



home**care**today

Your resource hub for new ideas
and choices in home care

CONSTRUCTIVE CONVERSATIONS WITH CONSUMERS

MODULE 5

Our approach counts

Participant workbook

[www.home**care**today.org.au](http://www.homecaretoday.org.au)

An initiative of
COTA
For older Australians



Support for
providers planned in
partnership with

ACSA
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LEADING AGE SERVICES
AUSTRALIA

Bringing older Australians to life well

LEARNING MODULES OVERVIEW

These learning resources are provided for advisers/case managers working within community care environments. The aim of these modules is to enable advisors to embrace the *thinking, skills and practice (TSP)* for transitioning to and working in a Consumer Directed Care (CDC) model. It will provide participants with the knowledge and skills to work, and have conversations with consumers and their carers to achieve positive outcomes. The resources are designed to be delivered by an experienced trainer.

The learning modules have been prepared for Home Care Today by **CommunityWest Inc.** a respected not-for-profit organisation with over 20 years' experience working alongside service providers in the home and community care sector.



Who can I contact for further information or assistance?

Please feel free to contact us for assistance or conversations regarding the implementation of CDC.

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DISCLAIMER

This website provides some general practical advice for Home Care providers and is not intended as legal or financial advice. This website should not be the only source of information for providers of Home Care. Home Care Today encourages anyone who has questions about providing Home Care to get the relevant professional advice to discuss their organisation's particular situation.

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TRAINING OVERVIEW

This training is provided for advisers working within Home Care environments. The aim of these training modules is to enable advisers to embrace the *thinking, skills and practice (TSP)* for transitioning to and working in a Consumer Directed Care (CDC) model. It will provide participants with the knowledge and skills to work and have conversations with consumers and their carers to achieve positive outcomes.

For the purpose of this training the preferred terminology is 'adviser', however other names that may be used in the sector could be 'case manager' or 'coordinator.'

There are numerous skills that advisers need to facilitate positive consumer outcomes. Each adviser will develop their own personal style. Some of these are learned informally through life whilst others are learned theoretically and developed through formal training.

There is an assumption that advisers completing this training will be familiar with and understand essential adviser skills.

Some of these include:

- interviewing
- communication
- critical thinking
- negotiation and collaboration
- advocacy and mediation
- awareness of diversity.



Picture source: iStock

This training aims to provide advisers with the skills and tools to work in a CDC model to support people to remain living at home for as long as possible. It also aims to equip them with knowledge that can enable consumers to have choice and flexibility in the way that care and support is provided at home. Quotes, ideas and tools will be embedded throughout the modules as will the underpinning values and principles of CDC.

The content of these training modules is centred on giving advisers the tools to create partnerships and build relationships with consumers. The training includes practical strategies to have empowering conversations with consumers from their first point of contact through to monitoring, review and potential exit.

This training is broken into five training modules that can be used as a full training session or standalone units.

The five modules are:

- Module 1: Consumer Directed Care - Setting the scene
- Module 2: How to Work within a Consumer Directed Care model

- Module 3: Supporting consumers to live a good life
- Module 4: Consumers continuing control of their lives
- **Module 5: Our approach counts.**

The training explores theoretical concepts of CDC and the key principles that underpin this approach in Home Care environments. Practical activities and videos are used throughout each module to reinforce CDC philosophies and principles as a wellness and enablement framework. Videos are a central component of the training that include interviews with subject matter experts, advisers and consumers. Quotes, ideas and tools are embedded throughout the modules, with the underpinning values and principles of CDC.

A recommended reading list is provided for each module, with reference to other training that is available and that may be useful.

SECTION 1 OUR APPROACH COUNTS

1.1 About this module

Welcome to *Our approach counts* developed by CommunityWest. This module provides an overview of some of the opportunities and challenges of Consumer Directed Care (CDC), an overview of duty of care versus dignity of risk and an overview of person centred reviewing.

1.2 Key concepts

The key concepts that are central to this workshop are:

- opportunities and challenges of CDC
- duty of care versus dignity of risk
- life and risk are inseparable
- person centred reviews and outcomes.

1.3 Aims

This workshop aims to:

- provide skills for advisers to enable consumer choice, risk and control
- assist advisers to support with person centred reviews and outcomes.

