

Self-Directed Care for Elderly Australians in a Community Care Setting: Introducing a Pilot Model



Content of Presentation:

1. Overview of Research Project
2. Key findings from the State of the Science Review
3. Approach & Method
4. Key Issues that are likely to determine viability in Australia

The Research Project

State of the Science Review



Action Research:

1. Development of CDC Model
2. Iterative Improvement of CDC Model



Mixed Method Evaluation:

1. Case Control Trial (n=250)
2. Semi-structured Interviews & Focus Groups

1. Key Findings SoS Review

Older people are moderately (around 30-50%) interested in CDC. But only around 10-30% take up the option. This is likely to increase with the next generation.

For care recipients, CDC may lead to:

- Increased satisfaction with care arrangements
- Increased satisfaction with life in general
- Slightly better health outcomes
- Negligible risk regarding abuse, neglect, or fraud.

CDC works well for people with a mental health diagnosis.

Key Findings SoS Review

For carers (especially when paid through the scheme), CDC potentially leads to:

- Reduced Carer 'burden'
- Improved wellbeing
- Reduced physical burden
- Better health outcomes
- Slightly improved financial wellbeing
- Better quality of life

Key Findings SoS Review

Older people (care recipients):

- Require more help & easy to read information
- Find counselling helpful
- Use accounting services
- Prefer to hire family or friends
- Use most of their allowance to pay carers
- May find hiring (20-35%) and administration hard
- Receive their allowances later (discrimination)
- Tend to look for similar race/culture to their own when employing carers (in the US ...)
- Would recommend CDC to others seeking more control (85-98%)

2. Project Overview

Principal Aim:

"To develop a flexible and responsive, yet safe, consumer-directed care model that potentially improves care outcomes for care recipients and their carers."



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Project Overview

Action Research

Development Phase:

- Steering & Management Committee
- 3 Working Groups (Consumers, Service Providers, Social Care Professionals)
- Focus Groups
- Stakeholder Consultation

Iterative Redesign Phase:

- 20 Consumers test and iteratively improve the model
- Development of Mentoring and Quality Control System



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Project Overview

Mixed Method Evaluation

Quantitative:

- Case Control Trial (n~250)
- Intervention Arm: Melbourne Eastern Region
- Control Arm: Melbourne Southern Region
- Consumer-Selected Tools

Qualitative:

- Semi-structured Interviews with selected consumers and stakeholders
- Activity & Time Use Diary



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Partner Organisations

- Uniting Care Community Options
- Uniting Aged Care
- Alzheimers' Australia and Victoria
- COTA
- Carers' Victoria
- The Brotherhood of Saint Laurence
- Deakin University (QRM)



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Government Partners

- Department of Health and Ageing
- Department of Human Services (Victoria)
- Monash City Council
- Whitehorse City Council



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Funding

- Helen MacPherson Smith Trust
- ARC Linkage Grant
- Perpetual Trustees
 - Percy Baxter Charitable Trust
 - B. B. Hutchings Bequest
 - John William Fleming Trust





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3. Key Issues

Pooled Funding



- Combining HACC, CAPS, EACH, EACH-D, Veteran's Home Care (VHC), and Respite (NRCP) funding to overcome inflexibilities, gaps, and systemic idiosyncrasies.


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Key Issues

Assessment



- Need for Simplification (ACCNA-R, CENA & RAS?)
- Self-assessment can be difficult to manage for Older People with complex care needs (Challis 2008)


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Key Issues

Regulatory Framework



- In Europe, CDC programs are subject to 'light' regulatory regimes. In Australia, CDC tends to be more tightly controlled.


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Key Issues

Model



- Evidence gathered elsewhere (Care Services Improvement Partnership 2007) has shown that older people like to 'mix and match' service control. This requires an extremely flexible model that offers a continuum of support choices ranging from case management to the 'cashing out of services'.


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Key Issues

Rehabilitative CDC?



- Resolving the underlying tension between rehabilitative care approaches and consumer-directed care.


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Key Issues

Support Services



- For CDC to translate into more flexible and appropriate support services, a new range of services have to emerge.


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Key Issues



Risk

- CDC require a new risk management regime.

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Concluding Comment

For many older people CDC will not result in a 'revolution' but in small changes to the care they receive. However, these small changes can make an enormous difference...

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CDC for Older People

Thank you ...

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