“NOTHING ABOUT US, WITHOUT US”
CDC Principles in Practice

A podcast series on working with older people
Reflection Activity Booklet

An initiative of
COTA
For older Australians

Funded by the
Australian Government
Department of Health
ABOUT HOME CARE TODAY

Home Care Today is your resource hub for new ideas and choices in home care. It is a national service that aims to support both consumers and providers to make the most of the implementation of consumer direction in Home Care Packages.

Home Care Today supports consumers accessing home care by providing information, resources and peer supports that focus on providing the tools to make the most of the benefits and opportunities of Consumer Directed Care (CDC).

To providers, Home Care Today offers a range of tools, resources, webinars, workshops and learning modules that will assist them to implement CDC across their organisations.

Home Care Today is an initiative of COTA Australia, the peak national organisation representing the rights, needs and interests of older Australians. COTA Australia is the national policy and advocacy arm of the COTA Federation which comprises COTAs in each State and Territory. COTA Australia focuses on policy issues from the perspective of older people as citizens and consumers.

Home Care Today is funded by the Department of Health.

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DISCLAIMER

This guide provides some general practical advice for Home Care Package providers and is not intended as legal or financial advice. This guide should not be the only source of information on this topic for providers of Home Care Packages. Home Care Today encourages anyone who has questions about providing Home Care to get the relevant professional advice to discuss their organisation’s particular situation.

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Please note that references to the Department of Social Services website may in the near future be moved to the Department of Health website.
INTRODUCTION

The COTA training podcast series contains 3 podcasts designed to support Case Managers, Direct Care Workers, students and other practitioners toward implementing best practice in Consumer Directed Care. In 2014, the Commonwealth Government described 6 Principles of CDC as the foundation upon which the Home Care Packages Programme was built. These Podcast stories feature three of the CDC Principles, by following the stories of consumers Donald, Maria and Frank and their case manager Milly. We hear their stories unfold as they navigate their way through a range of issues associated with ageing and the home care system; the narrative is seamlessly interwoven with actors voicing the characters involved to give greater depth and realism to the experience. Each of the three Reflection Activity Booklets ties in with the podcast training content, and promotes the embedding of the learning through targeted activities designed to stimulate thought and conversation, as well as action, in the workplace.

Before you read further, please make sure you have listened to the relevant podcast at: homecaretoday.podbean.com. This booklet is then designed to help you reflect on some of the issues raised and how they relate to your practice as a case manager or direct care worker.
FOCUS CDC PRINCIPLE: RESPECTFUL AND BALANCED PARTNERSHIPS

Podcast 1 follows the story of Donald and his wife Nancy as they adjust to increasing levels of care required to manage Donald’s Parkinson’s Disease. The focus CDC principle of *respectful and balanced partnerships* is explored both between Donald and his case manager Milly and, between Donald and his wife Nancy. It also explores the important issue of elder abuse and gives us some food for thought about whether we could be asking better questions instead of making assumptions.

Listen to Podcast 1 here if you haven’t already, before completing the Reflection Activity that follows.
FOCUS PRINCIPLE: RESPECTFUL AND BALANCED PARTNERSHIPS

The development of respectful and balanced partnerships between consumers and home care providers, which reflect the consumer and provider rights and responsibilities, is crucial to consumer control and empowerment. Consumers should have the opportunity to work with the home care provider in the design, implementation and monitoring of a CDC approach. Home care providers should be encouraged to include consumers in their CDC redesigns.

*Department of Health, Home Care Packages Programme Guidelines 2014

KEY IDEAS EXPLORED IN DONALD’S STORY:

• The authority of experts and the authority of experience are both necessary
• Consumers are usually the best people to judge what will meet their needs and goals
• Consumers are seeking some basic interpersonal expectations, such as;
  • Being genuinely listened to and having their opinions respected. They want genuine, mutually respectful partnerships, rather than adversarial ones
  • They want clear answers to their questions and not to be dismissed when they ask for reasons, justifications or explanations.
  • They also want to trust their adviser and provider and feel secure that they are not being taken advantage of. They do not want to be continually on guard and suspicious of the motives of their adviser or provider.

DISCUSSION QUESTIONS- DONALD AND MILLY’S STORY:

How did Milly go about building a respectful and balanced partnership with Donald?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What kind of non-verbal cues did she pick up on?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did she adapt her style of interaction to suit Donald?

