

Enablement and the Consumer Directed Care Approach

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Affects of Ageing

Simply by being alive for longer means that older people are at higher risk of exposure to declining health and disease such as diabetes, coronary and respiratory illness.

This combined with the affects ageing has on the human body often results in decreased mobility, vision, hearing etc.

Medicine often looks at these results from a “Disability” point of view, as evidenced in WHO’s International Classification of Functioning, Disability and Health.

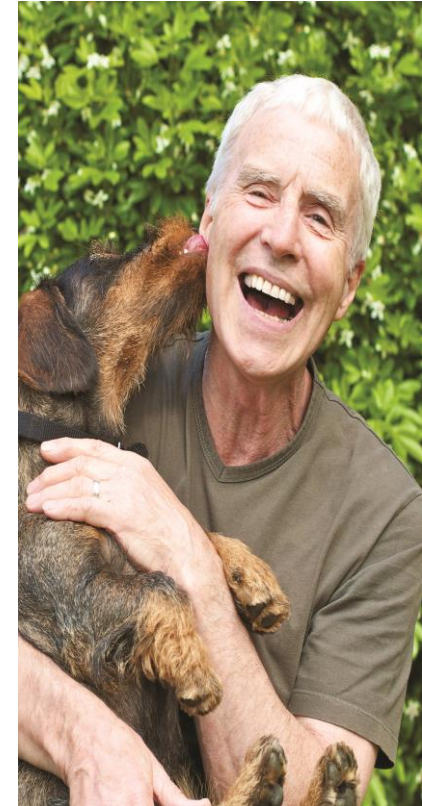
The Health System’s focus on what people cannot do often results in a “Disablement Process” for the older person in question.

What is Enablement?

Enablement is about helping people become more independent and improve their quality of life. It focuses on the things they can or could do.

- It helps the consumer to identify what they want to change in their daily living
- Helps consumers to define their goals for improving and maintaining independence based on what is practical, realistic and personal to them
- The consumer is the focus of the service and the service adapts to their goals and capabilities

“Enablement is not about doing things for you, it’s about giving you the skills and confidence to do things for yourself.”



The Young Ones, BBC



How does this align with Consumer Directed Care?

- “CDC is a way of delivering services that allows consumers and their carers to have greater control over their own lives by allowing them to make choices about the types of care and services they access and the delivery of those services, including who will deliver the services and when.” www.livinglongerlivingbetter.gov.au
- Consumer is given autonomy, control and choice in the way their package is delivered
- Ability to purchase support outside traditional services and providers
- Responsive to consumer goals rather than tasks

What does this mean for our Home Support Advisors and Home Support Workers?

