

Hiring & Working Successfully

WITH IN-HOME CARE PROVIDERS



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This publication is not intended to give legal or tax advice. If you need that kind of advice, consult a qualified professional.

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My parents have been married 60 years. They live in the house they moved into 40 years ago. I am their only daughter. I'm a single parent with three school-age children, and I work outside the home. Dad has Alzheimer's disease, and Mom takes care of him. Dad was always an outdoors person, and recently he began wandering away. Mom has a heart condition, and keeping a constant eye on him is wearing her out. I suggested she hire someone to give her a break or help around the house. She said no, not until she "really" needs help. I worry about both Mom and Dad. I want to help more, but my children need me and I need my job. To be honest, I also would like time for myself.

Karen, age 42

My wife, Mary, is 72 years old. She has Parkinson's disease. Last Tuesday she fell and broke her hip. She is coming home from the hospital in a few days. The hospital social worker told me about the limited services Medicare provides. I know I will need more help than that, and I'm going to need it for a longer time.

Bill, age 75



Now or in the foreseeable future, you may face situations like these with a relative or other person for whom you have responsibility. You may want to help, but as more help is needed you realize you can't do it all. Then it may be time to look for someone to help with activities such as bathing, dressing, house-keeping chores, and errands.

Deciding what help you need and selecting a worker is a sizable task that requires careful thought, planning, and research.

Benefits and challenges of in-home care

Benefits of in-home care include:

- Making it possible for the care receiver to live at home longer, thus enhancing quality of life
- Giving primary caregivers a break and help with care
- Having someone else give personal care—such as toileting and bathing—that a family member feels uncomfortable providing to a parent or person of the opposite sex
- Enabling a family member to maintain his or her current role and relationship with the person



- Reducing resentment that may occur if a person needs to make significant adjustments in daily life to provide care
- Saving money by delaying placement in a care facility
- Increasing flexibility, because in-home care can be temporary and tailored to meet the needs both of the care receiver and the caregiver

In-home care has many challenges, too.

- Cost is a factor. Private health insurance, long-term care insurance, and Medicare cover only some of these services. Be sure to get clear information about coverage limits.
- Resistance may surface. The care receiver may say he doesn't need help or want "strangers" in the house.
- Coordinating services can be time consuming. This is especially true if the care receiver requires several types of service such as in-home care, home health, and/or hospice.
- The unexpected can happen. In-home workers may not show up or may quit without notice. You may have to juggle schedules and look for a new worker just when it seemed everything was arranged.
- An employer's role isn't easy. You may be the one who has

to interview and check applicants' references and then orient, supervise, or even fire a worker.

Despite the challenges, in-home help may be the best option even for a short time. However, deciding what help you need and selecting a worker is a sizable task that requires careful thought, planning, and research. This publication is a guide through the maze of finding, screening, and hiring an in-home worker.

You will learn:

- When to use in-home help
- How to decide what type of help you need
- Effective ways to hire, orient, and supervise in-home workers
- How to end an arrangement with an in-home worker

Entering the world of in-home services

You might enter the world of in-home services after a relative's unexpected illness or injury means she needs help upon returning home from the hospital. Or perhaps her care needs have increased gradually and now exceed your physical or emotional ability to meet them. Especially when caregiving responsibilities put *your* health at risk, it's time to consider paid care providers. Remember, everyone is affected if your health fails.

After hospitalization

Ideally, planning for in-home care should begin soon after the patient enters the hospital. Many family caregivers have said they were given very short notice of the patient's discharge and were not prepared for it.

The hospital's discharge planning may not begin until the patient is about to be discharged. The doctor decides whether certain medical treatments or therapy require in-home care services. Often, the doctor outlines which activities the patient can and cannot do. But the doctor does not decide whether the patient needs housekeeping or personal-care services such as bathing and dressing.

If you are concerned about your ability to provide all or some of the care needed, talk to the doctor or nurse about in-home care services. Emphasize your concern by saying, "I am very worried about providing these kinds of care. Whom can I talk to about getting the help I need?" In many cases, you'll be directed to a social worker in the hospital's social services department. Tell the social worker if you believe the patient needs to recuperate under professional care. Ask about extended-care options, nursing homes, and adult foster care homes.

Hiring in-home help is an eight-step process.

Step 1

Learn about in-home care services.

Step 2

Develop a profile of care needs.

Step 3

Write a job description.

Step 4

Find out about legal, financial, and tax issues.*

Step 5

Decide whether to hire on your own or through an agency.

Step 6

Screen and interview applicants.

Step 7

Check applicants' references and backgrounds.

Step 8

Sign an agreement.

*These vary by state and change over time. Information in this publication is current as of December 2001.

Ask exactly what a certain worker will and won't do.

Hospital discharge planners arrange for services—such as transportation and nursing—that are needed so patients can go home. Give the discharge planner a clear picture of your situation and the help you may need. The discharge planner also may advise you about health insurance and Medicare or Medicaid coverage for in-home services.

Step 1:
Learn about
in-home care services

In-home care generally can be divided into two major categories: *skilled care* and *in-home support services*. Skilled care is medical care provided under a doctor's direction by health-care

professionals such as nurses and therapists. It includes medical procedures such as wound care, home dialysis, and physical therapy. In-home support services (non-medical care) include housecleaning, meal preparation, help with grooming and dressing, and companion care. In-home care can be a combination of these services.

Medicare will pay for home health services (i.e., skilled care), but a doctor's order is required, the care receiver must meet specific Medicare criteria such as being homebound, and the home health agency must be Medicare-certified. Medicare does not pay for in-home nonmedical care.

The hospital social worker or the local area agency on aging may refer you to reputable sources of in-home help. (Look in the telephone book Yellow Pages for the nearest agency on aging, or ask at the local senior center for the number.) The patient's physician also may be able to give references, but typically physicians are less aware of those resources than social workers or senior groups.

Talk to friends and relatives who have hired in-home help. If you belong to a support group, such as for people whose relatives have Alzheimer's disease, group members often have valuable insights and advice.

You also need to understand who does what and how much various services cost. Different agencies give different titles to workers providing in-home care services. A "homemaker" at one agency may give personal care while a "homemaker" at a different agency may provide only housekeeping and no personal care. To add to the confusion,



self-employed workers often choose their own titles. Ask exactly what a certain worker will and won't do.