________________________________________________________________________

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________________________________________________________________________

The biggest mistake is believing there is one right way to listen, to talk, to have a conversation

DEBORAH TANNEN
THE IMPORTANCE OF REFLECTIVE PRACTICE:

• The personalised care and support planning conversation (how the care plan is agreed) is more important than the care plan itself.

• It is the responsibility of the practitioner to reflect on their style of consultation / conversation and assess how it is supporting the person.

• Embedding new habits and skills takes time and support for self reflection and reinforcement needs to be provided using a facilitation approach.


It is an absolute human certainty that no one can know his or her own beauty, or perceive a sense of his or her own worth until it has been reflected back to him in the mirror of another loving caring human being.”

POWELL
PERSONAL REFLECTION QUESTIONS

Can you think of a time when the partnership between yourself and someone you were working with has become unbalanced? What did you do to re-balance the partnership?

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WHAT IS ELDER ABUSE?

Elder Abuse is an act that causes deliberate or unintended harm to an older person; from a person they know and trust. Around one in 20 older Australians experiences some form of abuse from someone they trust, who is often a member of their own family. This abuse can be financial, emotional, physical and even sexual. Over the past five years, Elder Abuse has most commonly included financial and emotional abuse and in 80 per cent of cases the abuse was carried out by a family member.

*Derived from ARAS (Aged Rights Advocacy Service); http://www.sa.agedrights.asn.au

DISCUSSION QUESTIONS – DONALD AND MILLY’S STORY:

What signs were there that Donald was experiencing elder abuse?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

What action did Milly take once she realised what was going on?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
WHAT ARE THE SIGNS OF FINANCIAL ABUSE?

Donald experienced financial abuse. Some of the key behaviours and signs of financial abuse are:

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Signs/Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Forgery</td>
<td>• Unpaid bills, inability of the older person to pay for necessities</td>
</tr>
<tr>
<td>• Stealing</td>
<td>• Defaulting on payments (eg. Rent, service fees)</td>
</tr>
<tr>
<td>• Forced changes to a will</td>
<td>• Missing documents</td>
</tr>
<tr>
<td>• Unusual transfers of money or property</td>
<td>• Credit cards or personal belongings and unusual activity in bank accounts</td>
</tr>
<tr>
<td>• Withholding of funds from the older person</td>
<td>• Changes to a will or other documents when appearing incapable or subject to possible coercion</td>
</tr>
<tr>
<td>• Incurring debts for which the older person is responsible</td>
<td>• Confusion regarding assets, property and income</td>
</tr>
<tr>
<td>• Failure of others to repay monies loaned</td>
<td>• Being accompanied by another person when attending financial institutions or using ATM and the other person is reluctant to allow a conversation with the older person regarding transactions</td>
</tr>
<tr>
<td>• Lack of financial information provided to an older person by their Power of Attorney</td>
<td>• Being overcharged for repairs or services, overdrawn or depleted accounts</td>
</tr>
</tbody>
</table>

ACTIVITY:

Look up this SA Health fact sheet ‘Elder Abuse – Types, signs and indicators’. What are some of the signs of Psychological abuse?
As humans we often do too much telling and not enough asking. Understanding the philosophy of consumer directed care is very important, but in itself will not lead to the better outcomes we are striving to achieve. Practicing CDC takes some specific skills and a great starting point is to reflect on HOW you communicate. If we don’t first stop to think about our response, the unconscious habit of telling kicks in when there could have been an opportunity to ask a better question.

LINDSAY TIGHE

“Derived from ‘Better Questions are the Answer to Consumer Directed Care’; http://homecaredotorg.au/provider/challenges-and-solutions

REFLECTION QUESTIONS – DONALD AND MILLY’S STORY

What kind of self-reflection did Milly do during the podcast?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What did she note that she would do differently next time?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
The following are some ideas for questions to get you thinking about some different questions you may not have used before:

- Who do you trust?
- What do you enjoy doing with other people?
- What are you comfortable sharing about yourself with others?
- How would you like your friendships to develop?
- Do you enjoy meeting new people?

- What is a good life to you?
- What is on your wish list?
- What makes life meaningful to you?
- What is your favourite way to relax?
- What would you like to do more of in your spare time?
- What gives you pleasure?
- What does a good day look like?

