



THE  
**CARE JOURNAL**

**Taking Care With Ageing**

A Communication and Record Book of Care  
needs for ageing persons and family carers



# **The Care Journal**

## **We Care Together**

This resource is dedicated to all Carers in recognition of their important role.

## Overview

Many persons who are ageing and also family carers have told us they are confused about services available to support them and, don't know how to access services. The aged care support system can be difficult to navigate and information from multiple organisations can be overwhelming.

People shared with us their solution was keeping a folio of information to help them keep track of all that was happening. We have taken all their good ideas and designed this journal.

The aim of this journal is to help with communication and be a record of who has contacted you and what services are doing. It is a service coordination map to keep everyone informed and linked in the right direction.



This resource has been designed and developed by  
**FamilyCare Carer Support Services**  
(03) 5823 7081  
[www.familycare.net.au](http://www.familycare.net.au)

## How to use the Journal

This journal is a record book for you as a person who is ageing and may need assistance to remain living independently or, the carer of an aged person.

The journal is designed to be a multipurpose type of diary or planner. It can be used:

- as a communication avenue for services that might visit you, or the person you care for, to assist to coordinate all your needs;
- as a record of services that are in place to support your needs;
- as a source to find help in the aged care service system and;
- as an important aid to keep the GP fully informed

## Acknowledgement

The development of this resource was made possible through funding from the Victorian Department of Health - Hume Region.

# Contents

|  |           |
|--|-----------|
| <b>Section 1: Your Information</b>   | <b>1</b>  |
| <ul style="list-style-type: none"><li>• Contacts and Emergency Numbers</li><li>• Frequently Used Numbers</li><li>• Important Dates</li><li>• Appointments</li></ul>  |           |
| <b>Section 2: Coordinating Services</b>  | <b>14</b> |
| <ul style="list-style-type: none"><li>• GP Contact</li><li>• Service Contact</li><li>• Notes</li></ul>   |           |
| <b>Section 3: Planning Care</b>  | <b>26</b> |
| <ul style="list-style-type: none"><li>• Daily Routine</li><li>• Services Planner</li><li>• Medications</li><li>• Notes</li></ul>   |           |
| <b>Section 4: Service Information</b>  | <b>38</b> |
| <ul style="list-style-type: none"><li>• Recognising Yourself as a Carer</li><li>• Navigating the Service System</li><li>• Future Planning</li><li>• Useful Contacts</li><li>• Acronyms</li><li>• Notes</li></ul> |           |



**Your Information**

# Your Details

|           |          |
|-----------|----------|
| Name      | DOB      |
| Address   |          |
| City/Town | Postcode |
| Phone     | Email    |

## My GP

|                 |
|-----------------|
| Doctor's Name   |
| Clinic          |
| Contact Details |

## Profile

|                          |
|--------------------------|
| Major Medical Conditions |
|                          |
|                          |
|                          |
| Allergies                |
|                          |
| Likes                    |
|                          |
| Dislikes                 |
|                          |
| Diet                     |
|                          |

## Are you a Carer for Someone?

|                                   |
|-----------------------------------|
| I am the primary carer for:       |
| My relationship to the person is: |

## Next of Kin

|                 |              |
|-----------------|--------------|
| Name            | Relationship |
| Contact Details |              |





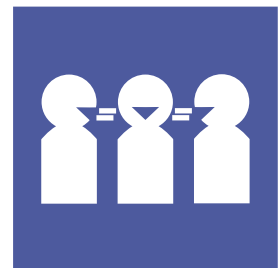
# Emergencies and Languages



**In an emergency contact 000  
Request the service you need;  
Police, Fire or Ambulance**

## Help with languages when accessing services

People who speak a language other than English can ask for an interpreter when accessing services. The display of the National Interpreter symbol means that language assistance is available. To use an interpreter over the phone contact Translating and Interpreting Service: 131 450.