Step 2: Develop a profile of care needs

Assess your needs

You may already know the specific help you need and how often you need it. The doctor's advice on care is the beginning point. However, in complicated situations, consider hiring a professional such as a geriatric care manager to help evaluate care needs. The local area agency on aging may offer in-home assessments or direct you to an agency that does that. Assessment fees vary quite a bit depending on factors such as whether the agency is public or private, the qualifications of the person making the assessment, and whether the assessment is done in the home or in an office. Some in-home care agencies provide assessments for a fee without expecting you to hire in-home workers through them.

An assessment can help you:

- Define the care receiver's care needs and the kinds of help you need with caregiving
- Establish a baseline to help evaluate any changes later
- Determine worker duties and skills needed



- Develop the job description
- Evaluate the job performance of in-home workers

An assessment should include the care receiver's needs and any special problems such as mental confusion or difficult behavior. The assessment should cover help needed with personal care, meals, grocery shopping, house-keeping, home maintenance, transportation, medication management, mobility and transferring (to and from a wheelchair, for example), and other tasks.

Your needs as a caregiver are also high priority. An assessment should consider your need for respite, help with tasks, and replacement help if you are employed or have other competing responsibilities.

The sample profile on the following page can help you do your own assessment.

Your needs as a caregiver are also high priority. An assessment should consider your need for respite, help with tasks, and replacement help if you are employed or have other competing responsibilities.

Profile of Care Receiver's Needs

Name: _____ Date: _____ Age: _____

The care receiver...	Yes	No	Sometimes	Comments
understands own needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
asks for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
gets around independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
is incontinent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
is bedridden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
needs supervision				
– eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
– bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
– dressing/undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
– using toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
– mobility/transferring (e.g., from bed to wheelchair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
– preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
– using mobility devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
– medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special concerns				
visually impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
speech difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
confused/disoriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
impaired judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
depressed/anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
respiration problems/ use of oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other help needed				
laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
transportation/escorting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special information about the care receiver				
favorite activities _____				
special diet _____ food likes and dislikes _____				
allergies (food, medications, pollens, etc.) _____				
favorite clothes _____ primary language spoken/understood _____				
exercise needs _____ difficult behavior _____				
emergency safety issues _____				
other _____				
special issues (e.g., personal habits such as smoking; biases against religious, racial, or ethnic groups; sensitive conversation topics) _____				

Step 3:
Write a job description

Use the “Profile of Care Receiver’s Needs” and a list of your needs as a caregiver to develop a job description for the in-home worker. **The more specific the description, the better.** It should state clearly your expectations and the worker’s duties and responsibilities. It will help you recruit, interview, and hire workers. It will help applicants know exactly what would be expected of them if they were hired. It also provides a basis for evaluating a worker and terminating employment. The job description can be included with



the agreement. The following sample job description is intended only to give you ideas for yours.

Sample Job Description

Household Tasks

Dust, vacuum living room

Comments/Frequency

Wed. & Sat.; empty vacuum bag 1x/mo.

Change sheets

Sat.

Do laundry

Wed. & Sat.

Personal Care Tasks

Assist w/ bath/shampoo

Comments/Frequency

2x/wk. Use conditioner on hair.

Assist w/ exercises

Each visit; before lunch, walk to mailbox

Leisure Activities

Read newspaper to Jim

Comments/Frequency

Each visit; likes editorial page, sports, and comic strips

TV programs

Perry Mason (noon)

Other

Provide quiet time after lunch to reduce confusion and tendency to wander.

Swears sometimes. Smokes, and needs supervision.

Step 4:
**Find out about legal,
financial, and tax issues**

Clarify legal and financial issues before you begin looking for in-home help. Review insurance coverage, know your tax responsibilities if you employ a worker on your own, and clearly understand what's involved in working with an independent contractor (see below).



Insurance coverage

You need information about insurance coverage. The best source is an insurance agent—your agent if the care receiver is your dependent or lives with you, or the care receiver's insurance agent if he or she has insurance coverage.

- Does the auto insurance cover an employee or another person authorized to drive the family car? What are the exceptions?

- Does the homeowner insurance cover property damage, theft, and personal injury that involves an employee or other person working in the home?
- Should liability limits be raised?
- What about bonding? Bonding is insurance that protects both the in-home worker and the employer against financial loss. (It does *not* assure quality of service.) If a loss stems from the in-home worker's actions, the employer can file a claim. Washington, Oregon, and Idaho do *not* require that home health care agencies or home care agencies bond their employees. Some agencies do bond, however. Ask about bonding when you talk to an agency (see "Step 5," page 11). For information about bonding, check with your insurance agent or look in the Yellow Pages under "Bonds, Surety and Fidelity."
- Check on worker's compensation insurance. Typically it's not needed for in-home workers, but your situation may be an exception.

**Responsibilities
as an employer**

The nature and extent of your responsibilities as an employer are affected by whether you hire an "independent contractor" or an "employee." These are legal

distinctions with important differences. You do not have to withhold Social Security and Medicare taxes for independent contractors because they are responsible for reporting their income and for paying their own taxes. Some caregivers, seeking to reduce paperwork and taxes, try to hire independent contractors rather than employees.

Although this sounds great, it isn't easy to qualify as an independent contractor. The IRS is strict in its definitions and holds the *employer* responsible for proving that the in-home worker is an independent contractor. The IRS insists that independent contractors use their own equipment, set their own hours, be self-supervised, and provide services to other clients. The IRS rule is: Anyone who performs services is an employee if you (the employer) can control what will be done and how it will be done—what matters is that you have the legal right to control the method and result of the services. In most circumstances, regular in-home care providers are not independent contractors.

For information about independent contractors, call the IRS at 1-800-829-3676 and ask for Publication No. 15A, "Employer's Supplemental Tax Guide." The number of the IRS office nearest you is listed under "U.S. Government, Internal Revenue

Service" in the government pages of the telephone directory.

The laws and Social Security Be aware of laws regarding civil rights, overtime, equal pay, and discrimination that may apply to in-home help. Each state has a bureau of labor and industry (BOLI) Web site, which answers many questions for employers.

