

Webinar on Critical A critical consideration of choice, voice and decision making for policy makers, practitioners and older Australians
09 December 2015
Questions and Comments

Jane Sims: How does the concept of choice play out when we are looking at meeting ADL needs as opposed to discretionary activities?

Ronda Held: One option, (Jane Sims), is to consider whether some ADL needs can be met outside the package (eg cleaning is cheaper if sourced privately) and then re-direct HCP funds to other more meaningful things that meet the client's broader needs and impact on their ability to remain independent at home.

Emily You: Is consumer-directed care equivalent to person-centred care? Is there any research giving clear definitions of the two?

Judy Blakey: For Claudia - How does your decision algorithm accommodate the person's social and support network to effect change?

Jamie Shepherd: Person-centred care is the cornerstone of care planning in contemporary nursing.

Sharon McNeil: My understanding is that 'Consumer directed care' is about managing funds/packages of care, while 'person centred care' is about the actual care itself being focussed on each person's individual needs and choices.

Janice Taylor: We all like the idea of choice but sometimes it's not possible or appropriate. How do we address that problem?

Heather Johnson: Carrie, you referred to experience in other countries and the various

elements now influencing choice as policy. Are you able to provide insights gained from overseas experience that would be useful for us to consider when starting to implement these policies in Australia?

Sharon McNeil: So with the focus on consumer directed care, how can we change our processes to ensure that we are able to truly address our clients' choices etc., not just meeting our own organisational needs? For example, the bottom line is organisations need to be able to continue to employ staff provide resources, which cost money.

Emily You: Who is responsible if older people and carers make wrong choices that lead to them risking their health as well as wasting the public resources?

Ronda Held: person centred care is a philosophy about how practitioners do their work. CDC is the consumer's perspective on how they want their care to be organised and delivered

Karen Teshuva: Carrie, who did you mean when you referred to the 'organised voice of older Australians'?

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Jane Wilding: are there decision making tools for older people to help them with their decisions?

Jane Fyfield: with the giving of a power of attorney, some/many older people feel they are giving up their ability to choose. How do we manage?

Karen Teshuva: Shouldn't older people have the right to make wrong choices just like younger people?

Judy Blakey: In New Zealand health consumer engagement is an evolving feature of person-centred care in the context of their family/whanau. Carrie - you rightly highlight that health providers are heavily invested in this area. Question: How can we nurture the development of a network of authentic health consumer/patient/client voices which can be heard?

Janice Taylor: Love your point Joanne about the value of being heard.

Jane Sims: Claudia - I like the concept of 'supported choice' - it allows for people to be enabled to consider their options, even when these might be limited. I'd be interested in peoples' thoughts about whether our aged care workforce are ready to act as 'supporters', particularly as we enter a more commercialised model of care provision.

Ronda Held: Sharon, I think the aim would be to do both in terms of involving the client in identifying their needs and making choices, as well as meeting organisational imperatives. There may need to be workforce innovations that can address the financial worries about whether providers can maintain their current employees.

Eloina Zepeda: I think it's also very important to understand the role of a consumer's culture in providing person-centred care and the dangerous assumption that as professional's "we know best".

Jamie Shepherd: The choices need to be informed choices.

Justine Irving: I don't believe there are right or wrong choices as such but the aim of Commonwealth funded home care is to support older adults remain independent in their own homes for as long as is safe and feasible. Decisions therefore can be made that are not necessarily wrong but may not support this aim which is important to acknowledge.

Helen Kimberley: It is a human right to take risks. One of the biggest risks attached to CDC are being 'risk averse' and protecting older adults from taking reasonable risks. Within the right circumstances, risk can be beneficial, balancing necessary levels of protection with preserving reasonable levels of choice and control. How do we ensure older adults maintain this right?

Jane Fyfield: I was trying to ask about the POA problem when I lost contact- how do we manage the feeling of giving up choice. What does this mean for CDC and what safeguards do we need in POAs?

Heather Johnson: Agree Joanne - and the program restrictions and low levels of flexibility mean that can be difficult for workers and organisations to respond - that is another way in which there is limited choice available.

Karen Teshuva: I agree with you Justine. I was thinking about the situation where an older person makes a choice that other people think is wrong.

Judy Blakey: Our discussions are constrained by the assumptions that underpin our neo-liberal economic systems. Have any of you looked at the concept of care and choice in alternative economic systems?

Judy Blakey: Thanks to all of you! Noting that you're all female - says a fair amount too??

Karen Martin: I work a lot in this area and the issue becomes having good conversations early on in people's lives

Karen Martin: there is a broader community conversation that needs to be had around POAs.

Sharon McNeil: POAs and the recent change in legislation would make an excellent topic for another webinar - lots to discuss and understand!