## Which language?

I speak:

The person I care for speaks:

## Key Contacts

My Aged Care. For aged care information call 1800 200 422  
Web address: <http://www.myagedcare.gov.au/>

Carers Victoria. For information as a carer call 1800 242 636  
Web address: <http://www.carersvic.org.au>

Nurse-On-Call. Health advice by phone, call 1300 60 60 24  
Web address: <http://www.health.vic.gov.au/nurseoncall/>

# Frequently Used Numbers

| <b>Name</b><br>(person or service) | <b>Contact Number</b> | <b>Email</b> |
|------------------------------------|-----------------------|--------------|
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |
|                                    |                       |              |

# Frequently Used Numbers

| <b>Name</b><br><small>(person or service)</small> | <b>Contact Number</b> | <b>Email</b> |
|---|-----------------------|--------------|
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |

# Frequently Used Numbers

| <b>Name</b><br><small>(person or service)</small> | <b>Contact Number</b> | <b>Email</b> |
|---|-----------------------|--------------|
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |
|   |                       |              |

# Important Dates

| <b>Occasion</b> | <b>Date</b> |
|-----------------|-------------|
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |

# Important Dates

| Occasion | Date |
|----------|------|
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |
|          |      |

# Appointments

| Day/Date | Time | Purpose | Location/Address |
|----------|------|---------|------------------|
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |



# Appointments

| Day/Date | Time | Purpose | Location/Address |
|----------|------|---------|------------------|
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |

# Appointments

| Day/Date | Time | Purpose | Location/Address |
|----------|------|---------|------------------|
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |
|          |      |         |                  |



## **Coordinating Services**

This section will assist you to coordinate services

# GP Contact

It is important for the GP to be aware of what's happening for the aged person and also the family carer. The GP is the central point in navigating aged care services. The GP should be informed of services involved and can make recommendations for supports and can also refer to other services.

Referral Suggestions:

- Aged Care Assessment Team
- Carer Support Services
- Home and Community Care Services

| Date | Recommendation | Referral Made |
|------|----------------|---------------|
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |

# GP Contact

| Date | Recommendation | Referral Made |
|------|----------------|---------------|
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |
|      |                |               |

# Service Provider Contacts

This is a space to record any person who has visited or phoned to discuss services for the person who is aged or services for the family carer. You as the owner of this Journal can fill this contact in or you can ask the person who visited. Please show any new contacts to your GP at the next appointment.

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

# Service Provider Contacts

This is a space to record any person who has visited or phoned to discuss services for the person who is aged or services for the family carer. You as the owner of this Journal can fill this contact in or you can ask the person who visited. Please show any new contacts to your GP at the next appointment.

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |



# Service Provider Contacts

This is a space to record any person who has visited or phoned to discuss services for the person who is aged or services for the family carer. You as the owner of this Journal can fill this contact in or you can ask the person who visited. Please show any new contacts to your GP at the next appointment.

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

# Service Provider Contacts

This is a space to record any person who has visited or phoned to discuss services for the person who is aged or services for the family carer. You as the owner of this Journal can fill this contact in or you can ask the person who visited. Please show any new contacts to your GP at the next appointment.

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

# Service Provider Contacts

This is a space to record any person who has visited or phoned to discuss services for the person who is aged or services for the family carer. You as the owner of this Journal can fill this contact in or you can ask the person who visited. Please show any new contacts to your GP at the next appointment.

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

# Service Provider Contacts

This is a space to record any person who has visited or phoned to discuss services for the person who is aged or services for the family carer. You as the owner of this Journal can fill this contact in or you can ask the person who visited. Please show any new contacts to your GP at the next appointment.

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |

|   |       |
|---|-------|
| Day:  | Date: |
| Name of Service:                            |       |
| Worker's Name:                              |       |
| Contact Details:                            |       |
| What is this service about?                 |       |
| What will this service do?                  |       |
| What is the outcome of their visit/contact? |       |



# Notes

A series of horizontal dotted lines for writing notes.