You must have your employee's Social Security number (SSN). You are responsible for verifying

Bureau of Labor and Industry (BOLI) Web Sites

Idaho <http://www.labor.state.id.us>

Washington <http://www.wa.gov/lni/>

Oregon <http://www.boli.state.or.us> Technical assistance to Oregon employers is available at <http://www.boli.state.or.us/technical/tacontac.html>

You might also want to call the BOLI office in your state: Oregon 1-503-731-4200, ext. 4; Washington 1-800-547-8367; Idaho 1-208-334-6252.

that a prospective employee is eligible to work in the United States. See "Handbook for Employers," available from the U.S. Department of Justice, Immigration and Naturalization Service, 425 I Street NW, Washington, DC 20536.

Oregon employers, including family caregivers, are required to file a notice of hiring with the Oregon Attorney General's Support Enforcement Division.

The expense and paperwork needed to comply with the laws may seem overwhelming, but actually the process is simpler than it first appears.

It's simple to do. For information, and to request a "New Hire Form," call 503-378-2868.

Tax-related responsibilities If you employ a worker directly (that is, *not* as an independent contractor), you are responsible for paying the employer portion of the tax for Social Security and Medicare. As an employer, you must withhold taxes from the worker's earnings and file forms and pay the withheld taxes regularly during the year. You will need an Employer Tax Identification Number (EIN). For information, call your accountant or the Internal Revenue Service at 1-800-829-3676. Ask for Form SS-4, "Application for Employer Identification Number."

For information about your state tax-withholding responsibilities, contact the state employment division, listed in the state government section of the telephone directory.

You do not have to withhold federal income taxes on wages paid to an in-home worker. However, you may need to pay:

- Social Security contributions (FICA)
- Federal Unemployment Tax (FUTA)
- State Unemployment Tax

The expense and paperwork needed to comply with the laws may seem overwhelming, but actually the process is simpler

than it first appears. However, if you think it would be too burdensome, an accounting or payroll service can help. For a fee, the service will process payroll checks, track payroll for tax purposes, and fill out quarterly tax reports.

Deductibility of health care and caregiving expenses

Federal and state tax laws keep changing. Contact the IRS and the state department of revenue for the latest information. Or, seek professional advice from an accountant.

Certain health care costs may be deductible on the income tax returns of the person who paid the expenses. These include money spent on medications, treatments, transportation to treatment centers, and certain in-home care costs. Nursing care services are most likely to be deductible; housekeeping services are less likely. However, recent changes in tax law now make some personal care, supervisory, and housekeeping services deductible. The IRS may ask for a statement from the care receiver's doctor that includes the following information.

- A diagnosis of the illness, whether it is permanent, the cause (if known), and the date of onset

- A complete list of health care services needed
- A statement of the need for live-in or daily assistance

Working caregivers sharing a household If you are employed or self-employed, are sharing a household with a person who needs care, and you have to hire in-home help in order to perform your job, you may be eligible for a dependent-care credit on your federal income taxes. You will need the following information.

- Accurate records of expenses, canceled checks, and receipts (keep records 4 years)
- Copies of your state and federal income tax returns
- The in-home care provider's Social Security number
- Dates and amounts of wages you paid
- The in-home care provider's W-4 form
- Any W-2 forms returned to you as undeliverable

It's also a good idea to save your ads for help, job interview notes, and documents and communications such as background checks and performance evaluations.

Order IRS Publication No. 503, "Child and Dependent Care Expenses." For more information about your special circumstances, call the IRS office at 1-800-829-1040. Be sure to write down the names of the IRS

people who give you information and advice, in case there's a question or dispute later.

Step 5: Decide whether to hire on your own or through an agency

The two main options for hiring in-home help are to employ a home-care agency or to hire an in-home worker privately. Both options have advantages and disadvantages. One advantage to hiring workers privately is that they usually are more flexible and charge less than an agency. The advantage to working with an agency is that the agency has the employer responsibilities. The following information may help you decide.

Home care agencies

Home care agencies usually charge more than privately hired



workers because the agency has a wide range of responsibilities:

- Assess, plan, match, coordinate, and manage in-home care services
- Coordinate a range of services
- Recruit, screen, interview, hire, train, supervise, evaluate, and pay the worker
- File forms, pay taxes, pay insurance coverage, and bond the worker
- Find a replacement if the worker is ill or for some reason cannot come to work
- Discipline the worker
- May provide nursing back-up for non-licensed staff. If the in-home worker has a question,

he or she can contact the agency nurse or other professional for information and consultation.

Home care agencies generally charge by the hour; rates vary depending on the type of service provided. Each agency has its own fee schedule and will provide it on request.



Generally, in-home service agencies try to match their workers to the needs and circumstances of the care receiver and caregiver, to avoid having a parade of workers. Sometimes the agency will assign more than one worker, particularly if help is needed 7 days a week or on both Saturday and Sunday.

If you hire a home health agency that provides Medicare-certified services, the agency will need information from the care receiver's doctor. The agency will contact the doctor for instructions and for approval of services and then will send a nurse to the care receiver's home to make an assessment. Your input into this assessment is important. Ask questions such as the following before selecting an agency. Take notes on the answers.

- Is your agency certified by Medicare? (In all states, the state department of health must certify that a home health care agency meets basic standards of patient care in order to qualify for Medicare or Medicaid reimbursement.)
- Is your agency licensed and, if so, by whom?
- Do you develop a written care plan that details the services to be provided? Does the family get a copy of the plan?

- Are services limited to certain times of day? Is there a minimum number of hours that must be paid for?
- Are your workers trained to work with memory-impaired or chronically ill elderly?
- Is your agency bonded? Are your workers bonded?
- How long have you been in business in this area?
- What are your fees? Do you have a sliding fee scale?
- What do your fees include? Are there additional costs, such as for travel or home evaluation?
- Who pays the worker? (If the agency is simply a “registry,” it does not assume an employer’s responsibilities. Those responsibilities, including paying the worker, belong to the one who hires the worker.)
- Will you provide a written statement of your costs and billing procedures?
- How will I be billed: by the hour, week, or month? Will I receive one bill for all services or separate bills?
- Who supervises the worker? How often does the supervisor visit the home?
- How do you handle complaints?
- Whom do I call if the worker doesn’t come to work?