1.4 Objectives

The workshop objectives are to:

- discuss the opportunities and challenges of CDC
- identify strategies to enable people to take risks and maintain personal choice and control
- identify strategies for support for a person when reviewing and monitoring progress.



Picture source: iStock

1.5 Methodology

The workshop is designed to be interactive; providing information to enable advisers to support consumers within a CDC model. The material is developed within a practical and reflective framework and is designed to be delivered as a facilitated workshop which will be activity based with workshop participants' learning being drawn from their reflections and responses to the activities and peer discussion.

Brainstorming, sharing experiences and visual tools are utilised to enhance personal reflection, peer and facilitator engagement.

1.6 Participant workbook

This participant workbook is designed to provide a resource for advisers to utilise during and post workshop. Each session will be outlined along with associated reference material.



Picture source: CommunityWest

SECTION 2 OPPORTUNITIES AND CHALLENGES FOR CONSUMER DIRECTED CARE (CDC)

2.1 Identified opportunities

Some of the opportunities inherent in the introduction of CDC include:

- consumers will have a greater say in the support provided
- more consumer choice and control
- opportunity for individuals to take informed and calculated risks
- potential for improved communication with carers and families
- enhanced staff creativity and innovation
- Increased staff training and support
- opportunity for flexible work practices
- better targeted use of aged care funding
- identified organisational and individual value bases
- improved organisational management systems
- organisations can become service providers of choice
- opportunities for increased community partnerships.

2.2 Identified challenges

Some of the challenges experienced with introducing CDC include:

- balancing and supporting consumers versus creating dependencies
- duty of care versus dignity of risk
- insufficient time to get to know each consumer
- group dynamics, behaviour, prejudice
- facilitating a conversation about consumer budget priorities
- managing individualised budgets
- availability of appropriate options and opportunities
- practical considerations such as cost and transport
- empowering people to become independent
- conflicting obligations and expectations
- working within a culture of change and reform
- staff recruitment and retention
- giving up when challenges are encountered.



Picture source: iStock

It is interesting to note the paradox inherent with opportunities and challenges of implementing CDC as sometimes opportunities can also be viewed as challenges and vice versa. The key to turning challenges into opportunities is to seek the least restrictive strategies to improve person focused consumer outcomes. There is a responsibility to protect the safety and wellbeing of vulnerable consumers, while at the same time enabling positive risk taking behaviour.

2.3 Arthur's story



Picture source: CommunityWest

Arthur's story is taken from (Bowers et al 2008)



Note space – include ideas, insights, queries and comments

SECTION 3 DUTY OF CARE VERSUS DIGNITY OF RISK

Organisations and workers involved with supporting people who are having difficulties with everyday living due to frailty associated with ageing, chronic illness or disability are charged with a responsibility to protect the safety and wellbeing of vulnerable consumers, while at the same time enabling positive risk taking behaviour.

What is duty of care?

'Duty of care' is a fundamental legal principle that organisations, staff and volunteers must observe in the provision of services. Duty of care forms part of common law and is an aspect of the law of negligence.

One definition of Duty of care is, "A responsibility to act in a manner that does not cause harm or loss to that person" (Australian Medical Association 2012).

What is negligence?

'Negligence' is defined as, "When the person you owe a duty of care to suffers harm or loss due to your action or inaction" (Australian Medical Association 2012).

What is dignity of risk?

'Dignity of risk' refers to, "The individual's right to make an informed choice, to experience life and take advantage of opportunities for learning, developing competencies and independence and in so doing, take a calculated risk" (Department of Family and Community Services, NSW 2012).

Dignity of risk and duty of care

Every individual has a different 'risk appetite' or the amount of risk that they are willing to take. Similarly organisations have different 'risk appetites' that they will tolerate. These impact on the type and level of support a consumer may want balanced against the type and level of support that an organisation will provide. When the 'risk appetites' of consumers, families and organisations conflict, a moral dilemma may occur in relation to the level of compromise each party is willing to make.

In order to minimise negative consequences resulting from risk, it is important to balance the likelihood and extent of potential harm against the likelihood and extent of potential benefit to all parties. This may not just be in relation to the consumer and worker but may also include family members, other consumers and other staff and community members. It is important to clearly articulate all of the variables in balancing harm against benefit so that bias is controlled as much as possible.