# Notes

## **Planning Care**

This section will assist you to plan care



# Important Notes

## Daily Routine

Mornings

Afternoons

Evenings

## Things That Are Difficult, Or Where Help Is Needed

## Safety Issues

# Services Planner - to keep track of support that comes into the home

Date Commenced: \_\_\_\_\_

Commence new planner as necessary

## Ongoing/Regular Services

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| AM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
| PM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |

## Short Term Services

| Date Range    | Commence: | Conclude: | Date Range    | Commence: | Conclude: |
|---------------|-----------|-----------|---------------|-----------|-----------|
| Service Type: |           |           | Service Type: |           |           |
| Provider:     | Contact:  |           | Provider:     | Contact:  |           |

## Services Planner - to keep track of support that comes into the home

Date Commenced: \_\_\_\_\_

Commence new planner as necessary

### Ongoing/Regular Services

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| AM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
| PM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |

### Short Term Services

| Date Range    | Commence: | Conclude: | Date Range    | Commence: | Conclude: |
|---------------|-----------|-----------|---------------|-----------|-----------|
| Service Type: |           |           | Service Type: |           |           |
| Provider:     | Contact:  |           | Provider:     | Contact:  |           |



# Services Planner - to keep track of support that comes into the home

Date Commenced: \_\_\_\_\_

Commence new planner as necessary

## Ongoing/Regular Services

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| AM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
| PM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |

## Short Term Services

| Date Range    | Commence: | Conclude: | Date Range    | Commence: | Conclude: |
|---------------|-----------|-----------|---------------|-----------|-----------|
| Service Type: |           |           | Service Type: |           |           |
| Provider:     | Contact:  |           | Provider:     | Contact:  |           |

## Services Planner - to keep track of support that comes into the home

Date Commenced: \_\_\_\_\_

Commence new planner as necessary

### Ongoing/Regular Services

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| AM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
| PM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |

### Short Term Services

| Date Range    | Commence: | Conclude: | Date Range    | Commence: | Conclude: |
|---------------|-----------|-----------|---------------|-----------|-----------|
| Service Type: |           |           | Service Type: |           |           |
| Provider:     | Contact:  |           | Provider:     | Contact:  |           |



# Services Planner - to keep track of support that comes into the home

Date Commenced: \_\_\_\_\_

Commence new planner as necessary

## Ongoing/Regular Services

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| AM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
| PM   |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |

## Short Term Services

| Date Range    | Commence: | Conclude: | Date Range    | Commence: | Conclude: |
|---------------|-----------|-----------|---------------|-----------|-----------|
| Service Type: |           |           | Service Type: |           |           |
| Provider:     | Contact:  |           | Provider:     | Contact:  |           |



# Medications

| Eyedrops | Notes |
|----------|-------|
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
| Creams   | Notes |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
| Other    | Notes |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |





# Notes

A series of horizontal dotted lines for writing notes.

# Notes

## **Service Information**

The purpose of this section is to provide information to support the older person and their family. There are many options to help both the older person and their family caregiver. This section starts by talking about family caregivers or more simply, carers.

# Recognising Yourself as a Carer

## What is a carer?

A carer is someone who provides assistance or support to a person who is ageing or a person who has a disability. An informal carer is a person who provides help voluntarily, without being paid. A carer can be a friend or relative and does not necessarily have to live with the person.

## Who are carers?

Carers can have many other roles in life. They can be a wife, husband, son or daughter. Due to these multiple roles carers can often be invisible and not be recognised as a carer or not identify themselves as carers. It is important that the informal family carer put their hand up and say - 'I am a carer'.

## What do carers do?

Carers can do many tasks that help the person who is ageing. Some of these activities are listed below. You may recognise some of them.

- |   |   |
|---|---|
| <input type="checkbox"/> Shopping         | <input type="checkbox"/> Banking              |
| <input type="checkbox"/> Transport        | <input type="checkbox"/> Housework            |
| <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Lifting and moving   |
| <input type="checkbox"/> Medication       | <input type="checkbox"/> Monitor safety       |
| <input type="checkbox"/> Grooming         | <input type="checkbox"/> Oversee health       |
| <input type="checkbox"/> Bathing          | <input type="checkbox"/> Support independence |
| <input type="checkbox"/> Toileting        | <input type="checkbox"/> Encourage wellbeing  |
| <input type="checkbox"/> Dressing         | <input type="checkbox"/> Give reassurance     |
| <input type="checkbox"/> Advocate         | <input type="checkbox"/> Plan for the future  |

**For further information, please contact  
Carers Vic on 1800 242 636.**

# Stages of the Caring Role

The following information will help carers recognise the 'extra' activities they do as being, caregiving. It is to show that caring is progressive and it is set out in this information as stages. These descriptions are not clear, distinct stages but are a loose guide to perhaps understand what is happening for the ageing person (care recipient) and what is happening for the family carer.