What do you expect from your carers (formal, informal or paid care staff)?
- Which worker do you feel comfortable with?
- What do you need help with?
- How do you feel about your general health?
- At which times of day do you feel energetic?
- Do you have any routines that are important to you?

*These questions are derived from the translations of a set of Dutch cards called ‘A Game for your Lives’. LOC Zeggenschap in Zorg (2011); http://loc.nl/netwerken/publicaties-loc/publicaties/list/tag/levensvragen+en+zingeving

More information on Better Questions can also be found at: www.betterquestions.com.au
PERSONAL REFLECTION QUESTIONS:

Circle a few of your favourite questions from the lists on page 12.

Can you think of a time when you could have asked a better question instead of jumping in with a suggestion/idea?

Can you think of an inspiring question that you could ask one of the people you work with this week, to enable you to learn more about what makes them tick?

ASSET BASED COMMUNITY DEVELOPMENT – GIFTS OF THE HEAD, GIFTS OF THE HANDS AND GIFTS OF THE HEART:

We can think about people’s gifts in three areas;

Gifts of the head – things I know something about and would enjoy talking to others about (eg. Art, music, history)

Gifts of the hands – things or skills I know how to do and would like to share with others (eg. Carpentry, sports, gardening, cooking)

Gifts of the heart – things I care deeply about (eg. Protection of the environment, civic life, children)

*Derived from the Imagining Possibilities handbook.*
FOCUS CDC PRINCIPLE: PARTICIPATION

Podcast 2 follows the story of Maria and her family’s journey into the world of Dementia. It explores the CDC principle of participation through the establishment of a Circle of Support, enabling Maria to remain at the centre of all decisions regarding her care and support. In this podcast, Maria’s case manager, Milly, aims to really listen to where Maria is at in her life, her longings and desires. It touches on cultural awareness and highlights the benefits of using unpaid networks and supports to the mutual benefit of all involved.

Listen to Podcast 2 here if you haven’t already, before completing the Reflection Activity that follows.
FOCUS PRINCIPLE: PARTICIPATION

Community and civic participation are important aspects for wellbeing. CDC in aged care should support the removal of barriers to community and civic participation for older people, if they want to be involved.

*Department of Health, Home Care Packages Programme Guidelines 2014

DEFINITIONS:

Participation: The act of taking part or sharing in something

http://www.thefreedictionary.com/participation

“Community and civic participation are important aspects for wellbeing. CDC in aged care should support the removal of barriers to community and civic participation for older people, if they want to be involved.”


Community: The condition of sharing or having certain attitudes and interests in common; a similarity or identity.

http://www.oxforddictionaries.com/definition/english/community

POINTS HIGHLIGHTED IN MARIA AND MILLY’S STORY:

• As you can see from these definitions, encouraging Participation can be so much broader than what we often think of in this sector - joining a community group or club. Also, it is not always about doing what the person has done before, but may be what sparks their interest at the time or something they have always wanted to do but never had the opportunity.

• At a basic level it is about sharing something with others, based on a common interest or identity.

• When encouraging Participation, it is important to start where the person is at. Be guided by where their longings and desires are based and find a way they can participate in those interests. It might be increasing their participation in their social group or family unit or even with a single neighbor, friend or relative.

• Increasing participation opens to door to gaining valued roles in society. Somewhere they can have acceptance, belonging and contribution.

*Derived from The Keys to a Good Life, http://www.agedcommunity.asn.au/providers/better-practice-project/resources-publications/
“Whenever there is enthusiasm, there is a creative empowerment that goes far beyond what a mere person is capable of.”

ECKHARD TOLLE, A NEW EARTH

REFLECTION QUESTIONS – MARIA AND MILLY’S STORY

Did anything in this story surprise you?

In what ways was Maria able to increase her Participation?

How was Maria’s independence preserved in the story?
MEMORY LOSS

One of the main symptoms of dementia is memory loss.

We all forget things from time to time, but the loss of memory with dementia is persistent and progressive, not just occasional. It may affect the ability to continue to work, or carry out familiar tasks or the ability to find your way home. Eventually it may mean forgetting how to dress or how to bathe. An example of normal forgetfulness is walking into the kitchen and forgetting what you went in there for, or misplacing the car keys. A person with dementia however, may lose the car keys and then forget what they are used for.