- Will you find a temporary replacement, if needed?
- What is your procedure if there is an emergency in the home and you can’t reach me?
- How do you protect client confidentiality?
- How many references do you require before you hire a worker? (Two should be a minimum.)
- Do you do a criminal background check on employees? (Idaho does not require home health care or home care agencies to do a criminal background check before hiring an employee. However, many agencies do this voluntarily. Some may do it at the client’s request and charge the client a fee. A new law in Oregon will require criminal history checks for workers in state-licensed in-home care agencies. In Washington, any state-licensed agency—home health, home care, or hospice—must do a criminal background check before hiring an employee. Also, if a Medicaid client hires a worker that the State of Washington pays, that worker must have undergone a criminal background check.)

Ask the agency for the names and telephone numbers of local professionals, such as hospital discharge planners and social workers, or of community

Ask questions before selecting an agency. Take notes on the answers.

Word of mouth is one of the best ways to find a quality agency. Also, a national network of state and area agencies on aging provides information about community services in any area of the country. Call the Eldercare Locator at 1-800-677-1116.

organizations who have used the agency and can give references. You also can call the state licensing agency and the Better Business Bureau in the community where the agency has its main office. They can tell you whether any complaints have been filed against the agency.

Working with the agency Be candid about the care receiver's condition and any problems such as confusion. Your openness helps the agency select a worker who's compatible with you and the care receiver. Tell the agency about problems such as:

- Difficult behaviors of the care receiver; for example, giving away, hiding, or losing possessions and then believing someone stole them. Many agencies have workers who have had additional training to handle these behaviors.
- Any religious, racial, or other biases (e.g., a dislike of overweight people) the care receiver has that might create problems for certain workers
- The presence of pets and any habits (e.g., smoking, swearing, drinking) a worker might find troublesome

Stay in touch Generally, agencies want to hear about good care, exceptional staff, and problems such as:

- Personality clashes

- A worker who misses appointments, often calls in sick, or shows up late
- A worker who does not follow the plan of care or who fails to keep the care receiver clean and comfortable
- A worker who fails to leave the home or equipment clean
- A worker who lacks the skill or physical strength to provide proper care
- Verbal or physical abuse directed at you or the care receiver
- Suspicions of theft

Dealing with problems If you don't consider a problem serious, talk with the worker first. If this fails, or if the problem *is* serious, talk to the worker's supervisor as soon as possible. If necessary, talk to the agency's director and write a follow-up letter explaining the problem. Be specific and objective in your letter, and keep a copy. If nothing is done within a week—or sooner, for a grave problem—restate your concerns.

Don't hesitate to call the agency when a problem surfaces. Most agencies want to hear about problems before they get out of hand or you decide to end services. If minor problems can be resolved early, you avoid starting over again with a new agency.

If a home health care agency does not respond satisfactorily to a problem, contact the state

office that licenses home health agencies and contact the Better Business Bureau. If Medicare and Medicaid funds are involved, contact the appropriate government agency or call the Medicare hotline at 1-800-542-5186. Contact the police immediately in cases of theft, fraud, or abuse, but be sure you have evidence before taking this step. Be prepared to put your complaint in writing and to give specific examples to support your claim.

Finally, don't put a worker in a difficult position by asking her or him to do things that the agency does not allow or that the worker is not trained to do. For example, do not ask someone who does only housekeeping chores to help with personal care.

Finding and hiring a home-care worker on your own

Hiring someone privately, rather than through an agency, may reduce costs considerably. However, it will take more time and effort, and you must assume employer responsibilities including screening applicants, paying taxes, and supervising the worker. It is important to weigh costs, convenience, and legal and tax responsibilities.

Some people hire a combination of private in-home workers and in-home care agency staff. No matter how you set up care arrangements, be sure to have a

back-up plan for privately hired workers to cover vacations and other absences.

If you decide to find in-home help on your own, begin by asking friends and relatives for referrals. If you attend support group meetings, ask members for recommendations.

Some community agencies have registries of in-home workers they have screened. If the care receiver qualifies for Medicaid, a case manager may help you find an in-home worker. You can also use a private employment service. Check the Yellow Pages under "Home Care Registry and Referral" or "Employment Agency." There may be a fee for referral services.

Students in university departments of nursing or social work may want to work as in-home caregivers. Local community college and university career centers, especially those with nursing and social work programs, may be willing to tell students of your need for in-home help.



**TIRED OF
MINIMUM WAGES?**

\$10.00/hr.

Need nonsmoking home-care aide to assist elderly woman with personal care and errands. Week-days from 9 a.m. to 1 p.m. Driver's license and excellent driving record required. Some experience in home care desired. Call Ann at 555-5555 between 4 and 8 p.m.

Consider advertising in the local newspaper. Weekends are best. Also, you may be able to place ads in newsletters of local churches, synagogues, and senior centers.

Make your own fliers and post them in key places. Use bold lettering on brightly colored paper. Design tear-off strips at the bottom with your first name and telephone number. Ask to post fliers in:

- Local houses of worship
- Libraries, college dormitories, and college career centers
- Senior and cultural centers
- Hospitals and health clinics
- Retirement communities and mobile home parks
- Supermarkets

Make sure the flier describes the job and gives working hours and requirements such as a driver's license (see example at left). You might want to state how much you'll pay per hour, or you might want prospective employees to tell you what they'd expect to be paid. Include only your first name and telephone number or post office box. Emphasize any attractive features of the job, such as pay that's higher than minimum wage.

Step 6: Screen and interview applicants

Interviewing begins by screening applicants over the phone when they answer your ad. Develop a chart (see page 17) to record applicants' information. This enables you to ask the same questions each time and to compare responses.

Your goal is to find the best match in terms of care needs, services, and personalities. A good, comfortable relationship between you, the care receiver, and the in-home worker is critical. Although you want someone who can do the necessary tasks, the worker also should be sensitive and caring and should understand the care receiver's needs and your situation. The relationship between the care receiver and the worker is often what determines the success of in-home services. Take the time to select carefully.

Interview in person *all* qualified applicants, whether they responded to your ads or were referred by people you know. If possible, involve the care receiver in choosing the worker or at least in describing characteristics preferred in a worker. Involvement increases the chance the care receiver will give in-home help "a try" rather than sabotage arrangements you make.

