



Partnerships in care

Caring together

A fact sheet for residential aged care providers



What is a Partnerships in care program?

A Partnerships in care (PiC) program takes a person-centred approach to promoting existing relationships of care between a resident and their family members or close friends.

Establishing a PiC program ensures your residents continue to be supported by someone they choose for care and companionship even during periods of outbreak. A PiC program includes implementing formal arrangements to support safe visitation to enhance the wellbeing and quality of life for residents.

The Commission's PiC program resources include basic training for partners in infection prevention and control, as well as guidance

to assist your service to consider what is required to ensure continuity of visitation, particularly during periods of outbreak.

PiC build on recent public health advice relating to visitation access for aged care residents including the [Industry Code for Visiting Residential Aged Care Homes During COVID-19](#) and the [Interim Guidance on Managing Public Health Restrictions on Residential Aged Care Facilities](#).

You can use the guidance and resources developed by the Commission to establish an effective PiC program that considers the specific needs of the individuals involved. Your program can also be tailored to meet public health directions, public health orders (including those which might apply during an outbreak) and your policies.



While the information in the Commission's PiC program resources focuses on the role of partners in care (also referred to as partners), the information may be useful for other visitors to your service. The Commission's fact sheet [Ensuring safe visitor access to residential aged care](#) contains more information about who are essential visitors and the obligations of residential aged care providers to ensure safe visitor access.

Benefits of partnerships in care might include:

- continuity of relationships and social contact for residents to maintain overall wellbeing and quality of life, particularly during outbreaks
- decreasing the psycho-social impacts associated with visitor restrictions, lockdowns and sustained social isolation including loneliness, anxiety, boredom, fear, depression, and cognitive decline
- supporting and maintaining important routines for residents, especially for those residents living with cognitive impairment including dementia
- decreasing nutritional impacts associated with lockdown and visitor restrictions such as weight loss, malnutrition, reduced enjoyment of meals, monitoring and assessment of food intake, deterioration in wound healing and immunity
- decreasing the impacts of physical deconditioning associated with visitor restrictions and lockdowns including reduced balance, bone and muscle mass, independent function and participation in meaningful activities
- assisting partners in care to learn new skills and understand how to implement safe infection control practices when visiting the service.

Who might be a partner in care?

A partner in care is a person identified by the aged care resident or their representative, with whom they have a close and continuing relationship such as a family member or a close friend. They regularly visit the resident and provide aspects of routine care and companionship to that person.

A partner is not a casual visitor, or visitor not providing an aspect of care, or visitor who the resident does not want to have assisting with their care.

To join a formal PiC program, a partner must also complete basic training on the principles of infection prevention and control and agree to your service's induction processes and policies. Your partners must also understand their responsibilities in outbreak settings.

How a partner in care might be able to assist

There are a broad range of activities that a partner may undertake with a resident. Possible activities include:

- physical activity and exercise
- grooming
- massage
- assistance with meals
- leisure activities e.g., reading, music
- access to and supervision in outdoor spaces or the community
- companionship, conversation and social engagement
- meaningful support when residents are nearing the end of their life.

Assistance from a partner should also consider individual and culturally specific factors.



How can you implement a Partnerships in care program?

To implement a program in your service, consider the following points:

- resources required for implementation and communication to staff about the program
- an induction process for partners in care which outlines your expectations of them. At a minimum this should include confirming the partner has accessed and completed the Commission's [Partnerships in care information package](#), information about work health and safety requirements, privacy, and information about vaccination requirements
- assessing how a partner in care arrangement may impact other residents and minimise the impact appropriately
- identifying onsite areas that the partners in care can and cannot access during visits including in outbreak settings

- monitoring and supporting compliance with infection control practices
- a process for staff to engage with partners during visits. This should include information sharing about the resident to outline activities undertaken since the last visit, and any relevant observations or areas of concern.

In outbreak settings, a staff member should be available on-site to answer questions from partners and supervise infection prevention control practices and the correct use of personal protective equipment (PPE).

The Commission's [Partnerships in Care – Provider toolkit](#) provides further information to assist your service manage risks and responsibilities.

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

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