Distinguishing points between normal memory loss and that of a person with dementia

<table>
<thead>
<tr>
<th>Description</th>
<th>Older Person</th>
<th>Person with Dementia</th>
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<tbody>
<tr>
<td>Events</td>
<td>Memory may sometimes be vague</td>
<td>May forget part or all of an event</td>
</tr>
<tr>
<td>Words or names for things or objects</td>
<td>Sometimes may forget. Words or names are on the ‘tip of the tongue’</td>
<td>Progressively forgets</td>
</tr>
<tr>
<td>Written and verbal directions</td>
<td>Able to follow</td>
<td>Increasingly unable to follow</td>
</tr>
<tr>
<td>Stories on TV, in movies or books</td>
<td>Able to follow</td>
<td>Progressively loses ability to follow</td>
</tr>
<tr>
<td>Stored knowledge</td>
<td>Although recall may be slower, information is essentially retained</td>
<td>Over time loses known information such as historical or political information</td>
</tr>
<tr>
<td>Everyday skills such as dressing and cooking</td>
<td>Retains ability, unless physically impaired</td>
<td>Progressively loses capacity to perform tasks</td>
</tr>
</tbody>
</table>

Changes in the behaviour of a person with dementia are very common. Sometimes the behaviour may be related to the changes taking place in the brain. In other instances, there may be changes occurring in the person’s environment, their health or medication that trigger the behaviour.

Tips for dealing with behaviour that we might find challenging:

- Always discuss concerns about behaviour changes with the doctor, who will be able to check whether there is a physical illness or discomfort present and provide some advice. The doctor will be able to advise if there is an underlying psychiatric illness.
- Coping with changed behaviours can be very difficult, and is often a matter of trial and error.
- Always remember that the behaviour is not deliberate. The behaviour is out of the person’s control and they may be quite frightened by it. They need reassurance, even though it may not appear that way.
- A calm, unstressed environment in which the person with dementia follows a familiar routine can help to avoid some difficult behaviours.
- Try to keep the environment familiar. People with dementia can become upset if they find themselves in a strange situation or among a group of unfamiliar people where they feel confused and unable to cope.
- The frustration caused by being unable to meet other people’s expectations may be enough to trigger a change in behaviour.
- If behaviour becomes difficult, it is best not to attempt any form of physical contact such as restraining, leading them away or approaching from behind. It may be better to leave them alone until they have recovered, or call someone for support.
- Try not to use a raised voice or become provoked or drawn into an argument.

There are some more specific instructions on the Alzheimer’s Australia website for dealing with behaviour such as Aggression, Catastrophic reactions, Hoarding and Repetitive behavior. 

What themes did you notice Maria repeating over the podcast?

What could some possible reasons for this behavior be?
EDUCATION AND SUPPORT

Education and support for the family and friends of people with Dementia is such a vital part of our work. Alzheimer’s Australia run a variety of information sessions and groups such as the following topics:

- Introduction to Dementia and Services - a good place to start
- Effective Communication
- Coping with Changes in Behaviour
- Mild Cognitive Impairment - what this diagnosis means for you
- The Caring Role - a compassionate approach
- Coping with Carer Stress
- How dementia-friendly is your home?
- Considering Residential Care
- Grief, loss and dementia
- What is it like to have dementia? A Virtual Dementia Experience

PERSONAL REFLECTION QUESTION

Can you think of a family member or friend of someone you work with who could benefit from attending or at least knowing about these sessions?
CULTURAL AWARENESS

“Cultural awareness recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people. You don’t need to be an expert in every culture or have all the answers to be culturally aware; rather, cultural awareness helps you to explore cultural issues with your care recipients more sensitively.

Information about specific cultural practices will help to increase your cultural knowledge by providing an overview of cultural characteristics and issues. However, it is always important to identify individual needs and preferences and remember that no individual can be reduced to a set of cultural norms.

Within any culture, peoples’ values, behaviour and beliefs can vary enormously. Differences may occur due to time of arrival in Australia, length of settlement, socio-economic background, level of education, rural or urban residence, identification with cultural and religious background, and different life experiences - including the experience of migration.”


