- Gaining compliance
- Social perception
- Observation
- Disengagement
- Distraction
- Physical contact
- Modelling
- Working alongside
- Setting challenges
- Safe working practices

Encouraging

The care worker tries to motivate and support the individual through difficult times and procedures. This means to encourage individuals to reinforce behaviour that increases their health and well being. Everyone likes praise and encouragement and will remember an occasion far longer, which increases the chances that the behaviour will be repeated and eventually become the norm. Carers should not remonstrate (object) with individuals when their behaviour is not likely to increase their well being. The carer can gently provide information about the effects of this behaviour remembering that each individual is unique and free to make their own choices.

Showing Approval

The care worker gives a positive response by smiling and giving praise. Giving praise by making remarks such as 'well done' or 'you look nice today' is really valuable inside a caring relationship for it shows you noticed the effort the service user has made. Everyone of us responds to praise and it is important for individuals in care to show that they have been recognised as being human too. Just because someone has a disability, illness or vulnerability doesn't mean that we can cease to value individuals as unique with wants, needs and hopes of their own. Just as you would seek approval from parents, friends and family, individuals in care seek approval from those nearest to them – their carers.

Creating trust

The care worker builds relationships, maintaining confidentiality and being consistent. The individual judges the care worker to be reliable because they behave consistently; they follow procedures and fulfil their promises.

Creating trust is vital if caring is to be a true partnership between the carer and the individual in their care. A throw away line such as 'see you later' or 'I'll be back to hear about your news' is taken seriously by the individual receiving care, who very often has little to do but wait expectantly for the carer to return. This is often seen to be of no significance to the carer who may have a hundred other issues, but the individual will feel let down and of no consequence.

Individuals receiving care and their carers may develop special relationships when the individual reveals confidences. These may be personal issues which have no bearing on the care they receive but they wish to share their feelings with someone they feel they can trust.

Case study: an individual tells a carer that she is sad because her daughter is a drug addict and had an abortion last year, but she would have liked to become a grandmother. The carer tells her colleague that the daughter, who lives close to the friend, is a drug addict. Later the colleague asks the individual if she is worried about her daughter and the individual immediately knows her confidentiality has been breached. Although she doesn't mention the issue to her carer, she never trusts her with information again. What are the implications of this for the care relationship?

In the case study the carer has breached confidentiality: the information had no bearing on the care of the individual and the carer had no right to pass it on to anyone without the individual's consent. The carer should have been disciplined and could have lost her job as a result. This could affect the care received by

the individual as they may not provide personal information which could affect their treatment.

Gaining compliance

This means getting someone to agree to a recommended course of action - the care worker needs to get the individual to do what is required.

The care worker has no authority to order an individual to do anything and should not coerce or threaten. The individual has a choice to comply or not. Mostly, the individual trusts the care worker and understands what is required and understands that it is in their own interest.

The care worker should explain why the request is being made and offer choices so that the individual feels empowered. An individual needs information, usually in the form of reasoning or a limited number of choices in order to proceed with the request. For example, trying to persuade an individual to give up smoking will not work, but providing information on the health risks of smoking might. If this is seen to be too difficult then alternatives can be offered such as reducing the amount of cigarettes smoked over time with targets, providing 'patches' or changing daily habits are limited choices that may be tried.

Social perception

A care worker should always be able to recognise accurately an individual's feelings, needs and intentions.

Their intentions are often shown by facial expressions, posture, tone of voice and what is said. A good carer is intuitive and can pick up and receive non verbal signs that may actually be in conflict with the spoken word. To communicate effectively there must be eye to eye contact; some people avoid eye contact and in western culture this is often taken to mean that the person is keeping something back or is being less than truthful, carers should be aware that cultures differ, eg in Japan, making eye contact is thought to be offensive. Some individuals may put up barriers towards a carer by crossing their arms or legs (known as a closed position), in doing so they may demonstrate they may be defensive and hiding something. An open position with legs slightly apart and arms relaxed may be associated with an honest and truthful display.

Individuals who pick imaginary fluff from their clothes while looking towards the floor are showing a very common sign of disapproval with the content of the communication, and those who pick at their cuffs, buttons and watches may be displaying nervousness. Individuals who are anxious will rarely have their hands open; it is far more likely that they will have a closed fist that shows white knuckles. Even though the words used indicate that the individuals are not worried, the behaviour described here and biting the lips would indicate otherwise. Anxious people may look paler than usual, be more distracted and seem quieter than usual.

Individuals who feel 'down' or depressed frequently have their head bent down and eyes on the floor; their gait is more shuffling and they take smaller steps, their clothing tends to be coloured grey, brown or black and they make little effort to look nice.

Observation

This falls into two categories:

- Medical observation - collecting information by taking measurements, eg temperature, blood pressure, pulse rate, BMI (body mass index), blood samples, body fluids and samples, height, weight, etc.
- Visual observation - noticing changes in behaviour, food intake and wakefulness.