## Pre-Caring

The ageing person is residing in the community, ageing with perhaps some activity restrictions. The supporting family members, such as a wife or husband, may have no recognition or awareness of their caring role.

## Stage One

A gradual start to the care role will involve undertaking some tasks which previously, the person could do themselves, unaided. Providing this support may go unnoticed. Alternatively there may be the sudden need to care for the family member after a health event or accident such as a stroke or injury from a fall. Many people will not identify that they are in a care role at this point, feeling they are just doing normal tasks as a spouse or adult child. If a crisis is involved many carers will be too overwhelmed to consider the full impact this will have on themselves.

## Stage Two

Stage two involves continued commitment to caregiving activities where, ongoing support is given to the person who is ageing with a disability. At this point carers, and the person they care for, may need aids and equipment in the home, in home services or require support from other health professionals. The carer may be confused with navigating the service system and unsure where to seek advice. The carer may also be unwilling to source help outside the home or family.

## Stage Three

At stage three of caring, services may be involved and the tasks and activities the carer undertakes have become part of routine. Again the carer still may not recognise that they are providing more and more support. The carer could be exhausted, stressed, depressed or have their own health issues. Outsiders (services and extended family) may not identify the carer is at a point where more support is required, or the carer is becoming mentally and/or physically unwell. Perhaps the carer cannot cope anymore as the needs of the person being cared for have become too great.

## Stage Four

This stage could be a time of change, where extensive help is needed. Services and supports may be in the home or the aged person may enter permanent care arrangements in a residential care facility. Admission into formal care arrangements does not mean relinquishing care but rather, the carer continues the caregiving relationship in a different environment.

## End of Life Care

No-one can predict the duration of end of life care and palliative care arrangements. The passing of the care recipient is a significant event and must be recognised as part of caregiving along with other grief and loss processes involved with a loved one dying.

*(Stages of Caring, adapted from Carers Vic 2012; Area Agency on Ageing, 2012)*

## Support Types

### Permanent full time care

Residential respite (short intervals)