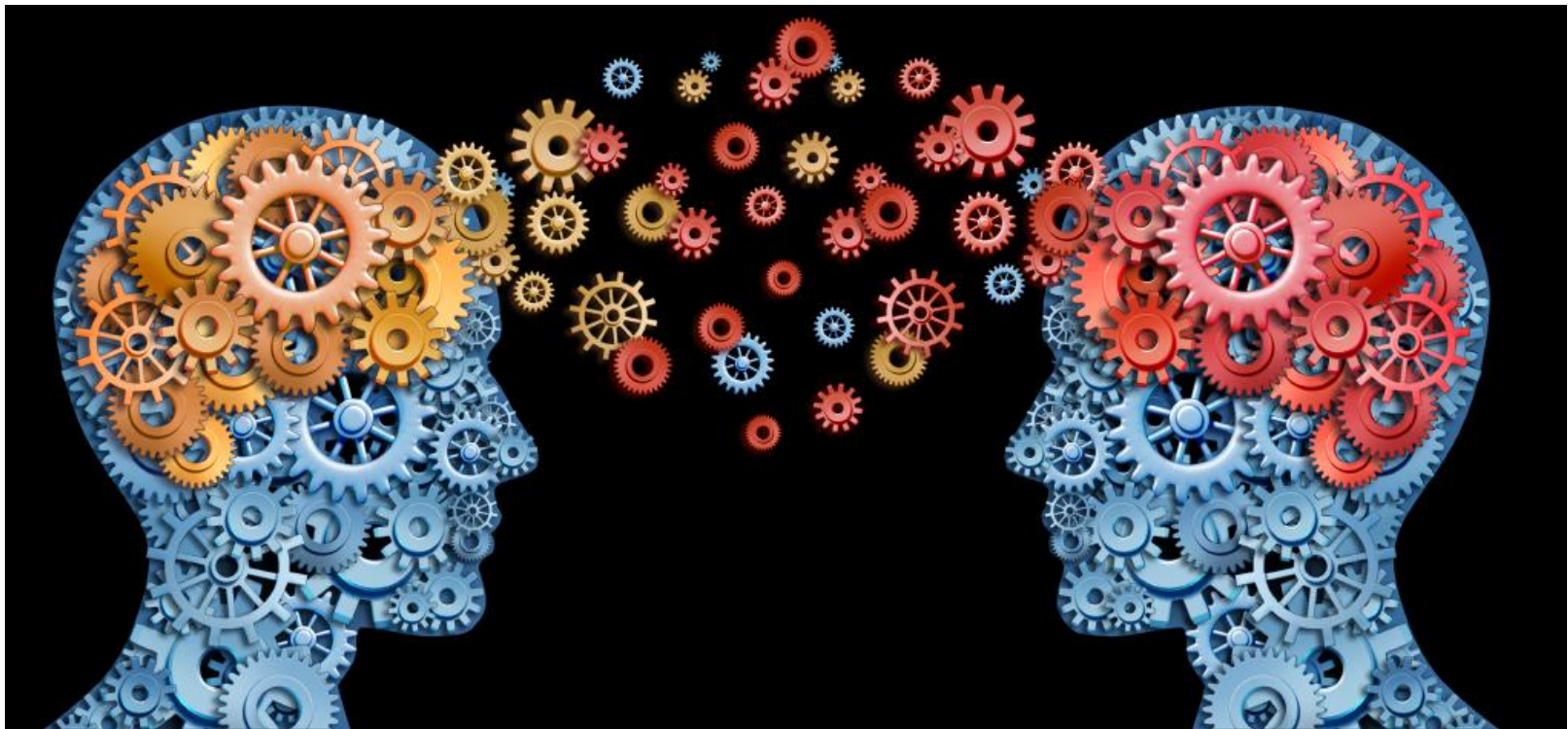
No longer thinking about the individual tasks which need to be done, but thinking more about the larger goals for individual people.

All steps/tasks need to be linked to the greater goal.

Thinking outside the square about what individual steps may need to be taken to meet the greater goal.

Encourage consumers to do more for themselves.

Bigger Picture Thinking



John's Story



Where was I?

October 2012

Operation to amputate my right leg.

Sent to rehabilitation hospital in Camden. Drs told me I could not return home to my wife and adult son, as it was just not practical.

November 2012: I discharged myself and went home.

November and December 2012

I was contacted by several agencies, all telling me they would give me assistance with showering and dressing and house cleaning etc. They were all offering the same “standard” set of services.

Early January 2013 I was contacted by a case manager from the Benevolent Society who asked me about me. She asked...

“What do you need?”

What did I need?

I live with my wife and adult son, who has an intellectual disability.

With their support and assistance, we manage to get me showered and dressed, and take care of the cooking and cleaning. I didn't need any support with those things.

However I did need some equipment and some transport to get me back out into the community. My case manager organised these things through my package.

Flexibility assists me to meet my goals.

My family and I privately rented a two storey house which just was not suitable for me any longer. With encouragement and support from my case manager, we applied for Community Housing and are now living in accessible housing.

Some of the funds from my package were able to be used to pay for removalists as it was part of my goal to move to more suitable accommodation.

Our new home is more comfortable for all of us.

The best part for my wife?



Where am I now?

I am fully rehabilitated to best extent I ever expected.

I live in a comfortable house which my family and I can use.

I am mobile and capable of fending for myself under normal circumstances.

But there was something missing.

At my next review my case manager asked me...

“What did you used to do that you would like to be able to do again?”

Music to my Ears



The Enablement approach combined with the Consumer Directed Care model has allowed John to set his own goals.

With support tailored to his and his family's needs he is living a full and productive life and is well on the way to achieving his goals.

Resources

www.benevolent.org.au

www.livinglongerlivingbetter.gov.au

www.adultsocialcare.newham.gov.uk

www.carechoices.co.uk

Jette. AM. Disablement outcomes in geriatric rehabilitation Med Care. 1997 Jun;35 (6 Suppl):JS28-37; discussion JS38-44

<http://www.who.int/classification> **International Classification of Functioning, Disability and Health (ICF)**

<http://www.bbc.co.uk/programmes/b00tq4d3> The Young Ones

Masala C, Petretto DR **From disablement to enablement: conceptual models of disability in the 20th century** Disability Rehabilitation 2008;30(17):1233-44. doi: 10.1080/09638280701602418.