REFLECTION ACTIVITY

Look up the fact sheet ‘Perceptions of Dementia in Ethnic Communities’ at;

Read the Italian Cultural Profile and note any points that might relate to Maria’s Story, particularly the section on Perceptions of Dementia.

Having read this, what kind of insight does this bring to Maria’s story for you?
TOOLS FOR PRACTICE:
BETTER QUESTIONS

A CIRCLE OF SUPPORT IS...

“A group of people - friends, family, and other supporters such as care staff or professionals - who come together regularly with an individual. They help the person think about what they want to do or change in their life, what support they need to do it and plan and implement what is needed to make that happen. The group is led by the wishes and aspirations of the individual whose circle it is. It usually involves someone taking on the role of coordinator to facilitate conversations and make sure that the person who needs support is at the centre of discussions and decision making.”

*Derived from National Development Team for Inclusion; http://www.ndti.org.uk/major-projects/current/circles-of-support-for-people-with-dementia/

BENEFITS OF A CIRCLE OF SUPPORT:

• Increase the person’s social network
• Improve relationships with families
• Support the person to stay at home rather than moving into a care setting, by preventing or managing crises
• Help people stay in work through building understanding and agreeing reasonable adjustments with employers
• Increase the person’s voice and ensure their wishes are heard and acted upon
• Generate mutual and reciprocal support set-ups (rather than one-way support arrangements) building the self-worth of the individual as well as increasing their own acceptance of their diagnosis
• Help people generate peer-support networks, sharing common experiences and addressing stigma experienced by people living with dementia
DEVELOPING A CIRCLE OF SUPPORT HAS A
POSITIVE IMPACT FOR OTHERS INVOLVED TOO:

• Carers involved felt more supported and had greater peace of mind
• Staff learnt new skills, and thought differently and more creatively about how they supported people
• Everyone experienced more coordinated and integrated approaches to support

TIPS TO GET STARTED:

• Start by identifying a change the person wants and then think who needs to be involved to make that happen
• Have someone in the role of facilitator – be that a supporting professional or a chosen friend or family member
• Recognise that family carers need support too and allow the circle to support them
• Involve a range of people in the circle: family, friends, colleagues and paid professional supporters
• Initiate the development of a circle of support early after diagnosis with a preventative focus on maintaining connections.

“Your assumptions are your windows on the world. Scrub them off every now and then, or the light won’t come in.”

ALAN ALDA

REFLECTION QUESTIONS – MARIA AND MILLY’S STORY

How do you think things may have panned out for Maria without the Circle of Support?

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________________________________________________________________________

________________________________________________________________________

Do you think it is more likely that additional paid supports would have been put in place instead of utilising her natural supports differently?

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For more information including a useful ‘Circle Summary Sheet’ to guide your meeting, go to http://www.ndti.org.uk/uploads/files/Circles_Summary_Sheet.pdf
PERSONAL REFLECTION QUESTIONS

Reflect on people you have worked with in the past. Are there services you put in place that now, with the benefit of hindsight, could have utilized informal, unpaid networks instead?

Can you think of someone you are working with who could benefit from the process of a Circle of Support?

"The core concept (of consumer directed care) is that people however frail and with however many physical, psychological or social issues are in charge of their lives and the main decision makers about the outcomes they want to achieve.

THINK PERSONAL, ACT LOCAL"
FOCUS CDC PRINCIPLE: CONSUMER CHOICE AND CONTROL

Podcast 3 follows the story of Frank and his grief over the recent loss of his wife, Ruth. It explores the CDC principle of Consumer Choice and Control through Frank’s increasing physical limitations and his journey into the Home Care system. Frank is an assertive character with clear ideas about independence and how he wants to continue to live his life. Frank and his Case Manager, Milly, explore the balancing act between duty of care and dignity of risk.

Listen to Podcast 3 here if you haven’t already, before completing the Reflection Activity that follows.
FOCUS PRINCIPLE:
CONSUMER CHOICE AND CONTROL

Consumers should be empowered to continue to manage their own life by having control over the aged care services and support they receive. This requires the provision of, and assistance to access, information about service options that enable a consumer to build a package that supports them to live the life they want.