Write your interview questions in advance and ask yourself, “What would I want to know if I applied for this position?” Remember, the applicant also is interviewing *you*. Have a sample agreement and a full job description for the applicant to read during the interview, or offer to provide the documents ahead of time.

If job duties involve driving, ask to see the applicant’s driver’s

license and insurance to be sure they are valid. However, a valid license doesn’t mean a person is a safe driver. You may want an official report from the state department of motor vehicles, if possible. Or, you can state in your advertising that, on request, applicants must provide a DMV report for the past 3 or 10 years.

In Idaho, you may request an individual’s driving record.

Sample Telephone Interview Form

Names of Applicants

A Mary Smith

B Tom Brown

C Elsa Black

Telephone Numbers

A 255-5656

B 256-5758

C 256-0130

Days/Hours

A 9–5 weekdays.

B 9–1 M, Th, F

C 12–5 Sat.

Will work Sat. if needed

Salary Requirements

A \$7/hr.

B \$8.50/hr.

C \$6.50/hr.

Questions

1. Tell me about your current and past home-care experiences. What experiences have you had caring for frail elderly?

A Took care of mother who had A.D. Felt most rewarding experience.

B Worked in nursing home 6 mo. Felt didn’t have time to give quality care he wanted to give.

C Volunteer—friendly visitor. Likes old people. Age 72. Cannot do lifting
Voice soft—can Jim hear?

2. What is your experience in providing care for a person with _____?
[describe the illness or impairments of the care receiver]

A Mother confused, wandered. Provided total care until she died.

B Took care of nursing home residents with A.D., Parkinson’s, and stroke.

C Some clients slightly confused.

3. What, if anything, in the job description would or could you not do?

A No driving. Won’t work with smokers.

B No heavy lifting. No pet care.

C Cannot do lifting or transfers.

Ask a friend or family member to join you when you interview prospective in-home workers. Your companion can help later in sorting out the information you obtain and your impressions.

Requests must be in writing and include full name, date of birth, driver license number, and reason for needing the information. Send to Idaho Transportation Dept., Attn: Driver Services, P.O. Box 34, Boise, ID 83731-0034; tel. 1-208-334-8736.

In Washington, an employer can get the 5-year driving history of a prospective employee by filing a written form, which the prospective employee must sign. Get a form from the Washington Dept. of Licensing, Driver Customer Service, P.O. Box 9030, Olympia, WA 98705; tel. 1-360-902-3900. Cost is \$4.50.

Oregon does not provide information about a person's driving

record, but a criminal background check will reveal any criminal driving offenses.

If you'd rather not interview strangers in your home, meet applicants in a public place where you can talk easily. You might ask a friend or family member to join you. That person can help later in sorting out the information you obtain and in discussing your impressions.

Tailor these sample interview questions to your needs.

- What is your home care experience? What is your experience caring for frail elders?
- What is your experience providing care for a person with _____? (Describe the care receiver's illness or impairment.)
- What classes or training have you had to prepare for this work? For example, have you had training in the use of proper body mechanics when lifting or transferring a patient?
- What are the reasons you chose this type of work?
- What do you like about home care? Can you give me an example?
- What do you find is the most difficult part of working in home care?
- What would you do in case of an emergency, such as _____?
- What are your expectations of the family? (For example, would



the applicant expect a family member to be in the home most or all of the time?)

- Do you have any concerns about the job description or agreement?
- Why did you leave your last job?
- Do you have commitments, such as another job, that might affect your employment schedule here?
- Do you have references from past employers? (Request three references; require at least two.)
- What is your form of transportation, and how reliable is it?
- When would you be available to start work?

It can be valuable to ask how an applicant would handle hypothetical situations that relate to the care receiver. For example:

- Dad has Parkinson's disease and falls sometimes. What would you do if he fell while you were caring for him?
- Sometimes Mother forgets where she put her things and she accuses others of stealing. What would you say and do if my mother accused you of stealing her purse?
- Sometimes my grandmother "fires" people who come to help her. What would you do or say if she fired you?
- What would you do if my wife wandered away from the house?

- My husband has been retired 25 years, but he often talks about "going to work." What would you say to him if he told you, "It's time for me to go to work"?

Discuss all aspects of the job

Be prepared to discuss the following with applicants.

- Responsibilities and duties, including lifting and the kinds of documentation of daily activity the applicant will be expected to keep
- Wages/salary
- Work schedule, flexibility, days off
- House rules (e.g., no smoking)
- The care receiver's current health needs, limitations, and special problems such as allergies, mental confusion, wandering, incontinence, or behavior problems
- How the care receiver feels about having a new person in the home
- Emergency back-up arrangements
- Notice needed in case the worker quits
- Notice you'll give if the worker's service is temporarily or permanently not needed

A home visit is essential before you hire anyone. It allows the applicant to meet the care receiver and see the work setting.

Close interviews by thanking applicants for their time and interest. Let applicants know when you'll make a decision. You can say, "I'm interviewing several people. You will hear from me by [date]."

Also call applicants you didn't select, and thank them again for their time. If appropriate, tell them you will keep their names on file.

After the interview, write out your impressions. It's helpful to discuss them with the care receiver (if possible) and family members or friends. Your impressions will help you find the best person for the job.

Step 7: **Check references and backgrounds**

It is critical to contact references and to conduct a criminal background check regardless of how impressed you are with someone in an interview.

Checking references

It's good to get three or more references, two at least. Try to get at least one professional reference. If the person has been a family caregiver or for another reason doesn't have three references, ask for the name of a clergy member or physician you can call. Some professional references will confirm only the dates the applicant began and ended work there, so persist until you contact prior employers who will discuss the performance of the former employee.

Prepare specific questions and take notes of the answers. Some suggested questions:

- How long have you known the applicant?
- In what capacity do you know the applicant?
- What kind of work did the applicant do for you?
- How well do you think the applicant would work with someone who is [describe the care receiver]? Can you give an example to illustrate?

Avoid hiring one who talks about personal problems most of the interview. Be cautious about hiring one who asks about the care receiver's finances and whether the worker can write checks for the care receiver.