Carers need to be pro-active in the care of individuals, Being pro-active means that they are anticipating or thinking ahead about what might happen and the potential response is already forming; to be retro-active means responding to a situation that has already happened. By using observation to note changes in an individual in their care they can prevent possible complications in an individuals care or if they can see an individual is responding they can ensure the treatment continues. These skills need practice and reflection and then consideration about what action should be taken. While carrying out normal daily work tasks carers might ask themselves the following questions:

- Were any individuals acting differently?
- Were any individuals particularly drowsy or alert?
- Did the appetites of individuals change?
- Did physical measurements of body temperature or blood pressure vary more than usual?
- Can I account for noticeable changes?
- How long have these changes been apparent/
- Do I need to record the changes, refer to colleagues or respond to the variation?
- How often do I need to repeat my observations/
- Am I missing something important?
- Did I miss something a colleague noticed?

Disengagement

Disengagement means breaking an exchange or contact for a short period, perhaps by going to call someone else or moving to a different location. This often has the power to calm down a heated exchange It can be temporary withdrawal from the individual if they are hostile. The care worker should not storm out and slam the door. They should calmly walk away; they should give a reason for withdrawing. This enables an individual to calm down, and gives them 'time out'.

Distraction

This is used to manage temporary pain and anxiety.

If individuals concentrate on discomfort then the feeling of discomfort increases. However, if their attention is focussed on something else the pain decreases and stress is reduced - e.g. distracting a child with a toy while they are having an injection.

A care worker may also teach an individual to develop their own distraction techniques.

Physical contact

When appropriate, touching a hand or arm may convey a caring attitude providing comfort and support. Touching an individual's hand or arm, or putting an arm around someone's back can be very reassuring and provides emotional security. A direct look with a smile and a touch will also show you approve of the situation.

A carer can touch a hand, an arm, give a cuddle. However, the actions can be misunderstood. There are 'no go' areas, such as the head (patronising), shoulder, knee, leg. Carers need to be aware of cultural differences regarding touch and any sexual implications.

Physical contact provides appropriate psychological security or approval.

Modelling

This means showing only socially acceptable behaviour in a situation in the hope that individuals will learn to act in a similar way. Some examples of modelling include:

- Carers always seem to be bright and happy, they always smile and greet the individuals in their care with a cheery 'good Morning'. This is to encourage individuals to feel positive, after a few mornings individuals will greet the care in the same way and often be the first to do so.
- There are a large number of young single mums who do not know how to rear their children to give them a good chance in life. Some local authorities have schemes for young single mums to stay in a house together with professionals. The professionals help to look after the children by getting them into a routine, encouraging good feeding habits and playing with the children. The young mums find their children are more content and they have an opportunity to practice what they see.
- Carers always saying please and thank you.
- Parents with young children always use pedestrian crossings to cross the road.

Working alongside

This is where the care worker does the same activity as the individual in order to provide motivation and encouragement. By taking part in the activity the carer is considered more of an equal and less of a threat.

For example a care worker may play with a child, or join in by playing bingo with a group of individuals. Older individuals can be encouraged to do housework and cooking alongside caring staff to stimulate mental activities and physical abilities. Young carers themselves can learn a lot about homemaking from older people too!

Setting challenges

This involves suggesting achievable tasks and activities that will stimulate the individual helps to improve abilities, skills and confidence. An individual's beliefs can restrict their activities. The individual may feel there are things they can and cannot do - e.g. they may be afraid to go outdoors. A carer's role is to set achievable goals to overcome such beliefs.

A physiotherapist will set challenges to get someone walking again. A carer may set a challenge for a child by providing a more difficult jigsaw or reading book. Many other challenges can be set depending on the age, ability and experience of the individual.

Targets should always have a purpose and they are more likely to be successful when individuals clearly understand the underlying reasons are for their benefit.

Safe working practices

The guidelines for safe working practices are found in:

- The Management of Health and Safety at Work Regulations 1999 - which makes clear what employers are expected to do to manage health and safety in their industry.
- The Health and Safety at Work Act 1974 which applies to every work activity.

As part of a care worker's training they are trained to work safely to ensure they protect themselves and the individuals in their care. Specific training includes:

- training in lifting techniques
- hygiene practices
- maintaining own safety

Safe lifting is important to the care worker and the individual. If an individual needs help with their mobility, a care plan will record an assessment of the individual's needs. It will identify the procedures for moving and handling the individual. The Health and Safety Executive, Royal College of Nursing and the National Back Exchange have guidelines to safe lifting techniques. A range of mechanical aids are available to assist with moving and lifting individuals. Safe lifting training aims to reduce the amount of injuries caused to the care worker (less risk of strains or back injury) and the individual in care (bruising, falls, skin tears, musculoskeletal injuries)

Good hygiene practices are in place to control infection. NICE (The National Institute for Health and Clinical Excellence) has guidelines to control infection within the caring sector. **Infection is a two-way process** and the guidelines are to protect the patient and the care worker from contracting infection.

Care workers are in a vulnerable position as they are exposed to a large number of individuals that can pass an infection on to them. Patients are also vulnerable as their bodies are fighting to recover from illness and their immune system is at a low ebb.

Methods for avoiding infection are:

- hand washing
- using gloves and aprons
- using sharps safely
- basic food hygiene
- educating carers and individuals

Maintaining own safety is a natural part of the safe working practices. It will be found integrated into safe lifting and hygiene practices. Carers are also trained to be aware of any or danger or risk they may be under with regards to hostile or violent individuals in their care and should use disengagement to remove themselves from risk.