Once this analysis has been completed a brainstorming exercise can be done to identify risk mitigation strategies. Such risk mitigation strategies need to be based on the least restrictive options to meet the consumer's goals while as far as possible ensuring the safety of all parties. From the identified risk mitigation strategies flows a plan of action which, when implemented, equals the balance of harm against benefit.

Conflicting obligations and expectations

The implementation of CDC can be challenging to organisations. For example, wellness focused care encourages consumers to do as much for themselves as possible, however if a consumer and/or their family believe that they have earned the right to be ‘taken care of’ it can prove very difficult to gain their cooperation to work within a wellness framework.

Similarly, if staff believe that older people should be ‘care taken’ either as a result of personal or cultural beliefs or a personal value base, it can prove difficult to introduce independence promoting activities.

Treating each consumer as an individual and equitably providing care and support can also be difficult as some consumers will work better with some staff than others. Overcoming reluctance to work with people with more challenging personalities and/or behaviours is a challenge common to all support services.

Moving from risk aversion to supporting positive risk taking

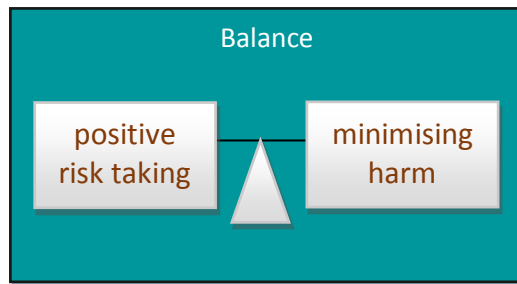
Personalised care is for everyone, but some people will need more support than others to make choices about how they live their lives. Everyone has the right to personalised care and to be provided with choice and control. Risk is an accepted part of life that challenges perceived limitations and enables people to live their lives as fully as possible.

With the implementation of effective consumer direction and personalisation comes the need to enable people to make decisions as safely as possible. This includes people who may lack capacity or be quite vulnerable. “Risk is no longer an excuse to limit people’s freedom” (Department of Health 2010). Everything possible needs to be done to enable people to take positive risks in their lives to achieve personal goals and maximise their potential.



Note space - include ideas, insights, queries and comments

3.2 Balancing risk and duty of care



We need to look at risk from the consumer’s perspective, not only from the service provider’s view, and find a balance between positive risk taking and minimising harm.



Note space - include ideas, insights, queries and comments

Life and risk are inseparable.

3.3 Person centred approaches to risk taking

How can we use 'person centred approaches to risk taking' to enable consumers to have choice and control in their life and to be a citizen in the community?

1. Involve consumers and relatives in risk assessment (Relationship circle - circle of support). (*Module 3.*)
2. Find creative solutions rather than simply ruling things out (happy/safe grid; important to them [happy] + important for them [safe]). (*Module 3.*)
3. What does the law say?
4. Explore consequences of not taking the risk – balance against consequences of taking the risk.
5. Find out what has been learned so far about how best to support that person (working/not working; 4 + 1 questions). (*Module 3.*)
6. Have a clear rationale (and paper trail) for why decisions are taken and why others have been rejected.
7. Move from *happy but unsafe* to safer; and *safe but unhappy* to happier. (*Module 3.*)

A positive approach to risk requires person centred thinking. Traditional methods of risk assessment sometimes lose the person in the process.

We need to remember people's rights (including the right to make bad decisions).

We also need to gather the fullest information and evidence to demonstrate that we have:

- thought deeply about all the issues involved
- made decisions together based on:
 - what is important to the person and what is important for the person
 - what the law tells us.

This should enable consumers to:

- manage identified risks
- live their lives in a way which best suits them.

(Neill et al 2008)

SECTION 4 PERSON CENTRED REVIEW AND OUTCOMES



Picture source: CommunityWest



Note space - include ideas, insights, queries and comments

SUMMARY



Note space - include ideas, insights, queries and comments

Commitment to change

As a result of my learning today I will change the following three things in my practice		
Action	By when	Consider who needs to be involved, what resources are required

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ABOUT US

Home Care Today is a national resource that aims to support both consumers and Home Care providers to make the most of the implementation of consumer direction in Home Care packages.

Home Care Today supports consumers accessing Home Care by providing information, resources and peer supports to make the most of the benefits and opportunities that CDC can offer.

To providers Home Care Today offers a range of tools, resources, and learning modules that will assist them to implement CDC across their organisations.

Who can I contact for further information or assistance?

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