- How did the applicant get along with the family and with the care receiver?
- What are the applicant's strengths? Weaknesses?
- How punctual, reliable, and dependable is the applicant?
- How would you describe the applicant's personality? Personal qualities?
- How well does the applicant follow instructions and respond to suggestions? Can you give an example?
- How well has the applicant handled emergency situations?
- Would you rehire this person? If so, why? If not, why not?
- Would you like to comment about anything else?

You may want to give your telephone number to the person providing the reference in case he or she later remembers something you should know.

Running a criminal background check

It's best to conduct a background check before the prospective worker visits your home. It's important to do so *before* you sign an agreement. Contact the state police, who will process your request in about 2 weeks and charge you a nominal fee for the service. You need to know the prospective employee's name, date of birth, Social Security number, and current address.

In Washington, contact the Washington State Patrol, Identification and Criminal History section, P.O. Box 42633, Olympia, WA 98504-2633; tel. 1-360-705-5100. Your request must be in writing, or submit it via their Web site at <http://www.wa.gov/wsp/crime/crimhist.htm>

In Idaho and Oregon, all requests must be in writing. In Oregon, write to Oregon State Police, Attn. Open Records, Unit 11, P.O. Box 4395, Portland, OR 97208-4395; tel. 1-503-378-3070, ext. 331; online at <http://www.osp.state.or.us>, then "Divisions," then "ISS." In Idaho, write to Idaho State Police, Bureau of Criminal Identification, P.O. Box 700, Meridian, ID 83680-0700; tel. 1-208-884-7130; online at <http://www.isp.state.id.us>, then "Criminal Justice," then "Criminal Identification."

Step 8: Sign an agreement

You have one more hiring task: complete an agreement (see sample, next page). An agreement should clarify conditions and terms of employment and set guidelines for the care provider to follow at all times. The agreement should contain the following.

- Names of employer and employee
- Employee's Social Security number

It's best to conduct a background check before the prospective worker visits your home. It's important to do so before you sign an agreement.

Sample In-Home Care Provider Agreement

This agreement between _____ (referred to as "family") and _____ (referred to as "care provider") is intended to clarify specific working conditions and terms of employment and to set guidelines for the care provider to follow at all times.

Wages \$_____ per hour. Payment by check monthly weekly
issued by _____ [name of relative or other person] as agent for _____ [name of care receiver].

The family will withhold and remit to the proper agencies the taxes legally required. The family will give the care provider a W-2 statement by January 31 of each year for the previous calendar year.

Hours of work From _____ a.m./p.m. to _____ a.m./p.m.

On [list days] _____

Paid vacation Yes No No. of days _____ **Paid sick time** Yes No No. of days _____

Paid holidays Yes No List holidays _____

Specific duties to be performed _____

Job description _____

The care provider's initials here _____ indicate s/he has received a job description. If the family seeks additional services, the care provider will be paid at a rate to be determined.

Other employee policies [e.g., reimbursement for mileage or meals]

Car use If care provider uses her/his own car for travel on family's behalf, family agrees to pay mileage at a rate of \$_____ per mile. Care provider agrees to keep an accurate log of miles and to abide by the motor vehicle laws of the State of _____.

Meals The family will will not furnish care provider's meals during working hours.

Gifts The giving and taking of gifts or money between the care provider and the care receiver is not allowed.

Rules of the house

Personal local phone calls are are not permitted. Personal long distance phone calls are are not permitted. Friends or family of care provider are are not permitted to visit.

Termination

Work rules: Grounds for immediate dismissal are (a) care provider behavior that endangers the health and/or safety of the care receiver, (b) theft, (c) consuming alcohol or being intoxicated on the job or illegal drug use, (d) smoking on the job.

Notice: Care provider is required to give family _____ weeks notice before terminating employment.

Number of tardy arrivals to result in dismissal: _____.

Number of unauthorized absences to result in dismissal: _____.

Death of the care receiver terminates the agreement.

We agree to these terms of employment.

Care provider _____ Date _____ Social Security # _____

Family _____ Date _____ Employer ID Number _____

- Wages and benefits (e.g., mileage, meals)
- When and how wages are paid
- How taxes will be paid
- Hours of work
- Specific duties. If the caregiver has special training in lifting and transferring patients, you may want him or her to sign or initial a statement to that effect as part of the agreement.
- Rules of the house (e.g., about smoking, eating meals, television and radio playing, visitors, house temperature)
- Termination—how much notice is required for terminating employment
- Signatures of employee and employer and the date each person signed

Both parties should have a signed copy of the agreement. Contacting an attorney to produce an employment agreement or contract is recommended. An agreement also can be revised or updated as needed.

Developing effective working relationships

Now that you have hired a care provider, it's time to develop a good working relationship. Cooperation is vital. Expect a period of transition. It will take time for the care receiver to be comfortable with a paid provider. People with dementia often adjust more slowly to changes.

Try to be patient. Everyone involved needs a chance to learn, adjust, and feel comfortable. Because people must adjust at their own pace, it may take 1 to 6 months or more to be comfortable with in-home help.

You have adjustments to make, too. Perhaps you have never dealt with employees who need to be oriented to a home and what to do in what way and how often. Maybe you have limited experience in training, supervising, and firing people. If so, you're not alone. In *Home Health Aides: How to Manage the People Who Help You*, Alfred DeGraff says that common mistakes creating problems with in-home help include:

- Not giving clear instructions
- Adding extra tasks at the last minute or expecting duties that were not agreed upon
- Not expressing appreciation for work well done
- Making unfavorable comparisons to other in-home workers
- Giving feedback that is either too passive or too critical

Orientation

A satisfying, rewarding workplace begins with good orientation and training. If the care receiver helped screen and interview the in-home worker, a special get-acquainted meeting is unnecessary. However, if the

Expect a period of transition. It may take 1 to 6 months or more for everyone involved to be comfortable with in-home help.

care receiver has not met the worker, consider a face-to-face “dress rehearsal” before the first day of work.

Tell the care receiver a little about the worker before they meet. Refer to the worker by the name she or he wants to be called. Talk about the worker’s experience, working hours, and what the worker will and won’t



do. Discuss any questions or concerns the care receiver raises.

Inviting the worker for a cup of coffee may be all you need to do to begin building relationships. This visit is especially important if the worker will provide personal care such as bathing and dressing. Consider paying the worker for this visit.

