



home**care**today

Your resource hub for new ideas
and choices in home care

Defining Characteristics of Consumer Directed Care (CDC)

There is discussion and confusion about the differences between traditional home care service delivery, person-centred care and consumer directed care. This document outlines the differences between these models.

DEFINITION

The Home Care CDC Guidelines¹ describe consumer directed care as follows:

CDC is a way of delivering services that allows consumers 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. Under a CDC approach, consumers are encouraged to identify goals, which could include independence, wellness and re-ablement. These will form the basis of the Home Care Agreement and care plan.

The consumer decides the level of involvement they wish to have in managing their package, which could range from involvement in all aspects of the package, including co-ordination of care and services, to a less active role in decision-making and management of the package. There should also be ongoing monitoring and a formal re-assessment by the provider (at least every 12 months) to ensure that the package continues to be appropriate for the consumer.



¹ Home Care CDC Guidelines www.livinglongerlivingbetter.gov.au/internet/living/publishing.nsf/Content/home-care-packages-program-guidelines

PRINCIPLES

The following principles for the operation and delivery of CDC packages have been adapted from the Home Care Package Guidelines:

Consumer Choice and Control

Consumers have managed their own lives for a long time. They should be able to continue to manage their own life by having control over the care and support they receive. This requires the provision of, and assistance to access, information about all of the possible options that enable consumers to build a package that supports them to live the life they want.

Rights

Access to Home Care services is based on assessed need and the availability of a Home Care Package. CDC should acknowledge an older person's right (based on their assessed needs and goals) to the individualised services and support that will assist them.²

Respectful and Balanced Partnerships

The development of respectful and balanced partnerships between consumers and Approved Providers (APs), which reflects the rights and responsibilities of each party, is absolutely crucial to consumer control and empowerment. Part of creating such a partnership is to determine the level of control the consumer wants to exercise. This will be different for every individual with some requiring or wanting assistance and others choosing to manage on their own. This may also vary over time in non-linear ways.

Consumers should have the ongoing right and opportunity to work with the AP in the design, implementation, and monitoring of a CDC approach and cultural change in the AP organisation. Engaging consumers in the organisational service redesign to deliver CDC will have positive results for both parties.

Participation

Community and civic participation are important aspects for wellbeing. CDC in aged care should support the removal of barriers to participation for older people.

Wellness and Reablement

CDC packages should be offered within a restorative or reablement framework to enable the consumer to be as independent as possible, potentially reducing the need for ongoing and/or higher levels of service delivery.

Many people enter the aged care system at a point of crisis. Such situations may require the initial provision of services designed to address the immediate crisis. However, there should always be an assumption that the older person can regain function and independence with reablement services being offered at a time that suits/supports the individual circumstances.

Transparency

Under a CDC system, older people have the right to use their budgets to purchase the services they choose. To make informed decisions about their care, older people need to have access to budgeting information, including the cost of services, the contents of their individualised budgets and how their package funding is being spent.

² Care and services must be within the scope of the Home Care Packages Program.

It should be noted that the current design of CDC in Australia is still limited in terms of choice and control given that funding is still allocated to providers. Compared with some overseas models, there is also limited choice in terms of choosing support workers or engaging in direct employment. Government guidelines and regulatory requirements further constrain consumers and APs in exercising their choices.

The following table is designed to support organisations acknowledge and identify the changes that may be needed when moving from traditional service delivery to person centred and consumer directed service models. In order to do this it is inevitably simplified and generalised and as such is not commenting on any particular organisations service delivery.



This work is licensed under a [Creative Commons Attribution-Non-Commercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/)

Area	Traditional Service Delivery	Person Centred	Consumer Directed
Assessment	Professional Assessment where the consumer is the passive recipient of the assessment process Uses language and terms not known to the consumer	Gathering information about who the person is, their interests, needs and preferences; but assessment still provider controlled	Self-identification in partnership with the assessor to identify goals and supports needed. This may involve self-assessment. The process is one of conversation and story-telling. It may include professional assessment for specific issues when indicated and agreed by the person or their representative
Service orientation	Deficit based	Introduces individual strengths but still largely deficit based	Strengths based – start with the person’s strengths and identify any barriers and issues to achieving their goals
	Start with what’s wrong		Start with what matters to the consumer
	Talk about you	Talk with you	Listen to you and act on your views Advise you and facilitate what you want/need
	Doing things to and for you (risk of creating dependence)	Doing things with you	Assist you to improve your health and independence so you can do things for yourself. Supports you when and as required.
Service purpose	Compensate for deficits	Addresses needs and some individual goals	Help to remain healthy and independent. Support for your informal networks
Planning	Care Plan	Individual plan	Consumer defines goals and what’s important to them
	Planning for	Planning with	Planning for myself with assistance as requested and/or required.
Services available	Menu driven services	Service tailored around individual needs	Consumer plans and decides which services, when, who provides and how delivered based on advice from the service provider. The consumer makes the ultimate choice within the allocated budget and any relevant regulatory or legal constraints.

Area	Traditional Service Delivery	Person Centred	Consumer Directed
Funding	Block funding unknown to consumers	Allocation from block funding may be made known to consumers	Individual and transparent budgets, consumer owns budget and can make choices within budget allocation and any relevant regulatory or legal constraints.
Payment for services	Minimal fees charged and may be waived by individual provider.	Minimal fees charged and may be waived by individual provider.	Fee for service set and applied. This needs to be discussed with the consumer. Hardship provisions are available.
Service costings	Not available to consumers	Not available to consumers	Services individually costed You know how much funding you have and receive regular statements about how it is spent
Roles of case manager/coordinator	Case manager	Planner	Advisor/ facilitator or invited to case manage by consumer or representative's request
Selection of direct care staff	Organisation matches staff to consumers	Organisation matches staff and consumers based on information gathered in person centred planning process.	Consumers have more say in matching staff to their needs and preferences. Consumer can choose to have services outsourced from providers other than the one holding the package
Provider role re health and safety	Determines what is provided and what you can do within WH&S and legal constraints	Takes what you want to do into account in planning and delivering services within OH&S and legal constraints	Finds a way to provide what you need and do what you want to do safely (balancing duty of care and dignity of risk and ensuring compliance with standards/legal requirements.)
Level of direction	Some discussion with consumer regarding their preferences within service constraints	Consumers have some say	Consumer directs what they want and chooses level of involvement in management of the package
Who directs the decisions about the services that are provided	Service	Shared but provider has ultimate say	Consumer or representative directs the decisions about the services but shares responsibility with provider to ensure compliance with standards/legal requirements.

