

## The elements of care.

This is the first in a series of papers on the theory of care and it introduces six key elements of care. The first three elements describe different types of care. The next three describe the core components necessary for competent caring and for learning to care better. Most of the examples provided here will relate to the myriad of ways people care for native wildlife but the theory can be equally applied to care for people, plants and objects; individuals, groups and ecosystems.

### ***Primary, secondary and tertiary care.***

Care can be divided into three broad types based on the level of intimacy and commitment, costs in terms of time and money, and the short or long term nature of the care provided. **Primary care** refers to the most intimate form of care and is typified by the mother-child bond. Primary care is intense and it can be costly, taking the carer's time, financial, social and emotional resources. The reward for such commitment is often just the self-satisfaction that the job of caring was well done. It is an intrinsic reward. You may wonder why anyone would engage in such a labour intensive, high cost and low reward activity, but ask any mother if it was worth it and they will most likely say it was worth every minute lost, dollar spent and tear shed. Outside the mother-child relationship there are few examples of primary care. Wildlife carers who raise tiny unfurred marsupial orphans could be said to engage in primary care.

**Secondary care** is typified by paid care work and while there may still be a strong commitment, the emotional bonds are not as strong, the duration of care may be limited and the overall costs are lower. For example, while a nurse in intensive care gives a high level of intimate care to a patient, the care role is limited by the nurse's shift and the duration of the patient's stay in intensive care. Also, the nurse is paid to deliver care, unlike the provider of primary care. Not all secondary care is paid work, but there are rewards. A volunteer may receive a glowing reference that leads them into employment, or public recognition for the work they have done. Rewards can include the self-satisfaction of a job well done, like in primary care, but there is also a good chance of some form of extrinsic reward.

In addition to greater rewards, secondary care has lower costs. The intensive care nurse may experience an emotional cost but not a financial cost. A volunteer may incur financial cost, but not social or emotional costs. In sum, when providing secondary care, there is direct contact but greater social or emotional distance between the care giver and the care recipient than in primary care. The costs are lower and the rewards, both external and internal are higher.

Finally, **tertiary care** refers to a form of care where there is some distance between the giver and receiver of care. This form of care is typified by financial or political support of a care organisation. There is usually no direct contact between the care giver and the final recipient of care. The costs of tertiary care are generally regarded as low. People who make donations tend to give what they can easily afford. Acts like signing a petition take very little time. The reward for tertiary care is relative to the cost. If someone lobbies hard to get a threatened species listing for a particular animal they will experience a great sense of satisfaction when that listing occurs. On the other hand, a gold coin dropped in a donation tin is low cost the reward is also low.

In reality, these three types of care are not clearly defined. There are many instances of care at the edges between primary and secondary, or secondary and tertiary care. Is a nurse working in a hospital and caring for a loved one, a primary or secondary carer? Is a strong lobbyist who spends hours each day researching, writing and educating the public a secondary or tertiary carer? It does not really matter. The purpose of presenting different types of care is to

show that there are many ways to care and if there is an issue you are passionate about there will be a way for you to show that you care.

It is also possible for one person to engage in all types of care at the same time. A number of wildlife carers fall into this category. For example, they may be providing intense primary care for a sick orphaned wallaby that will be in care for many months, volunteering on a wildlife emergency hotline or rescue service, and providing education to the public about how to look after our precious wildlife. Similarly, a mother of young children may provide primary care for her own children, work as a paid secondary carer in an aged care facility, and be president of the local catchment group providing tertiary care for her local environment. For some people, caring simultaneously across primary, secondary and tertiary care is quite normal.

### ***Experience, knowledge and skills.***

**Experience of care** is where the learning to care process begins. Our first experience of care is that of being cared for by our parents. Next we witness care by others and for others. This could be our parents caring for a younger sibling or aging parents, care of a pet, or caring professions. Then we might assist with caring for a pet or a garden. As we mature we begin to engage in primary, secondary and tertiary care activities of our own choosing.

The **skills of caring** can be learned by observing others or through formal training. They are generalised skills that apply in a particular type of care situation such as caring for an animal that has been hit by a car. The skills are essentially the same regardless of the species of animal that has been hit. Primary and secondary care skills are typically hands on and range from basic observation skills to complex technical procedures. Tertiary care skills are more academic or abstract, such as writing formal letters and submissions or establishing a petition.

The final, but certainly not the least important, aspect of learning to care well is **knowledge of the subject of care**. The subject can be a whole species, a homogenous grouping or an individual. For example, in the hit by car example, kangaroos are different from other animals because of the tendency to go into myopathy, a condition not as relevant to a cat, dog or possum. Knowledge of an individual subject of care is crucial for primary care while knowledge of a homogenous group, such as kangaroos, may be more relevant for secondary care. A deep knowledge of the subject of care is not really necessary for tertiary care but it may provide the trigger for such care.

Experience, skills and knowledge of the subject of care are complementary and they are all prerequisites for high quality care. The term 'experienced carer' is often used to describe wildlife carers who have been caring for a number of years, but this does not necessarily equate to 'better carer'. Without the acquisition of new skills and a deep understanding of the species being cared for, a carer of ten years is not necessarily better than a carer of three years. In contrast, in the early stages of being a wildlife carer, a person who has done a course on possums but has never cared for a pet or any other animal may not be as competent as a fellow course member who has raised unweaned kittens. The starting point in terms of experience of care is different. The very best carers will be the ones who continually gain experience, skills and knowledge of the subject of care at roughly the same pace.

In conclusion, there are many ways to care for wildlife from the very hands on to more abstract political support. The form of care you choose is not as important as how well you care. To be a good carer, whether you are getting up through the night to feed a tiny orphaned joey or sitting at the computer writing letters to political representatives, you can become a better carer by attending courses to gain relevant skills, researching and understanding the species that is the focus of your care, and by gaining experience by simply caring more.