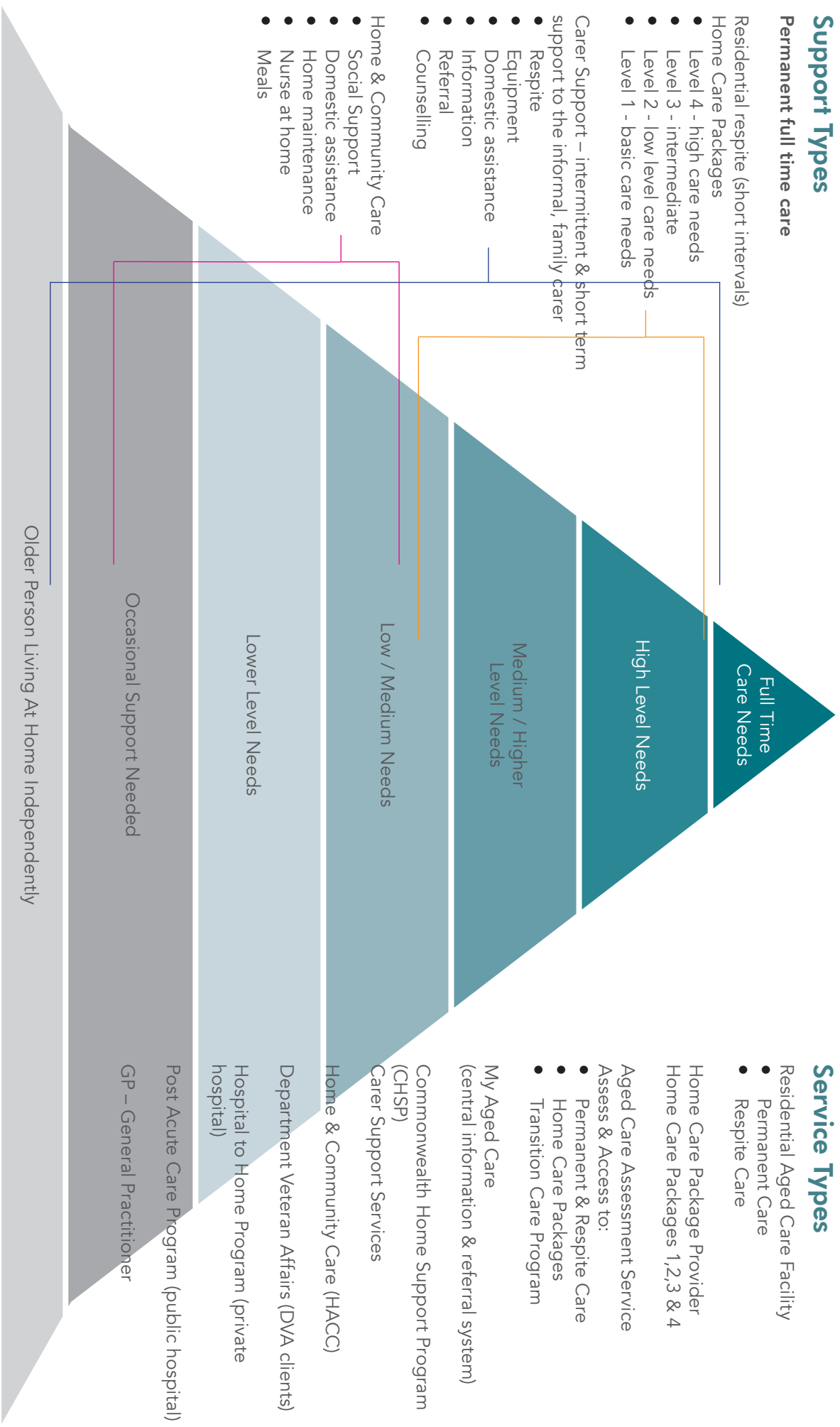
Home Care Packages

- Level 4 - high care needs
- Level 3 - intermediate
- Level 2 - low level care needs
- Level 1 - basic care needs

Carer Support – intermittent & short term support to the informal, family carer

- Respite
- Equipment
- Domestic assistance
- Information
- Referral
- Counselling

- Home & Community Care
- Social Support
- Domestic assistance
- Home maintenance
- Nurse at home
- Meals



# Future Planning

This last section of information talks about future planning and advanced care planning. These are important topics to discuss with your family. Future planning describes organising your affairs and advanced care planning is a specific topic about having your say about future medical treatment.

## Future Planning

Future planning can mean many different things for different people. This checklist may help you identify what you do and do not have in place and suggested actions.

- I have a current Will
- I have appointed Powers of Attorney
  - General Power of Attorney
  - Medical Power of Attorney
  - Financial Power of Attorney
- Guardianship
- I have had advice from a financial advisor about my home and assets if I need ongoing formal care
- I know my best options regarding a Refundable Accommodation Deposit (RAD)
- I know my best options regarding a Refundable Accommodation Contribution (RAC)
- I have spoken to my GP about my future medical needs and wishes
- I have spoken to my family/friends about my wishes for the future and my beliefs about my health
  
- I have written down my wishes and my family know where this is or they have a copy

For advice and information contact your own solicitor, financial advisor or contact the Office of Public Advocate; free call: 1300 309 33; website: [www.publicadvocate.vic.gov.au](http://www.publicadvocate.vic.gov.au)

## Solicitors Details

My solicitor's details

|                 |          |
|-----------------|----------|
| Name            |          |
| Firm            |          |
| Contact Details | Address: |
|                 | Phone:   |
|                 | Email    |

Person I care for's solicitor's details

|                 |          |
|-----------------|----------|
| Name            |          |
| Firm            |          |
| Contact Details | Address: |
|                 | Phone:   |
|                 | Email    |



# Advanced Care Planning

Advanced Care Planning – means having a say about your future medical treatment.

Talking about dying is difficult but this is a part of future planning. Thinking about Advanced Care Planning can be confronting but it is even more difficult in a crises situation when someone is ill and decisions have to be made. It is important that people’s wishes are known.

Advance Care Planning involves decisions about treatment options. Having a plan in place to clarify your values and choices will help family to make decisions in your best interests if a time came when you were unable to decide. You can give directions about medical treatment that you DO and DO NOT want. Some of the terms and what they mean are listed below.

