

Financial Assets and Assisted Decision Making in Aged Care Facilities (ACFs)

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The project

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An ARC project with industry partners
Blue Care, TriCare and the Qld Office of the Adult Guardian

The importance of assets to older people

- Prudent asset management (AM) for older people provides for choice in long term care, accommodation and lifestyle options.
- Assets and property also provide security in older age
- Access to and control over money has social, cultural and psychological meaning as well as economic meaning.

Challenges for residents in ACFs in managing assets

- Complexity of retirement incomes
- Complexity of systems of fees and charges in ACFs
- Attitudes towards older people's assets
- Impairment in cognitive capacity, communication and/or mobility that impact on ability to self manage.

Challenges for ACFs

- High levels of impairment of residents
- Communal environments – keeping assets safe
- Concern about risk - for staff and residents
- Concerns about abuse and misuse of assets
- Balancing protection and empowerment

Legislation and Policy

Aged Care

- *The Aged Care Act 1997 and User Rights Principles 1997* clearly articulates the resident's right
"to maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions"

Legislation and Policy – Adult Protection

Substitute decision making/guardianship core principles

- Decision specific approach
- Presumption of capacity
- Least restrictive alternative* that promotes assisted decision making as well as substitute
- Concern with balancing empowerment and protection.

Research stages

1. Policy and legislation review
2. **Case studies of 4 Facilities – interviews with care managers, staff, residents and families**
3. Interviews with external stakeholders e.g. Public Trustee, Advocacy organisations, Elder Abuse Prevention Unit etc
4. Two state survey (Qld, NSW) of Directors of Nursing and Business Managers in a sample of 100 ACFs

Case studies of 4 ACFs

Sample

- A large urban facility - part of a not for profit chain, high/low/dementia care
- A large facility - private sector chain, extra service places, high/low/dementia care
- A small stand alone rural ACF, community owned, high/low/ care
- A CALD specific facility, community owned, high/low/dementia care

Data collection

- 102 semi-structured interviews with care managers, accounts staff, business managers, all levels of staff and residents and families.
- Examination of handbooks and orientation materials.

Findings

- AM - most commonly undertaken on behalf of residents by families and public/private trust organisations.
- All facilities had a least one resident who self managed some assets.
- All ACFs were concerned with transparent practices around handling residents' money
- A range of opportunities and constraints on involvement with assets for residents with capacity: Use of EPAs, Attitudes, Resources

1. Use of Enduring Powers of Attorney (EPA)

- All ACFs asked for copies of EPAs at admission; few checks, a level of misinformation
- Opportunities and constraints in how the holder of the EPOA (the attorney) was used.
- In one facility the attorney was the preferred point of contact regardless of whether the resident had capacity to make that decision

An alternative view in another facility

- *If the person has cognitive capacity we would take whatever their wish is over the EPA..... even if they do have an enduring power of attorney if that person does have cognitive ability their wish is taken over anything else.*

2. Attitudes towards resident access to assets

- Core concern for all staff is to minimize risk – emphasis on protection
- All ACFs had minimization policies in place to reduce valuables and money kept by the resident on the premises.
- Some staff recognised the importance of money to some residents as a symbol of security and independence

A personal carer....

- *Some of the residents get very upset that they don't actually get their pension in their hand and they don't understand that.. they don't need to handle money. But if they get very worried about that then I usually get the office to..... give them a bit of cash so they do have some money and it stops playing on their mind that they have got nothing and that seems to be very important to quite a lot of them that they need to have some cash..*

A care manager...

To be honest...the implications for the facility are just so enormous that these are the things I have to weigh up because the resident is distressed, the family is very upset.

I have got the staff extremely distressed.... they are being called liars or thieves...so it really is the hardest thing.

So that's why the minimization policy ...has worked really well for us....

A care manager

- *.....so a lot of moral and ethical decisions are made. You really have to be thinking of what is in this person's best interest. So while we are aware that in a lot of cases you are taking away people's independence and their ability to manage, it is done from hopefully, you know, taking the high moral ground that this is the best thing for that*

3. Resource constraints

Assisted decision making and access to the bank

- Some facilities viewed it as too hard - *is it really our business to be involved? We have care responsibilities not financial responsibilities*
- Others promoted more individualised responses – although this had resource implications – *It's all very well for us to say that the resident should have total independence but I've got to release a staff member for an hour at least. They have got to have transport and who pays for that?*

Conclusion

- Considerable difficulty in complying with the spirit of current legislation
- Current approaches most commonly reflect protection and limitation of risk rather than independence, decision specific assessments of capacity and least restrictive alternative
- Overall challenge is to provide high quality, individualised care in a regulatory environment that emphasises individual and corporate safety and protection as well as self determination and independence.

The way forward?

1. Better understanding of EPA legislation
2. Awareness of some of the moral/ethical issues involved in minimisation policies
3. Address more directly the tension between protection of staff, managing resources and empowering individual residents
4. Lobby to increase funding for residents requiring support in this difficult area of care



Thanks

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