Depending on how many different services the worker will provide, you may want to set

aside a day with pay for orientation and training before the worker starts the job. Listen carefully to the worker’s concerns and address them during the orientation.

What is a good orientation?

An orientation should show the worker the layout of the home, where essential things are kept, and how to operate needed appliances. Involve the care receiver in the house tour if possible. A thorough orientation also includes:

- A step-by-step demonstration of the way you or the care receiver wants tasks to be done
- Information about the routines of the care receiver and the household
- A review of emergency procedures and whom to contact if an emergency arises
- Special routines or preferences that you and the care receiver have; for instance, tell the worker if the care receiver enjoys being alone or doesn’t like to be touched
- Clear instructions about what is out of bounds (rooms, thermostat settings, etc.)
- Clear procedures for accounting if the worker does shopping or other activities that require handling cash
- How to prevent and respond to potential problems such as wandering

- Information about what the care receiver enjoys doing and can do for himself
- An overview of general caregiving tips. Make a list of things the care receiver particularly enjoys and strongly dislikes. This can help the worker please the care receiver and avoid doing things that disturb him.

You may decide you want the worker to keep a daily log of care provided, problems encountered, and what was done to deal with the problems. Information to chart could include:

- Changes in physical and mental status such as the onset of diarrhea or aggressive behavior
- Medications taken or refused; notes could include time and amount dispensed
- A check-off list of tasks completed, which is helpful particularly if there are several workers

The log also could include phone numbers for doctors and emergency contacts, and information about diagnoses. The care provider should sign or initial all charting.

Training or coaching a new worker

Train a new worker to do a task by this five-step process.

1. Tell the worker how to do the task. If you want a task done in a certain way, explain why. For instance, if the care receiver wants the bath towels folded a certain way, tell the worker that this gives him a sense of order and control when so much order and control seem to be gone. If necessary, write down step-by-step instructions.

2. Show the worker how to do the task. For example, Arleta demonstrated as she talked: “Dad likes two poached eggs for breakfast. He won’t eat scrambled or fried eggs. He likes his eggs poached a certain way. When I do it, I start with about 2 inches of water in this frying pan. Then I turn the heat on high until the water simmers. I add about a tablespoon of white vinegar to the water to help the egg coagulate. Then I break the eggs as closely as I can to the surface of the water and poach them for 3 minutes. I’ll fix the first one, and you can try the second. Don’t worry about forgetting. I’ve written step-by-step instructions and taped them inside this cupboard door.”

3. Have the worker perform the task while you observe. Tactfully give feedback, and coach the worker when it seems needed.

Inviting the worker for a cup of coffee may be all you need to do to begin building relationships.

Frequently, the primary feedback workers receive is on poor performance. It's important also to give feedback on tasks well done.

4. Praise progress. Notice and acknowledge even modest gains in skills.

5. Give the worker a chance to ask questions. A person is more likely to feel comfortable asking questions in an open, nonthreatening atmosphere.

Supervising in-home help

In-home care workers need information from family caregivers about their job performance and ways to improve. Use positive communication skills and remember to Keep It Short and Simple (KISS).

Offer meaningful praise Frequently, the primary feedback workers receive is on poor performance. It's important also to give feedback on tasks well done. Praise and recognition are key motivators. Individuals who feel good about themselves produce good results. Praise immediately and be specific. If appropriate, share your feelings.



Workers like hearing what their efforts mean to you and to the care receiver. For example:

- “I appreciate the special effort you made to find Mother’s favorite sweater instead of substituting the one in the drawer that she doesn’t like as well. Thank you.”
- “My wife told me she felt like a new woman after you shampooed her hair and styled it for her.”
- “Thank you for staying half an hour longer yesterday when I was stranded in traffic. I worried about my husband being alone, and I was so relieved you waited for me to get home.”

Handle problems constructively Correcting substandard work can be troublesome. To correct a person’s work, give feedback as soon as possible. State exactly what was done incorrectly and offer suggestions for improvement. Keep criticism brief, give specific instructions, and demonstrate the way you want a task done.

Use a calm, matter-of-fact tone of voice. Try to be objective and show confidence that the work will improve. One of your goals is to correct the worker in such a way that the person remembers what you said, not how you said it.

The key is to talk about *what* is wrong, not *who* is wrong. “I had trouble combing the tangles out of Mother’s hair today. She needs a conditioner applied to her hair after every shampoo to make it easier to comb out the tangles.”

Use terms like “more” or “less” instead of “good” or “bad.” For example, “I would like the sink cleaned more thoroughly. The cleanser is under the sink.”

Correcting can be difficult if the in-home worker continually makes the same mistake. Then, you need to be firm. You might have to reprimand a worker you don’t want to lose. Before saying anything, be sure the worker has control over the problem. For example, was she late because the bus broke down or because she overslept and missed the bus?

Use “I” statements to explain exactly what was done wrong, the consequences of the worker’s action, and what needs to change. For example, “Millie, I need to talk with you about Mother’s 4 o’clock tea. I noticed she didn’t receive tea on Tuesday, and she waited until 5 o’clock on Thursday. Was there a reason for this? Would it help if I posted a reminder on the refrigerator? I realize it seems like a small matter, but I feel it shows respect for Mom when we honor her wishes. Would you agree?”

Be specific when correcting a worker. Be sure your criticism focuses on:

- The work, not the worker
- Actions, not the person
- Behavior, not personalities
- What is wrong, not who is wrong

A worker is less likely to accept criticism if you exaggerate or distort the problem to make a point, such as, “Because you were late relieving me, I was late to work and I’ll probably be fired.”

Here are some other suggestions for ways to address problems.

- Avoid “you” messages and the words “always” and “never.” Statements such as “you always” or “you never” set the stage for an argument.
- Avoid interpreting motives or making judgments. Change “You probably don’t care. . .” to “I may not have made it clear how important it is to. . .”
- Respond promptly. The sooner an uncomfortable situation is resolved, the better. Don’t let small irritations build into an angry confrontation. Act before the situation gets out of hand but *after* you’ve calmed down.
- Never correct a worker in front of others. Talk to workers privately. You want workers to think about *their* behavior, not yours.