## What do all the terms mean?

### Advanced Care Directive

This document formally records your choices, it is also called an Advance Care Plan 

### MEPOA


Medical Enduring Power of Attorney. This is a legal document that allows you to appoint another person to make medical treatment decisions on your behalf, BUT only when you are not able to make or communicate decisions for yourself.

### Refusal of Treatment Certificate

A document specifying the type of treatment a person wishes to refuse. This does not include palliative care treatment such as adequate pain relief. These certificates are available from Medical Directors or the Office of the Public Advocate.

### Statement of Choices

This may also be known as an Advance Care Plan. It is a document to set out all your treatment wishes (medical decisions) for use in circumstances where you can no longer make or communicate decisions yourself.

It is very important to consult your doctor and your solicitor about all of these matters. For further information contact your local hospital, your GP or the Respecting Patient Choices initiative at Austin Health, call: (03) 9496 5660; website: [www.respectingpatientchoices.org.au](http://www.respectingpatientchoices.org.au) or email: [rpsoffice@austin.org.au](mailto:rpsoffice@austin.org.au) 

## Advanced Care Plan Check List

I have an Advanced Care Plan

My plan is stored: .....

### The people who have copies of my Advanced Care Plan are:

Name: .....

Contact Details: .....

Name: .....

Contact Details: .....

# Useful Contacts

| Organisation  | Phone  | Website  |
|---|--|--|
| National Aged Care Advocacy Program (NACAP)                           | 1800 700 600                                 | <a href="http://www.agedcarecomplaints.govspace.gov.au">www.agedcarecomplaints.govspace.gov.au</a> |
| Victoria Elder Rights Advocacy  | 9602 3066                                    | <a href="http://www.era.asn.au">www.era.asn.au</a>   |
| Dispute Settlement Centre   | 1800 658 528                                 | <a href="http://www.disputes.vic.gov.au">www.disputes.vic.gov.au</a>                               |
| Office of the Public Advocate   | 1300 309 337                                 | <a href="http://www.publicadvocate.vic.gov.au">www.publicadvocate.vic.gov.au</a>                   |
| My Aged Care  | 1800 200 422                                 | <a href="http://www.myagedcare.gov.au">www.myagedcare.gov.au</a>                                   |
| Alzheimer's Australia   | 1800 100 500                                 | <a href="http://www.fightdementia.org.au">www.fightdementia.org.au</a>                             |
| National Dementia Helpline  | 1800 100 500                                 | <a href="http://www.fightdementia.org.au">www.fightdementia.org.au</a>                             |
| Carers Vic  | 1800 242 636                                 | <a href="http://www.carersvic.org.au">www.carersvic.org.au</a>                                     |
| DBMAS - Dementia Behaviour Management Advisory Service                | 1800 699 799                                 | <a href="http://www.dbmas.org.au">www.dbmas.org.au</a>   |
| COTA – Council of the Aged Australia                                  | 08 8232 0422                                 | <a href="http://www.cota.org.au">www.cota.org.au</a>   |
| COTA Victoria   | 03 9654 4456                                 | <a href="http://www.cotavic.org.au">www.cotavic.org.au</a>   |
| Centrelink  |  | <a href="http://www.humanservices.gov.au">www.humanservices.gov.au</a>                             |
| • Bereavement   | 132 300                                      |  |
| • Carers  | 132 717                                      |  |
| • Financial Information Services                                      | 132 300                                      |  |
| • My Gov (help desk)  |  |  |
| • Older Australians   | 132 307                                      |  |
| • Medicare  | 132 300<br>132 011                           |  |
| <b>KEY Local Contacts for Greater Shepparton and surrounding LGAs</b> |  |  |
| Organisation  | Phone  | Website  |
| FamilyCare<br>Carer Support Services                                  | 5823 7000<br>5823 7081                       | <a href="http://www.familycare.net.au">www.familycare.net.au</a>                                   |
| Hume Region<br>Aged Care Assessment Service                           | 5823 6000                                    | <a href="http://www.gvhealth.org.au">www.gvhealth.org.au</a>                                       |
| Home and Community Care<br>(Greater Shepparton City Council)          | 5832 9700                                    | <a href="http://www.greatershepparton.gov.au">www.greatershepparton.gov.au</a>                     |
| Community Interlink   | 1800 222 582                                 | <a href="http://www.gvhealth.org.au">www.gvhealth.org.au</a>                                       |
| Rumbalara Aboriginal Co-op Ltd.                                       | 1800 637 371                                 | <a href="http://www.rumbalara.org.au">www.rumbalara.org.au</a>                                     |
| MHA Care (Moirā)  | 5742 1111                                    | <a href="http://www.mhacare.org.au">www.mhacare.org.au</a>   |
| Nexus Primary Health (Mitchell & Strathbogie shires)                  | 1300 773 352                                 | <a href="http://www.nexusprimaryhealth.org.au">www.nexusprimaryhealth.org.au</a>                   |
| Murrindindi Shire Council   | 1800 633 792<br>(within shire) /<br>57720333 | <a href="http://www.murrindindi.vic.gov.au">www.murrindindi.vic.gov.au</a>                         |

