

# **People at Centre Stage: An Assisted Independence Model**

## **Outline**

### **Project aim:**

‘To develop a flexible and responsive, yet safe, community aged care model that empowers and enables older people and their carers to shape and direct the services they receive with the aim to improve overall care outcomes. The ultimate aim is for each participant to arrive at their own optimal level of assisted independence.’

### **Overarching Principles:**

Choice, control & flexibility.

### **PACS model: how it works**

The PACS model is an ‘assisted independence’ model. That is, it acknowledges the fact that all people require assistance to make good decisions. In order to provide decisional assistance, the PACS model includes support services that seek to restore or maintain the cognitive, physical, and social capabilities of a person. In addition, the PACS model in collaboration with Carers Vic and COTA Vic makes available necessary information to allow participants to make informed decisions.

The self-direction aspects of the model feature greater self-direction possibilities for older people and their carers. The model offers participants the opportunity to influence and shape their care arrangements at all stages starting with their relationship with their case managers to the way they interact with care provider agencies. Whereas participants can elect to take on the responsibilities for organising and coordinating most of their own care arrangements, they will always have some support of a case/care manager. Participants will have a sliding scale of self-direction options. Typically, participants will be introduced to self-direction at a low level and gradually given more choice (see attached table). At the highest level of self-direction, participants may no longer require a Commonwealth aged care package.

In addition, the model seeks to make the care arrangements more flexible and responsive by making available a small percentage of a participant’s care package in the form of discretionary funds that can be spent without the explicit approval of a case/care manager within the framework of existing guidelines.

The model is designed to enable participants to make informed choices about the care they receive, and to assist them in taking on the level of control and direction of services that they choose and feel comfortable with.

**PACS service model: key features:**

- Assisted independence approach with focus on healthy eating, exercise, medication management, social engagement and restorative health strategies utilising motivational goal setting.
- Sliding Scale of Self-Direction Options focusing on all aspects of social care, including case/care management that ranges from zero (full case management) to a maximum (to be determined by each individual agency).
  - Participants are able to take on budgeting and care coordination responsibilities in exchange for reward and/or recognition.
  - The complete 'cashing out' of case management is not supported by the PACS model.
- More flexible financial and budgetary arrangements through usage of a small discretionary fund to be spent within framework of existing guidelines.
- Retention of core case management services such as decisional assistance, monitoring and review.
- Enhanced person-centred case/care management practice taking into account intrinsic power imbalances, including:
  - Negotiated role of case/care manager
  - Negotiated monitoring and oversight
  - Transparent processes and procedures
  - Transparent financial arrangements
  - Goal setting approach finding personal motivators for people to stay as independent as they can.
  - Enabling approach assisting and encouraging people to self-direct their care arrangements.
  - Greater use of social inclusion, peer support and community options strategies.
- Closer co-operation between case managers, clients and brokered care and health services aiming to maximise flexibility and quality outcomes, and to actively involve provider agencies and care workers in assisting clients to achieve their personal goals.
- Creating and encouraging direct communication paths between care providers and self-directing clients, so the latter can take a greater role in co-ordinating their own care.

**Hypothesised outcomes:**

- increased satisfaction with services
- improved quality of life
- greater independence and autonomy, and
- lower unmet service needs compared with those in comparator conditions.
- better health outcomes
- lower or delayed admission rates to nursing homes or hospital services

## PACS Assisted Independence Model: Overview