“A person is more likely to act upon the decisions they make themselves, rather than those made for them by a practitioner

THINK LOCAL, ACT PERSONAL

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

TIPS TO GET STARTED:

• Consumers are usually the best people to judge what will meet their needs and goals
• Information provision is a key driver towards quality care outcomes. Consumers need to know what they are entitled to and what the parameters of the service are eg. How their funds can support their goals, what is specifically excluded, what opportunities there are to be creative in meeting needs and whether they can choose other services outside of the approved provider to deliver their supports, are all necessary bits of information consumers need to make the right decisions for themselves.


• Research over the last 10 years suggests that community care that places an emphasis on completing tasks and generally ‘doing for’ may be unintentionally creating dependency and working against the goal of enhancing the individual’s autonomy and independence.

REFLECTION QUESTIONS – MARIA AND MILLY’S STORY

How did Milly make it clear that Frank was in control of his care package?

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How do you think Milly managed to get her opinions and some important information across in a way that did not seem imposing or cause a defensive response from Frank?

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When Milly did put Frank off-guard at the beginning of the podcast, what did she do to restore the partnership and hand the sense of choice and control back to Frank?

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PERSONAL REFLECTION QUESTION

What are some of the complexities involved with implementing consumer choice and control in our practice?

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“Grief is what we feel inside. Mourning is what we experience and show to others on the outside. So I can never see your grief or judge your grief by whether or not you’re crying or angry or upset. Only you will ever know your grief.

The attachment we feel for each other, to those we love, to the house we live, to the job we engage in - will be reflected by the pain we feel later when we no longer have the job, our loved one or our house. We grieve for those we love, we even grieve for those we hate, but we don’t grieve for those we are indifferent to.

So in a very real way grief is evidence of your love.”

*David Kessler; [http://grief.com/history-of-grief/](http://grief.com/history-of-grief/)

“Grief is as personal as a fingerprint”

Joanne Cacciatore; [http://geniusquotes.org/grief-is-like-a-fingerprint-quote/](http://geniusquotes.org/grief-is-like-a-fingerprint-quote/)

“Each grief is unique and yet we all know loss”

Lani Leary, [https://www.psychologytoday.com/blog/no-one-has-be-alone/201308/grief-is-fingerprint](https://www.psychologytoday.com/blog/no-one-has-be-alone/201308/grief-is-fingerprint)
KEY POINTS FROM FRANK AND MILLY’S STORY

• The idea of fanning the flames by telling the person in question they have every right to feel irate or livid seems counterintuitive. But when we convey exactly that message and do so from a place of empathy and sympathy, something magical happens. Rather than inciting the other person’s fury and fueling their fire, our message of emotional validation actually douses the flame!

• Emotional validation is something we all seek and crave far more than we realize. When we are upset, angry, frustrated, disappointed or hurt, our tendency is to want to discuss our feelings with others so we can get it off our chest.

• What we seek when venting to others is for that person to ‘get it’, to understand what happened to us and why we feel the way we do. We want them to validate our feelings by conveying that understanding to us and to do so with a dollop of sympathy or empathy.

• As a result, the relief and catharsis we experience is tremendous! Only then can we actually let go of at least some of the feelings we had built up. It is that which feels like an authentic visceral ‘release’.

Here are some important steps for offering authentic emotional validation:

1. Listen and be present. Let the person complete their narrative so you have all the facts.

2. Reflect back what you hear. Convey you get what happened to them from their perspective (whether you agree with that perspective or not and even if their perspective is obviously skewed).

3. Label and acknowledge the feelings. Convey you understand how they felt as a result of what happened (from their perspective).

4. Understand the person’s reaction given their history and individual situation. Convey that their feelings are completely reasonable (which they are given their perspective).

5. Convey empathy or sympathy (not pity!) for their emotional reactions.

*Based on Guy Winch’s article ‘The antidote to Anger and Frustration: The power of emotional validation’; https://www.psychologytoday.com/blog/the-squeaky-wheel/201106/the-antidote-anger-and-frustration

Karyn Hall writes of another similar interpretation of these steps in her article ‘Understanding Validation: A way to communicate acceptance’, which can be found at; https://www.psychologytoday.com/blog/pieces-mind/201204/understanding-validation-way-communicate-acceptance
REFLECTION QUESTIONS - FRANK AND MILLY’S STORY

Which of the important steps of emotional validation did Milly do well with Frank?

Which could she have done better?

