

Living in a Glass House  
Developed by Rosemarie Painter; New Age Services Inc.

When providing care for a vulnerable person (such as a child, senior or person with a disability) direct care providers are allowing themselves to come under the watchful eye of society. People in this society do care what happens to vulnerable people and are appreciative of others who provide that support. They also, however, feel a need to ensure that the support is not harmful. Therefore the general public will tend to notice any action or communication by the direct care provider toward the vulnerable person that may appear inappropriate.

This is even more evident when the direct care provider accepts a vulnerable person into their home. It is as though they are suddenly living in a glass house. What, how, and why they act is observed and analyzed by people they do not know or even those whom the direct care provider is close to. The direct care provider's privacy is intruded upon and they are required to share personal information that otherwise no one would ever know.

This can all happen without even realizing it until a situation occurs that brings it out into the open. The direct care provider may then feel put in a position to analyze and defend their actions. All of this adds additional stress to an already challenging and stressful role, but there are some things that can be done.

Firstly it is important to remember that this appears to be a natural societal response. It ensures a recognition of and response to the needs of vulnerable people. In a day and age when violence towards people including those who are vulnerable may be on the rise, or at least losing it's horror to the general public, this is a good thing. If we think carefully I am sure that we can recall situations when we have thought about the care someone was receiving and questioned its value. We may have then determined it was very valuable or we may have had some concerns. It may have even resulted in a report to someone in authority so that the situation could be reviewed. This means that this natural societal check system is working.

Secondly, it is important to remember that when paid to support a vulnerable person, that person is not the only one the direct care provider is inviting into their life. As in any relationship that has been entered into, peripheral people are included in the relationship. With a vulnerable person this will include the agency who has hired the direct care provider (which may mean several staff), the individual's guardian, trustee, informal representatives, family, friends, therapists and professionals, and work, school, and leisure support people. All of these people, as well as the direct care provider's network and society in general will be watching the work that is done as well as the direct care provider. They will be both admiring the work done and looking to ensure that no harm is caused.

Ensuring a trusting relationship with the agency that supports the direct care provider is a very important third area to be aware of. The agency needs to know everything that is going on in the direct care provider's life. In this way many objectives that benefit the

individual and the direct care provider are accomplished. This is indeed a challenge for both the direct care provider and the agency representatives to accomplish but it is imperative that it be done.

The representatives must be sensitive to the issue that direct care providers are in a vulnerable situation because they are providing care in their own homes. They must look to develop a relationship that encourages both party's to trust each other, while at the same time monitoring the direct care provider's involvement with the vulnerable individual to ensure that the support provided is of a high quality.

The care provider must look to recognize the efforts of the agency representatives in developing this relationship and make the same effort. It is challenging to put trust in someone initially unknown, but for the agency representative to support the direct care provider, they both must find a way. When this relationship has developed this trust, both parties' allow each other to fulfill their roles, and then the direct care provider can be supported to the fullest. It is the only way to decrease the stress that both the work of the direct care entails, and the invasion of privacy causes. It sounds paradoxical but it works. It is not dissimilar to "Feel the Fear and Do It Anyway" \*

When the agency representative is aware from first hand observation about the care of the individual, the physical home environment, the lifestyle of the direct care provider, the personal challenges they face and how they are dealing with them, the agency representative can deal with many concerns. The agency representative is in a better position to provide a consultative role in order to support the direct care provider. They can also let the direct care provider know when additional support may be needed because of a personal situation, and how if left unchecked it could affect the quality of the service being provided. These are preventative measures that can make a difference.

The agency representative will know what is happening in the direct care provider's life, so that should there be a concern raised, it can be addressed immediately to alleviate the concern. This can often be done without even a review of the direct care situation. Should a review be required, the direct care provider will know that the agency representative will be thorough but still sensitive. They will know that whether the concern is founded or unfounded, the agency representative will work with the direct care provider for the best interest of both them and the vulnerable individual. Should an outside source be required to investigate a concern, the direct service provider will know that the agency representative will support them through it while not compromising the investigation.

Being aware of these three areas, and following the process to accomplish trust in the relationship between the agency representative and the direct care provider, will not change "the glass house effect". By embracing the reality of the situation, however, it will decrease the frustration and stress associated with it. It will also allow the direct care provider to be fully supported in their role.

\* Jefferies, Susan; 1988. *Feel The Fear And Do It Anyway*. New York: Random House Inc.