

## **DEFINING SUPPORT AROUND CARE**

“Support around care” means enabling, coordinating and normalising a player’s engagement with professional clinical and medical support, without assessing, treating or informally substituting for that care.

It refers to the non-clinical, enabling, relational and coordination activities that surround a player’s engagement with formal clinical or medical treatment.

It is about helping care happen well - not *being* the care.

PDM staff support the player’s engagement with professional care, but do not assess, treat, interpret or manage clinical conditions.

### **Practical Examples of “Support Around Care”**

#### Facilitating Access to Care (Without Assessing)

What this looks like:

- Helping a player navigate *how* to get support
- Normalising help-seeking
- Reducing practical barriers

#### Examples

- Supporting scheduling of appointments around training, travel, competitions
- Explaining *process*, not content:
  - “What usually happens in a first appointment”
  - “What confidentiality generally looks like”

✓ Appropriate

✗ Not diagnosing, triaging severity, or recommending treatment types

### **Supporting Engagement and Adherence**

What this looks like:

- Helping the player stay engaged *with* their treatment plan
- Reinforcing consistency and follow-through

#### Examples

- Checking whether appointments are happening (attendance, not content)
- Encouraging players to raise issues directly with clinicians
- Helping coordinate around:
  - training loads
  - travel
  - recovery planning

✓ “How can the system support you staying consistent with care?”

✗ “Let’s talk through what you discussed in therapy”

## Being a Stable, Non-Therapeutic Relationship

What this looks like:

- Emotional presence without therapeutic intent
- Listening for connection, not intervention

Examples

- Being someone a player can talk to about how hard it is to be in treatment
- Sitting with discomfort *without trying to fix it*
- Reflecting effort and courage (“This looks tough, and you’re showing up nonetheless”)

✓ Containment

✗ Processing trauma, emotions, or cognitions

## Practical Life Support Linked to Care

Examples

- Supporting logistics:
  - relocation linked to treatment
  - family involvement (with consent)
- Helping manage:
  - media obligations
  - performance expectations during treatment
- Coordinating conversations with coaches or HP staff *as guided by clinicians*

✓ Enabling the environment to support treatment

✗ Modifying treatment goals or returns timelines independently

## “Support Around Care” in Eating Disorders

Appropriate PDM Role

- Observing behaviour changes and raising concerns early
- Supporting attendance at:
  - medical appointments
  - dietetic consults
  - psychology sessions
- Reinforcing:
  - fuel availability plans (without policing food intake)
  - rest environments
- Coordinating training modifications *as prescribed*

✓ Support compliance and safety

✗ Discuss food rules, weight, body image, or “health strategies”

Rule of Thumb - PDM staff support the care team’s plan - they do not interpret or adapt it.

## What “Support Around Care” Is Not

This is just as important.

#### Not Therapy

- Not unpacking emotions
- Not challenging thoughts
- Not exploring history
- Not holding distress over time

#### Not Risk Assessment

- Not determining suicide risk
- Not deciding whether someone is “clinical enough”
- Not acting as the buffer to escalation

#### Not “Informal Counselling”

- No regular, emotionally focused sessions
- No confidentiality promises beyond scope
- No “I’ll just check in with you instead of seeing the psych”

### Side-by-Side Comparison

| Situation              | Support Around Care  | Drifting Into Clinical  |
|------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Player anxious         | Help them connect with their psychologist                                                              | Exploring anxiety triggers                                                                                  |
| Player in ED treatment | Coordinate training modifications                                                                      | Discussing eating behaviour                                                                                 |
| Player disengaging     | Encourage reconnection with care                                                                       | Providing alternative support                                                                               |
| Player distressed      | Be present and listen                                                                                  | Processing trauma/emotions                                                                                  |
| Appointments missed    | Problem-solve logistics                                                                                | “Let’s just talk here instead”                                                                              |

### Language PDM Staff Can Safely Use

-  “How can I help make it easier for you to stay engaged with your support?”
-  “Who else is involved in supporting you right now?”
-  “Would it help if I checked in with [psychologist] to coordinate around training?”
-  “What did your psychologist say about that?”
-  “Let’s work through that together instead.”
-  “I’ll help you manage this without escalating.”

### Why This Distinction Protects Everyone

#### For Players

- They get the right care at the right time
- They don't unknowingly receive unqualified support

#### For PDM Staff

- Reduced moral distress
- Clear role identity
- Legal and professional protection

#### For the System

- Stronger clinical safety
- Better trust across disciplines
- Alignment with the Player Wellbeing Strategy