PERSONAL REFLECTION QUESTION

Can you think of a time when you did not provide someone exhibiting strong emotions with emotional validation? What did you do instead? How did they respond?
FOCUS ISSUE 2:
DIGNITY OF RISK
VS. DUTY OF CARE

KEY POINTS RELEVANT TO FRANK AND MILLY’S STORY

• Assessing and managing risks for people who use health and social care services can dominate everyday practice. Concerns exist around people being a danger to themselves or a danger to others. In this context, the focus is on minimizing risk.

• ‘Positive risk taking’ has developed over the last 20 years and recognizes that the negative consequences of risk must be managed appropriately. But it sees risk as also providing opportunities for learning and enabling people to make their own decisions, to exercise choice. It builds upon individual strengths and abilities rather than focusing on deficits.

• Every one of us determines a level of risk we judge to be acceptable. After evaluating the situation, either we take the risk or we don’t. What is significant is that we choose what our own level of risk is, and we decide to partake in the experience or not. The right to choose is called self-determination — and the right to make a mistake or fail is called dignity of risk.

• After a change in one’s health or functional status, many people feel that their ability for self-determination has changed. “In the process of receiving treatment they seem to have somehow given up their ‘right’ to make risky or potentially self-defeating choices without intervention from … clinicians, service providers or even family members wishing to protect them” (Parsons, 2009).

• Taking away choice, taking away risk, taking away opportunities – it’s taking away hope. Hope is essential to growth, recovery, and feelings that the future has positive possibilities. When you take away people’s hope, you disempower people, leading to feelings of learned helplessness (nothing I do matters so why try? or nothing I choose matters, so why choose?), “which is often more debilitating and disabling than any illness itself” (Parsons, 2009).


Safety is what we want for those we love, autonomy is what we want for ourselves

KEREN BROWN WILSON

REFLECTION QUESTIONS – FRANK AND MILLY’S STORY

How did Milly go about making sure Frank had the dignity of risk without ignoring her duty of care?

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Is there anything you would have done differently in this situation?

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________________________________________________________________________
Some people find the following tool a useful way of thinking through the risks in the context of the rest of their work.

**Ten D’s as a decision-making tool**

<table>
<thead>
<tr>
<th>D.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Discover: Discover the person’s identity and preferences, and reasons for seeking assistance. Identify their support networks and if they wish to nominate a representative to act on their behalf.</td>
</tr>
<tr>
<td>2.</td>
<td>Discern and dream: Explore the person’s goals and creative options to support health, wellbeing, maintaining roles and independence.</td>
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<tr>
<td>3.</td>
<td>Duty of Care: Act with due care and skill, providing relevant information to enable the person to make informed choices.</td>
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<tr>
<td>4.</td>
<td>Dignity of Risk: Respect the person’s autonomy and self-determination to make choices for themselves and take calculated risks.</td>
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<tr>
<td>5.</td>
<td>Discuss: Work through the options and choices, outlining the consequences and any potential limits to the choices available. Work together to discern the best response to the person’s needs within the resources available, balancing duty of care and dignity of risk.</td>
</tr>
<tr>
<td>6.</td>
<td>Do: Work with the person’s choices and think about how their requests can be fulfilled safely.</td>
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<tr>
<td>7.</td>
<td>Decline: You can decline a request if the service is outside of the scope of home care packages or you have good reason to believe that the person’s choices may cause harm or pose a threat to the safety of the person or staff, volunteers or contractors.</td>
</tr>
<tr>
<td>8.</td>
<td>Document: Document your discussions, the information you have provided and the choices that the person has made to demonstrate that you have met your duty of care.</td>
</tr>
<tr>
<td>9.</td>
<td>Disclaimer: Where a person has chosen a course of action that may involve a risk, you may ask the person or their representative to sign an indemnity form.</td>
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<tr>
<td>10.</td>
<td>Disagreement: Working through this process should lead to agreement but if this is not possible then the person should be made aware of the complaints process, their right to access the National Aged Care Advocacy Programme and the Aged Care Complaints Scheme.</td>
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</tbody>
</table>

PERSONAL REFLECTION QUESTIONS

Think about a risk that you were made aware of with someone you have worked with in the past. What did you do to manage that risk?

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Do you think you allowed that person the dignity of risk?

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What would you do differently if this came up again?

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