# Abbreviations

At times it may feel like health professionals are talking in riddles as they rattle off short abbreviated names for supports and services. The list below may help in recognising some of the common terms used in the aged care and carer support service system.

|           |   |
|-----------|---|
| ACAS/ACAT | Aged Care Assessment Service or Aged Care Assessment Team |
| APATT     | Aged Psychiatry Assessment and Treatment Team             |
| ALO       | Aboriginal Liaison Officer                                |
| CALD      | Culturally and Linguistically Diverse                     |
| CDAMS     | Cognitive Dementia and Memory Service                     |
| CHSP      | Commonwealth Home Support Program                         |
| CDC       | Consumer Directed Care                                    |
| DAIS      | Disability Advocacy Information Service                   |
| DBMAS     | Dementia Behaviour Management Advisory Service            |
| DHHS      | Department of Health and Human Services                   |
| DNS       | District Nursing Service                                  |
| DSS       | Department of Social Services                             |
| ERA       | Elder Rights Advocacy                                     |
| GP        | General Practitioner                                      |
| HACC      | Home And Community Care                                   |
| HCP       | Home Care Package   |
| HSP       | Home Support Program                                      |
| LGA       | Local Government Area                                     |
| PACP      | Post-Acute Care Program                                   |
| PAV       | Personal Alert Victoria                                   |
| PCA       | Personal Care Assistant                                   |
| PCW       | Personal Care Worker                                      |
| RAC       | Refundable Accommodation Contribution                     |
| RACF      | Residential Aged Care Facility                            |
| RAD       | Refundable Accommodation Deposit                          |
| RAS       | Regional Assessment Service                               |
| RIAC      | Rights Information and Advocacy Centre Inc.               |
| TCP       | Transitional Care Program                                 |



# Notes









# Notes



# Acknowledgements

This resource has been designed and developed by FamilyCare, Carer Support Services as part of the Transitions of Care Project (2012/13) which was funded by the Victorian Department of Health – Hume Region.

Editing advice has been contributed by Anne Marmo, Research & Graduate Studies Officer, Rural Health Academic Centre, University of Melbourne.

Contributions to the development of this resource have come from service providers, older persons and family carers.

Grateful acknowledgement goes to the members of the Project Steering Committee who have been instrumental in reviewing and refining the contents of the resource throughout development and final completion.

Membership of the Project Steering Committee included:

|                 |  |
|-----------------|--|
| Stephen Carroll | Department of Health – Hume Region     |
| Mary Anne Jones | Shepparton Villages                    |
| Kerri Rivet     | Shepparton Villages                    |
| Kim Turner      | GV Primary Care Partnership            |
| Jenny Hendy     | West Hume Aged Care Assessment Service |
| Dean Walton     | Rumbalara Aboriginal Co-Operative      |
| Keith Downing   | GV Health Community Interlink          |
| Gayle Scott     | Community Representative               |
| Diana Neum      | Community Representative               |

Special thanks goes to the carers who were involved with the evaluation of the resource and to Kaye Ervin from the University of Melbourne who was instrumental in the evaluation of The Care Journal.

*Disclaimer: Every effort has been made to obtain information included in the resource from reliable sources. Material has been presented in a broad and simplified manner. Responsibility for the use and interpretation of the information lies with the individual. Contact details, references and websites were correct and available at the time of publication.*