*In correcting a person’s work, the key is to talk about **what** is wrong, not **who** is wrong.*

*Never correct a worker in front of others. Talk to workers privately. You want workers to think about **their** behavior, not yours.*

- Maintain a friendly, matter-of-fact manner.
- Limit discussion to one issue or concern at a time.
- Be specific, brief, and to the point.
- Be consistent. Consistency in feedback (and behavior) promotes trust and feelings of security.
- Provide a face-saving way out. “I know this can be difficult because I’ve had to deal with this problem myself.”
- Express support and reassurance if it seems appropriate. “I appreciate your work. I hope we can work this out.”

Listen to the worker Communication between you and the in-home worker is important. It helps to meet regularly with the worker to discuss concerns and changes and to make plans. Handling problems constructively includes being willing to listen to the opinions, feelings, and suggestions of the in-home worker. Try to understand a worker’s perceptions, reasons, and feelings. Seeking feedback is a positive, effective way to prevent and reduce problems. Ask questions such as:

- “How is the job going for you?”
- “How do you feel about the work you are doing here?”
- “What concerns do you have?”

- “What suggestions do you have?”
- “How can I be helpful?”

Then, of course, you must listen to the answers. If a worker’s remarks upset you, consider taking a time out. For example, say, “I need time to think about this. Let’s talk at noon tomorrow.”

Ending the working relationship

Perhaps changes in the situation mean you no longer need in-home help. Sometimes, despite your best efforts, the arrangement doesn’t work. In either case, a worker can be let go in a polite, respectful manner. The following suggestions may help.

- Act immediately if safety is a concern.
- Be prepared. Gather at least three examples of unsatisfactory behavior you observed personally, and document specifically what happened and when. Or, if you’re acting on others’ reports, be sure their information is reliable. For example, if you believe the worker has violated your confidentiality requirement, ask the worker whether what you heard is true.
- Refer to the contract and job description to support your reasons.
- Be direct and brief.

- Outline the situation. Briefly review what happened and the outcome.
- End on a positive note, if possible. Find some reason to thank the worker. “Mrs. Jones, I have to let you go. I missed work three times the past month because no one was here to care for my mother. Because of my job I must be able to rely on people I hire. I do appreciate your kindness to my mother. I wish you well.”

If you need to terminate a worker who is likely to believe you are doing so unjustly, you may need a different approach. Simply state, “We no longer need your services. Today is your last day.” Do not give reasons; legally, you are not bound to give them. If you do give reasons and the



worker later sues for wrongful termination, you might have to prove the accuracy of your reasons. You can terminate for no reason, but you can’t terminate for illegal reasons. If you have questions about grounds for dismissal, contact your state bureau of labor and industry.

Threats of quitting

Occasionally a worker may threaten to quit unless you meet certain demands. To confront this problem you might ask that the “requests” be put in writing. Then, arrange a meeting to discuss them.

Quitting

Try not to take it personally if a worker quits. Employee turnover is high in all areas of long-term care, even in the most desirable work settings. Do ask the worker why she is quitting. You want to learn if there were things that the worker found particularly difficult or uncomfortable. This information may be helpful in hiring the next in-home worker. Decide in advance how you will respond if the worker asks for a reference. Be a good sport if you can. Smile, thank the worker for her help, and extend your best wishes.

Employee turnover is high in all areas of long-term care, even in the most desirable work settings.

Adelle used to work in a nursing home. Back problems forced her to quit. Now she is self-employed as an in-home worker. John is one of her patients. He had a stroke and is confined to a wheelchair. John, a native of Germany, teaches German songs to Adelle while she helps him bathe and dress. Their current song is “Stille Nacht,” which is “Silent Night.” When Adelle leaves she always says, “Auf wiedersehen,” which means “till we meet again.” At first, John didn’t want Adelle in the house, let alone to help him take a bath. Now, he looks forward to her visits.

Marge hired a respite care worker, Phil, to stay with her husband, Norm, while she went to support group meetings. While she’s away, the men talk about fishing and play cards. When Marge comes home, Norm says, “Are you home already?”

June likes to clean house and cook. Whenever she cleans for the Steins, who are in their 90s, she brings fruits and vegetables from her garden. Last Halloween she carved a pumpkin and put it on their front porch. Even though it was wrinkled and falling apart, they proudly left it there until Thanksgiving.

Summary

Although we have discussed possible problems, there are many successful in-home care arrangements. The best arrangements have open communication and clear, realistic expectations.

Expect high-quality in-home help. At the same time, be realistic. Do not expect another person to provide care exactly the way you do. If the worker is providing safe, compassionate, conscientious care—even though it is done differently—that is what counts.

Strong, positive relationships can develop when family caregivers treat in-home help as they themselves would want to be treated. Many in-home care workers say they receive tremendous satisfaction from their work because they know they are making a positive difference in someone’s quality of life. A few of their stories are on this page.

When you take the steps necessary to hire the right workers and you offer a work environment that tactfully teaches and rewards good work, you demonstrate your effectiveness as a caregiver. And, you increase the likelihood that your in-home care arrangements will be successful.

For more information

Talking to Your Family and Doctor about Difficult Health Care Decisions, EC 1386. J. Hare. Corvallis: Oregon State University Extension Service. 1992. \$1.25

Sensory Changes in Later Life, PNW 196. V.L. Schmall. Corvallis: Oregon State University Extension Service. 1993. \$1.00

Aging Parents: Helping When Health Fails, PNW 246. V.L. Schmall and L. Isbell. Corvallis: Oregon State University Extension Service. 1997. \$1.00

Coping with Caregiving: How to Manage Stress When Caring for Elderly Relatives, PNW 315. V.L. Schmall and R.E. Stiehl. Corvallis: Oregon State University Extension Service. 2001. \$1.50

Depression in Later Life: Recognition and Treatment, PNW 347. V.L. Schmall, L. Lawson, and R.E. Stiehl. Corvallis: Oregon State University Extension Service. 1997. \$2.00

Driving Decisions in Later Life, PNW 510. V.L. Schmall, S. Bowman, and D.G. Vorhies. Corvallis: Oregon State University Extension Service. 1998. \$2.00

Helping Memory-impaired Elders, PNW 314. V.L. Schmall, S. Bowman, and M. Cleland. Corvallis: Oregon State University Extension Service. 2000. \$1.50

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